

# COMPOUNDING EFFECT OF HEALTH, DISABILITY AND FINANCIAL DISADVANTAGE ON EDUCATIONAL OUTCOMES FOR CHILDREN

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# The Smith Family



The Smith Family is a children's charity helping disadvantaged Australian children to get the most out of their education, so they can create better futures for themselves.

**Currently supporting** over 38,000 children and young people from disadvantaged backgrounds on educational scholarship '***Learning for Life***' to improve their educational outcomes.

- All from low income families (pension or health card)
- Majority of parents/carers are not in the labour force or unemployed

# ARC linkage grant 'Learning Catalysts'

Institute of Social Science Research, UQ  
Centre for Children and Young People, SCU



- Cross-sectional **surveys**
- Random sample of 6,000 Year 5 to 12 *Learning for Life* students and primary carer
  - educational factors/issues
  - health and disability
  - relationships/belonging
  - missing out
  - future aspirations
- In-depth **interviews**
- 32 *Learning for Life* matched student and primary carer, low & high attenders
  - school & family/student relationships
  - access to resources
  - factors affecting engagement
  - post-school plans

**Linked** to longitudinal administrative data

- including attendance rates at school (up to Year 10)

# Background

- Children from disadvantaged backgrounds at greater risk of poor educational and post-school outcomes
  - Lower attendance rates at school
  - Poorer achievement grades
  - Greater likelihood of early school leaving
  - Lower rates of post-school engagement with work and study
- A range of vulnerabilities can increase this risk, including health and disability
- *Learning Catalysts* study is an opportunity to examine relationship between health and disability issues and educational experience and outcomes among disadvantaged *Learning for Life* students

# Aim and method

- To investigate the compounding impact of health and disability on educational outcomes for children in disadvantaged families
  - Estimate the **prevalence** of health and disability issues
  - Explore the relationships between health and disability and students' **experiences at school**
  - Measure the association between health and disability and school **attendance rates**
- Qualitative findings used to inform quantitative analysis
  - Descriptive statistics
  - Regression modelling:
    - To control for confounding effects
    - Direct and indirect effects of health on attendance

# Findings:

## Qualitative interviews

- Qualitative interviews with 32 pairs of students and their parent/carers
- Health was not a specific focus (so may be under reported) but emerged as a theme:
  - 19 young people (out of 32) had a health or disability issue (ranging in severity)
  - Health or disability issues of students included:
    - **physical** (e.g. skeletal conditions, vision impairment);
    - **long term or recurring** (e.g. vascular conditions)
    - **emotional or behavioural** (e.g. anxiety, PTSD, self harm)
    - **developmental** (e.g. ADHD, autism, dyslexia)
  - 9 young people had **multiple** health issues (e.g. a Year 7 student with vision impairment, ADHD and behavioural issues)
  - 14 **parents** also discussed having health issues themselves

# Findings:

## Qualitative interviews

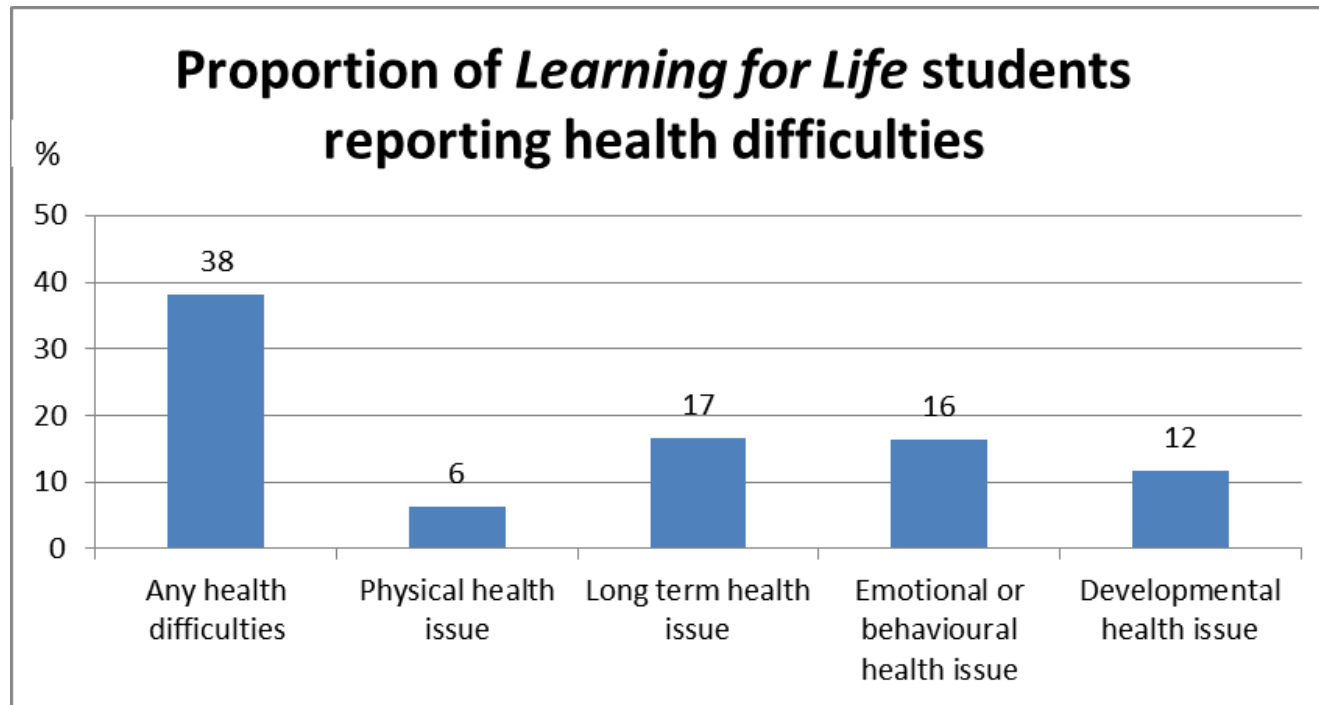
- Impact of student health or disability:
  - **Attendance and achievement**
    - Absence due to illness or medical appointments
    - Exclusion from school (e.g. for behaviour/anger issues)
    - Difficulty learning/concentrating
    - Missing school => missing learning
  - **Ability to participate**
    - Restrictions on participation (e.g. limits participation in sport)
  - **Relationships**
    - Health and disability issues led to bullying and difficulty forming friendships
  - **Interaction of health and financial disadvantage**
    - Parents unable to work due to family health issues
    - Medical issues impact on the family budget and money for activities like school camp => students miss out on activities

# Quantitative analysis

- Picking up on key health related themes from qualitative interviews
  - **Prevalence** of health and disability issues
  - **Impact** of student's health on doing things
  - Association between student health and:
    - **belonging at school**
    - **belonging with peers**
    - family health and **missing out**
  - Relationship between student health and **attendance** at school



# Prevalence – student's own health



n= 5,685 student survey responses (excludes 303 missing responses)

- Almost 2 in 5 (38%) *Learning for Life* students reported having health difficulties
- Long term and emotional or behavioural issues are the most common
- More than 1/4 children with health difficulties (28%) reported multiple types of health issues

# Prevalence – family health

- In addition to 38% of *Learning for Life* students having health difficulties:
  - **57% of parent/carers** have a health issue (primary carer)
  - **51% of parent/carers' spouses** have a health issue (in 2 parent households)
  - **37%** of *Learning for Life* students have a **sibling** with a health issue (based on parent/carer survey responses)
- 8 in 10 of *Learning for Life* students live in a family where at least one person has a health difficulty
- Students who reported health difficulties are more likely to have other family members with health issues

# Impact of student's health on doing things other kids do

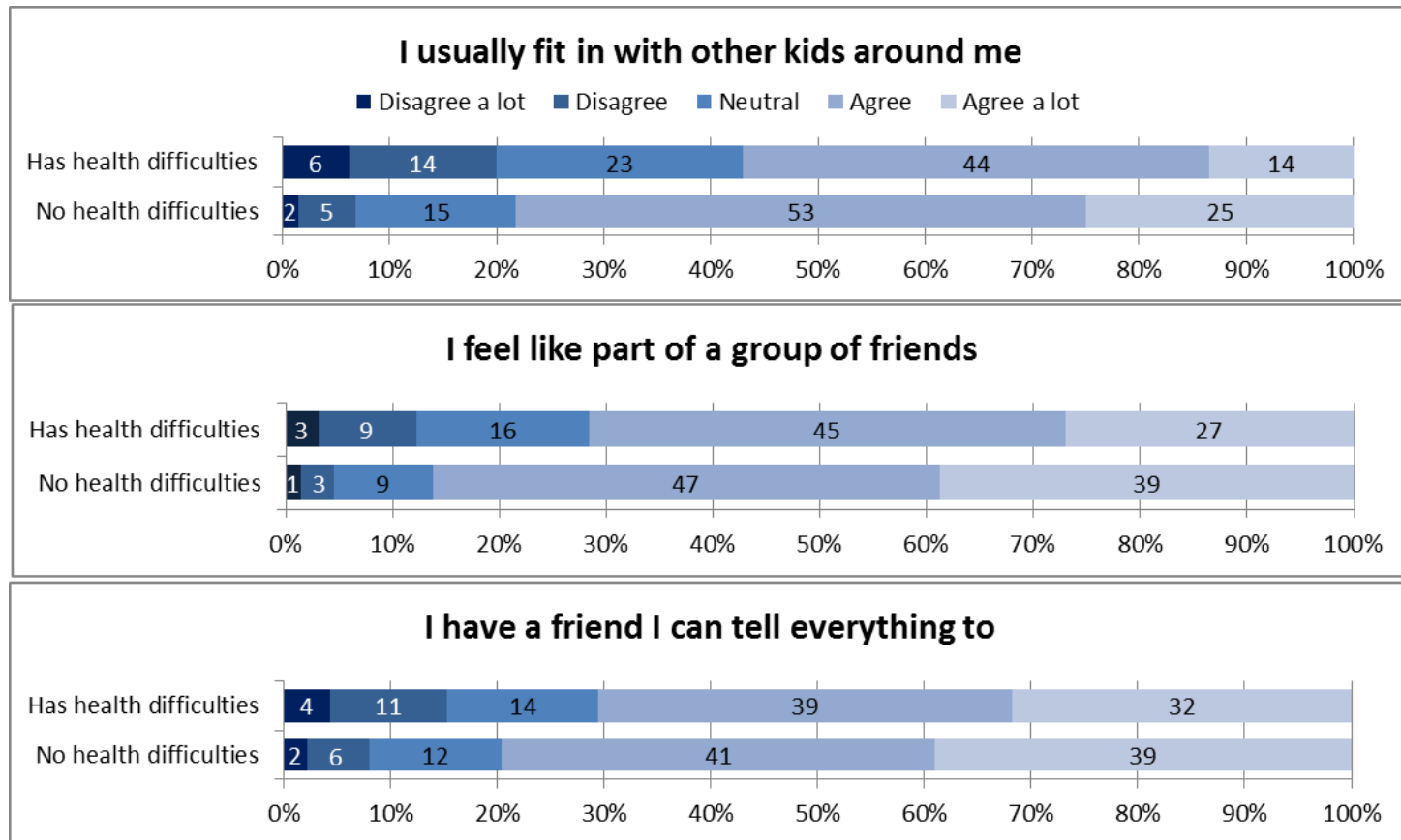
- The majority of students with health difficulties said that their health impacts on them doing things their peers do at least some of the time
- The impact is more severe for students with multiple types of health issues:

**Do health difficulties stop you from doing things other kids your age do?**

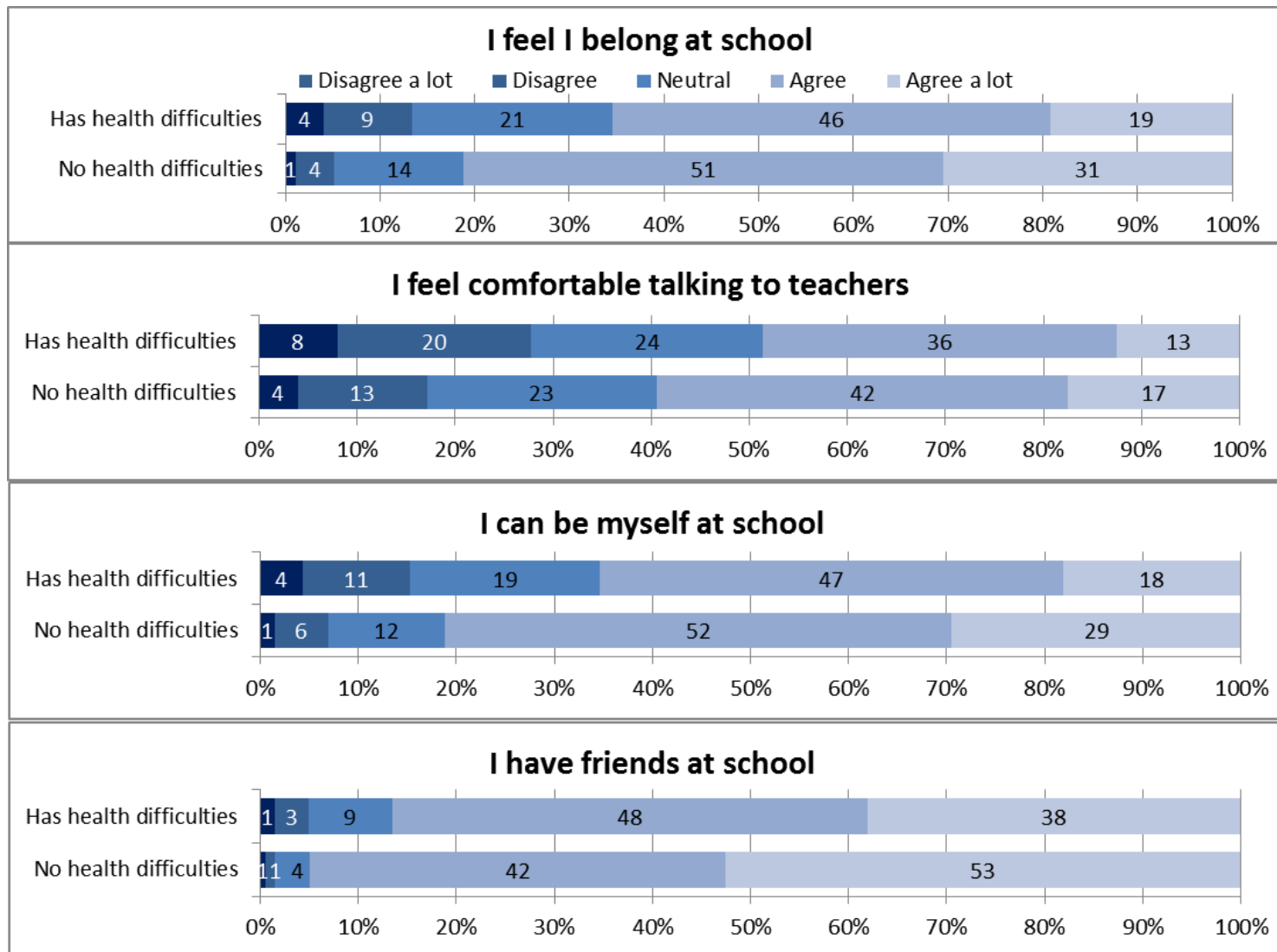
Health issue	Never (%)	Hardly ever (%)	Some-times (%)	Quite often (%)	Always (%)
One type (n=1,534)	25.7	21.4	37.4	11.9	3.7
Two or more types (n=608)	15.3	11.5	41.9	21.7	9.5
Any health issue (n=2,142)	22.7	18.6	38.7	14.7	5.3

# Student health and peer belonging

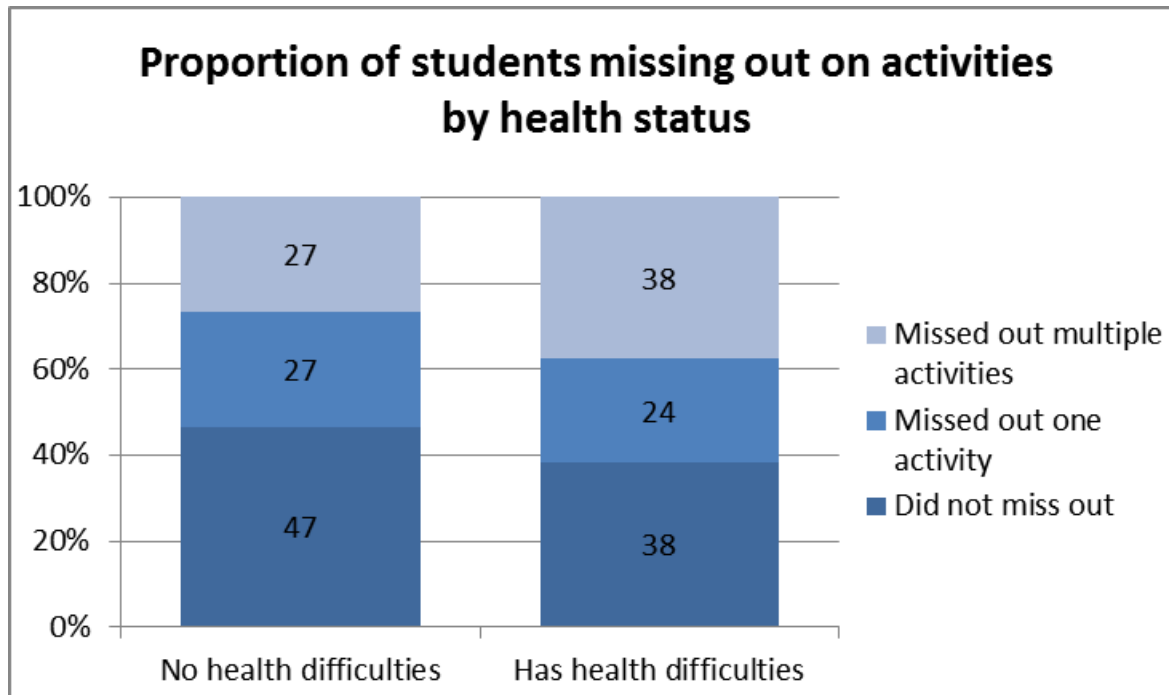
Students with health difficulties are more likely to disagree and less likely to agree with each statement



# Student health and school belonging



# Missing out on activities due to cost



Among disadvantaged students:

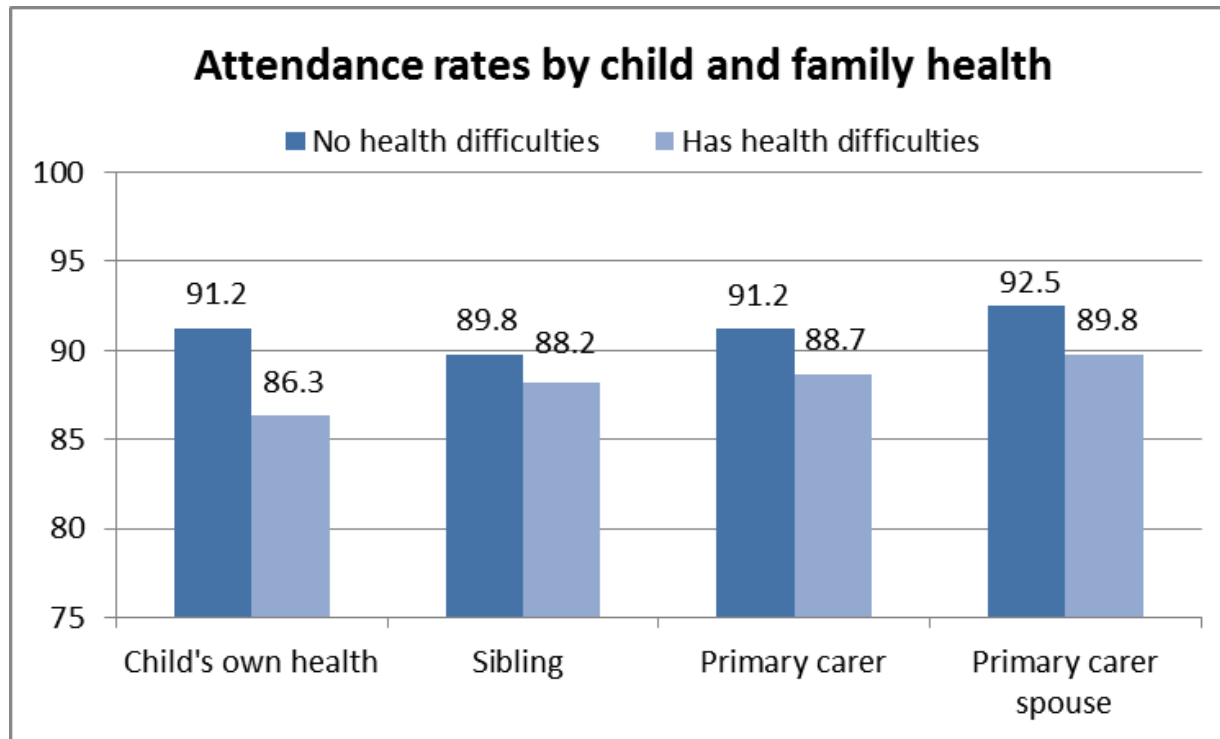
- More than half miss out on at least one type of school activity to save the family money
- Those with health difficulties are more likely to miss out on multiple activities

# Missing out on activities due to cost

Health issues (Yes/No)		Did not miss out	Missed one activity	Missed multiple activities
Child's own health	No	47%	27%	27%
	Yes	38%	24%	38%
Sibling health	No	46%	25%	29%
	Yes	42%	24%	34%
Primary carer health	No	46%	26%	28%
	Yes	41%	26%	33%
Primary carer spouse health	No	48%	27%	26%
	Yes	41%	25%	33%

- Students miss out because of the health of other family members (not just their own health)
- Illustrates the impact of family health on the family budget

# Student and family health and school attendance rates



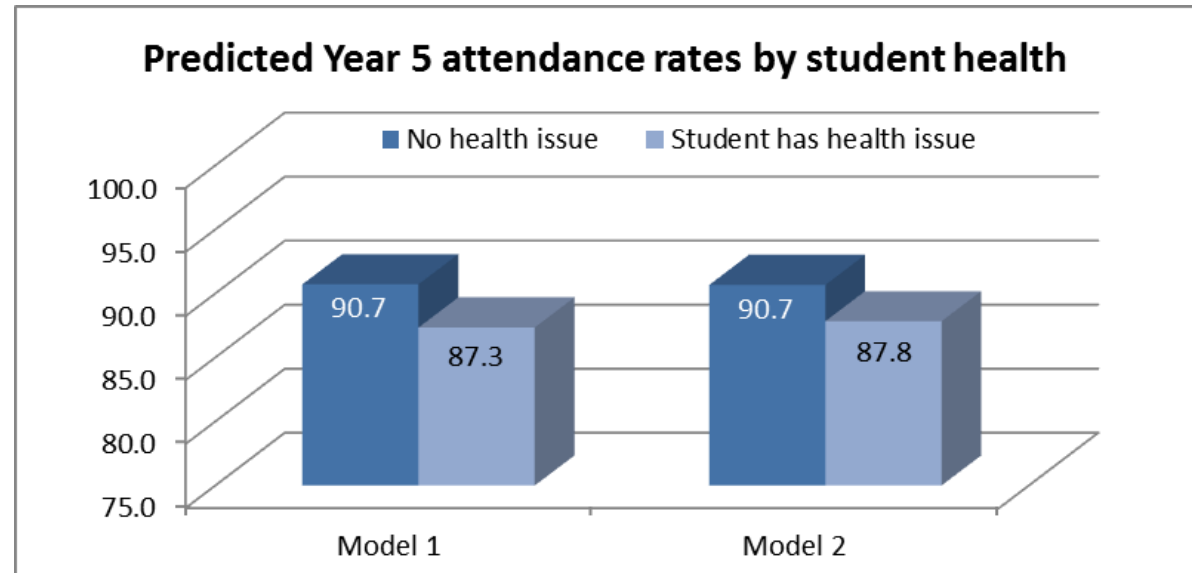
Restricted to students in Years 5 to 10 (attendance information only collected to Year 10)

- *Learning for Life* students in families with health issues have lower attendance rates, on average.
- The association is strongest for student's own health.
- Students with health difficulties attend 5 percentage points less than other students, on average (= 10 more absences per year)



# Regression results

- Controlling for other things, the total impact of health on attendance is 3.4 % points (about 7 additional days absent per year)
- 1 of these days (0.5%) is explained by the indirect impact of health through belonging and missing out



	Model 1 – estimated attendance rate (excludes missing out and belonging)		Model 2 – estimated attendance rate (includes missing out and belonging)	
Variable	Marginal effect	P value	Marginal effect	P value
Student has health issue	-3.37	0.000	-2.83	0.000
Belonging (1 to 5 scale)	-	-	1.49	0.000
Missed one activity	-	-	-1.24	0.018
Missed multiple activities	-	-	-1.29	0.018

Model controls for Year level, gender, English and maths grades, Indigenous status, language background, number of parents, parental employment, parental education, location (state/territory and remoteness area)

# Summary

- This study demonstrates the high prevalence of health and disability issues among financially disadvantaged students and their families
- Students' own health impacts on their social experience with friends and at school
- Students' own health and that of their family members impacts on the family budget and students missing out school activities for financial reasons
- Other things being equal, disadvantaged students with health issues attend school for 7 days less per annum, on average.
  - This is partly explained by their school experience (belonging and missing out)
  - There are also direct consequences of health on attendance

# Conclusions

- **Health difficulties are a feature of disadvantage**
- Students who are financially disadvantaged are also likely to have health issues (their own or family members)
- Additional targeted support is required for these students:
  - Schools may be able to assist by minimising the cost of activities or offering subsidies to enable disadvantaged students to participate
  - Students who are absent due to illness may need additional support to catch up as their family members are also likely to have health issues which may limit parents' capacity to support learning at home
  - As a result of this research, The Smith Family has begun collecting health and disability information for students and their primary carers which will target families for additional support including:
    - Referrals to services
    - Additional programs such as learning clubs



We extend our thanks to the families who generously participated in the *Learning Catalysts* study.

## Research team

### **The Smith Family**

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*everyone's family*