

What can longitudinal studies tell us about supporting children's social and emotional wellbeing?

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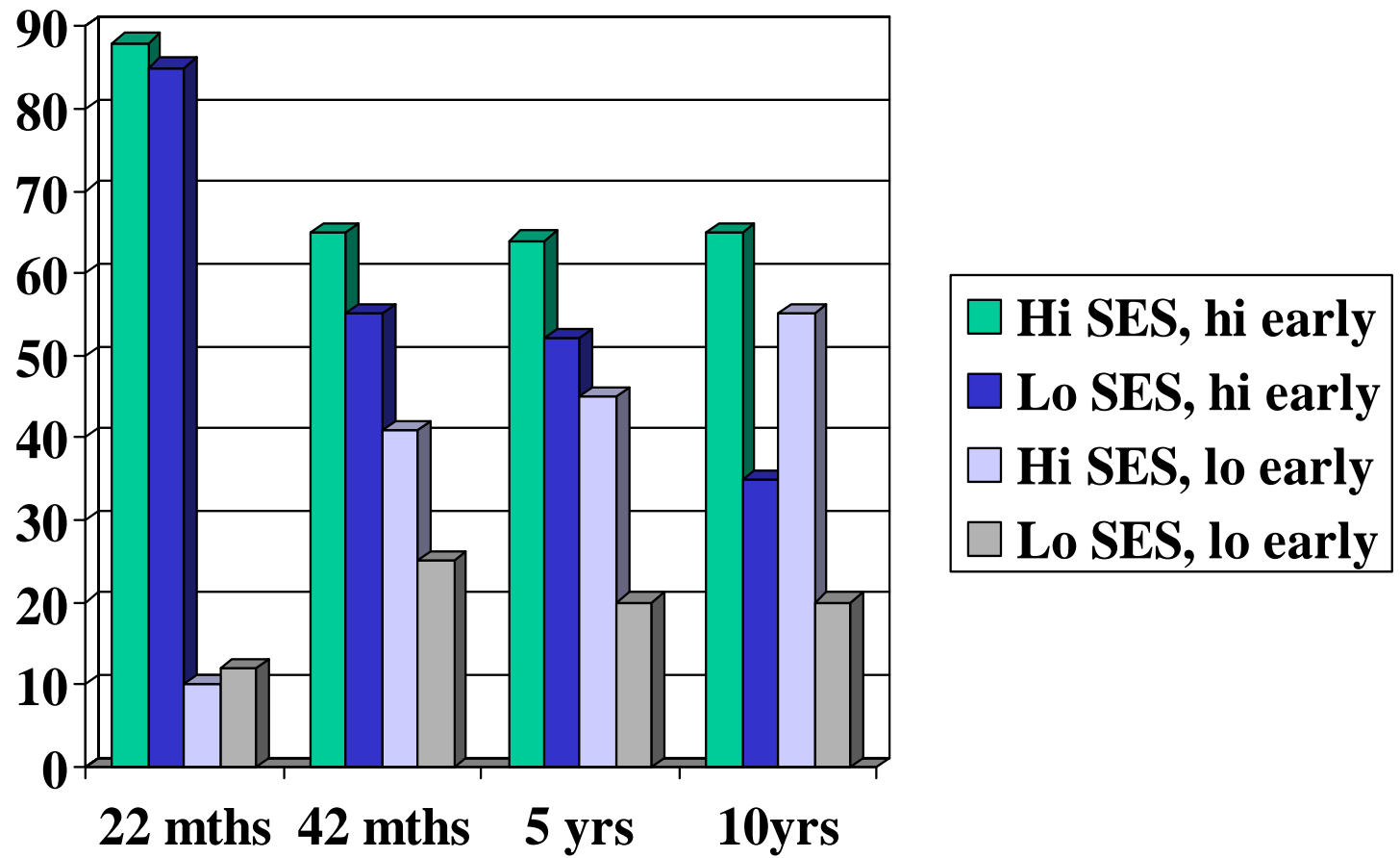
Current concerns about Australian children's wellbeing

"Are [children and] young people having the time of their lives, or struggling with life in their times?"

(Eckersley, 2004, p. 36)

- ❖ Preterm births, birth defects and cerebral palsies
- ❖ Asthma, diabetes, obesity
- ❖ Mental health, behavioural and emotional problems
- ❖ Educational problems
- ❖ Juvenile crime
- ❖ Child abuse
- ❖ Youth suicide
- ❖ Indigenous child health

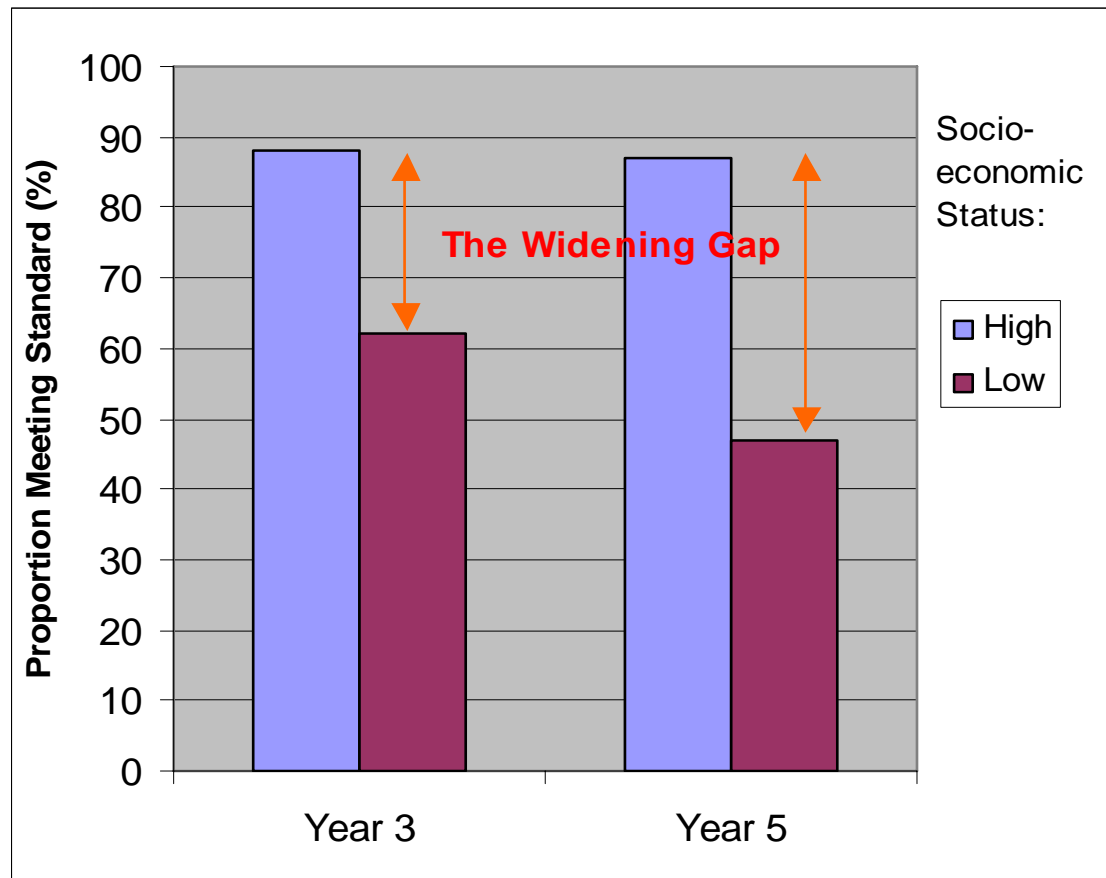
Average rank of cognitive test scores by SES of parents and early cognitive development rank position



Source: Adapted from Feinstein, L. (2003) *Economica* 70, 277

Literacy Disparity

As children move from year 3 to year 5, the socio-economic disparity among those meeting literacy standards grows



Source: ARACY (ACER data)

Some strengths of large-scale longitudinal studies

- Greater confidence in identifying 'cause and effect' relationships
- Findings are generalisable (if large and representative)
- Track stability and change in child's environment (and impact on child)
- Track stability and change in the child:
 - (How much/How) do early problems predict later problems?
 - Developmental pathways
 - Risk and protective processes
 - Transition points

Past longitudinal studies

- two examples of learnings

- ❖ Port Pirie Cohort Study (1979 →) - environmental lead exposure lowers cognitive development → lead-free petrol
- ❖ Tasmanian Infant Health Study (1988 →) - infants sleeping on their backs increases the risks of SIDS → changed recommendations, reduced SIDS
- ❖ Both required follow-up over time of large cohorts

Australian Temperament Project (ATP)

- ❖ A longitudinal study of children's development and wellbeing from infancy to adulthood
- ❖ Representative sample of over 2400 children from across Victoria
- ❖ 13 waves of data since 1983, at 1-2 yearly intervals
- ❖ Data from parents, teachers, nurses and the children themselves
- ❖ Data on
 - ❖ Temperament
 - ❖ Child and adolescent health, behavioural and emotional problems
 - ❖ School adjustment, social competence and civic mindedness
 - ❖ Family functioning, parenting style and relationships
 - ❖ Peer relationships
 - ❖ Sociodemographic characteristics (etc)
- ❖ www.aifs.gov.au/atp/

Some learnings from the Australian Temperament Project

- Differences in children's temperament *matter* for their development
- The *early* years of life matter, but so do *later* periods
- *Interdependence* between aspects of a child's life - need for a holistic perspective

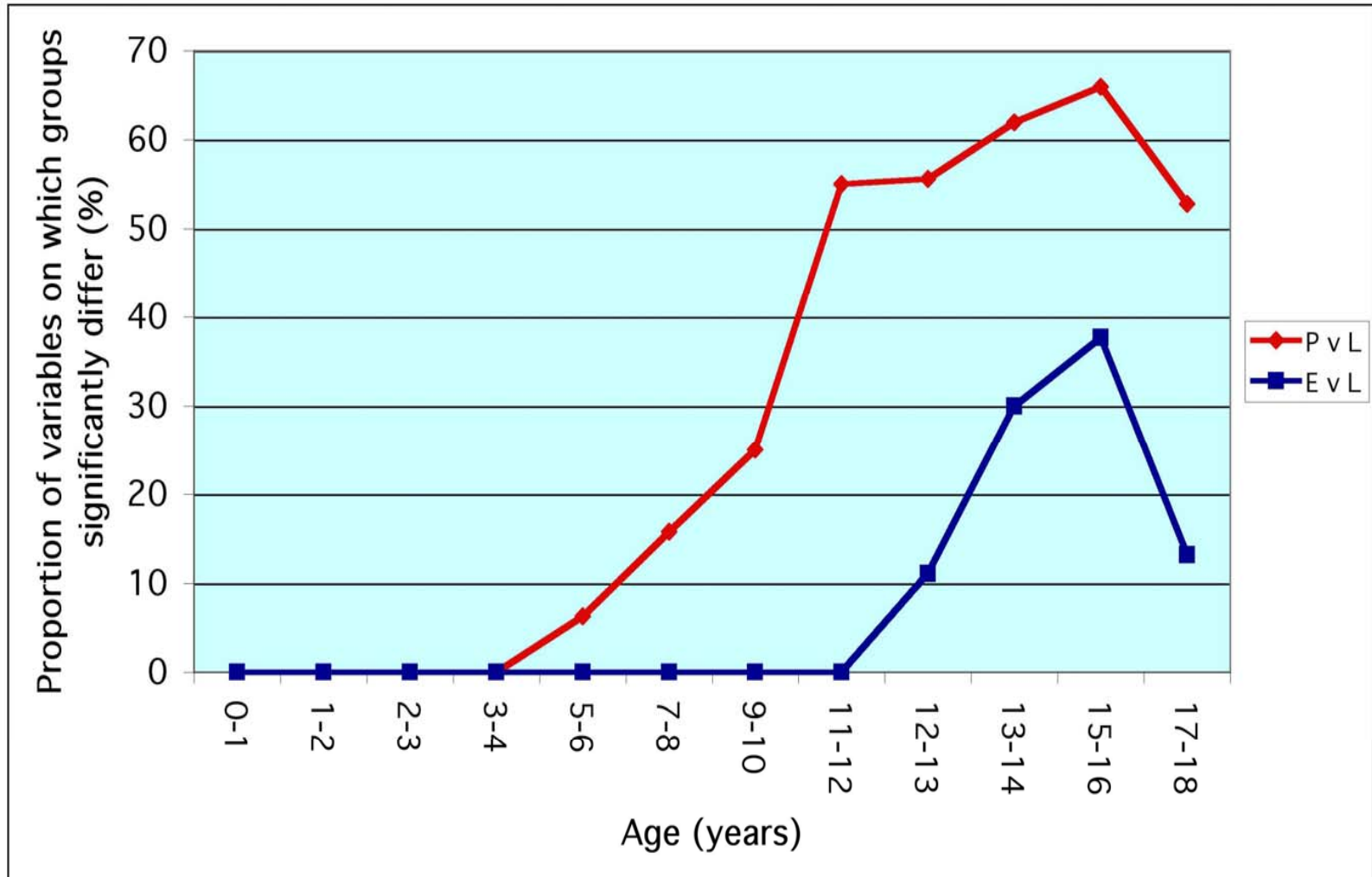
(See Prior, Sanson, Smart & Oberklaid (2000) for more)

Pathways to antisocial behaviour - ATP/Crime Prevention Vic. collaboration

3 themes

- ❖ Several pathways - different in their nature and timing
- ❖ Risk is first identifiable at start of primary school, and involves many domains of life
- ❖ Resilience is common and also involves many domains

Proportion of risks factors on which No/Low Antisocial group differed from Persistent Antisocial (red line) and Experimental Antisocial (blue line) groups, 0-18 years



Risk factors differentiating Persistent Antisocial group from No/Low Antisocial group

❖ Individual factors

e.g. 'difficult' temperament; externalising problems; poor social skills; substance use; risk taking; less adaptive coping styles

❖ Family factors

❖ **Functioning:** e.g. poor parent-child relationship, less warmth, less communication and more alienation from parents; less parental monitoring, more harsh discipline; parental substance use

❖ **Structure and background:** more frequent experience of a family disruption

❖ Peer and school factors

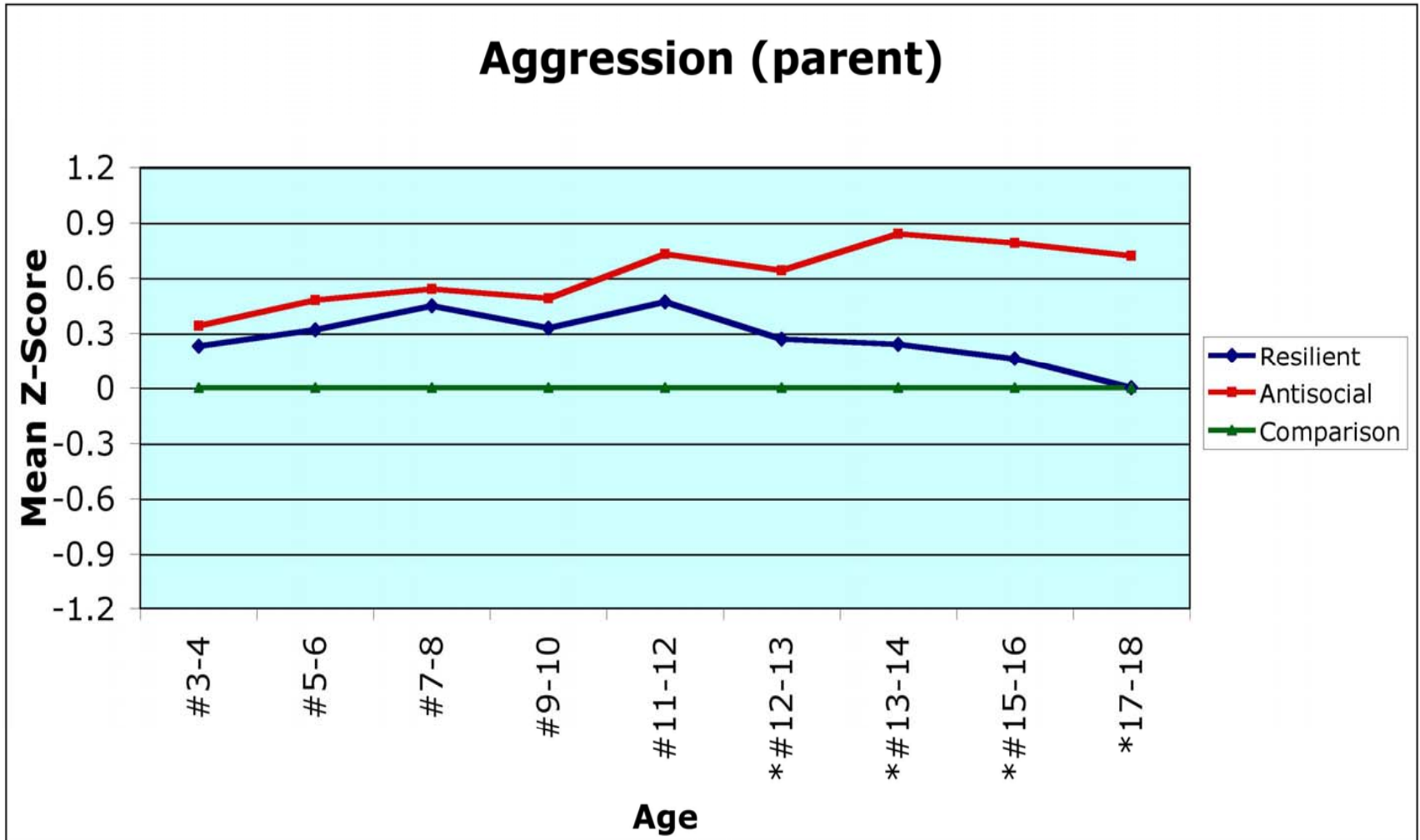
e.g. antisocial peers; fewer organised peer group activities; academic difficulties; negative attitude towards school

Pathways to antisocial behaviour - ATP/Crime Prevention Vic. collaboration

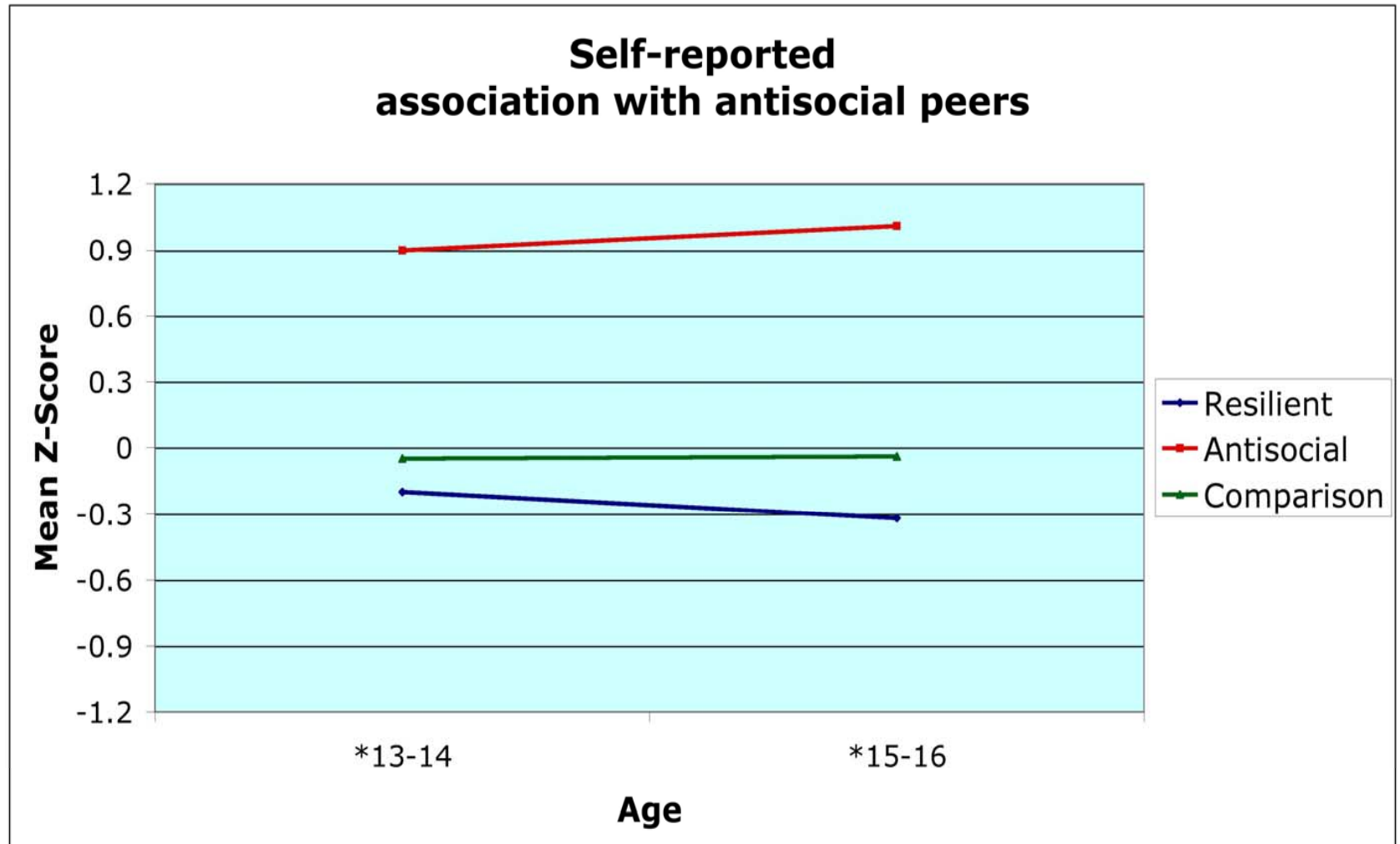
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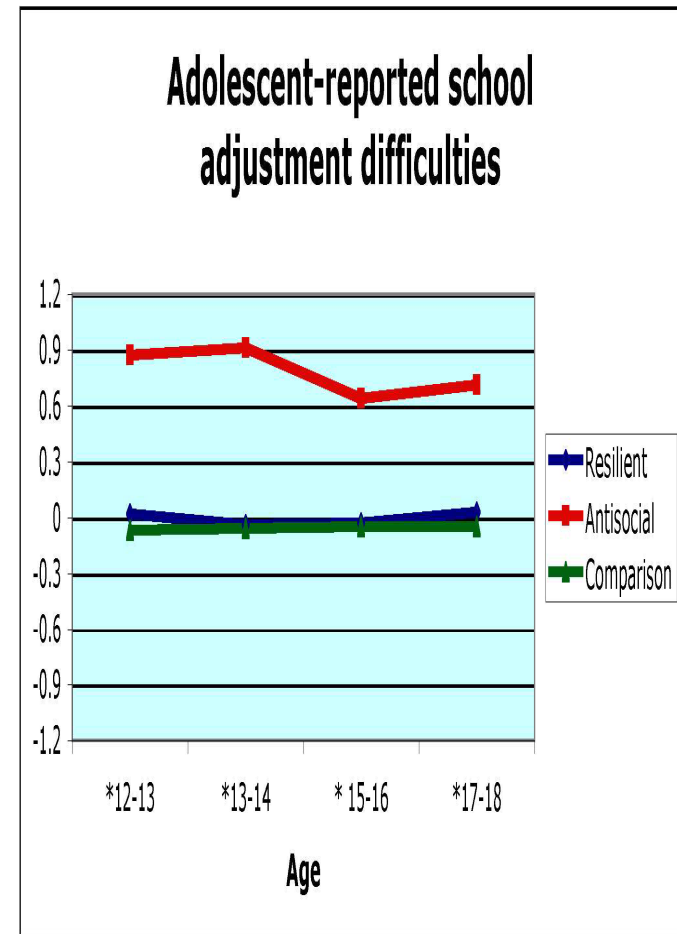
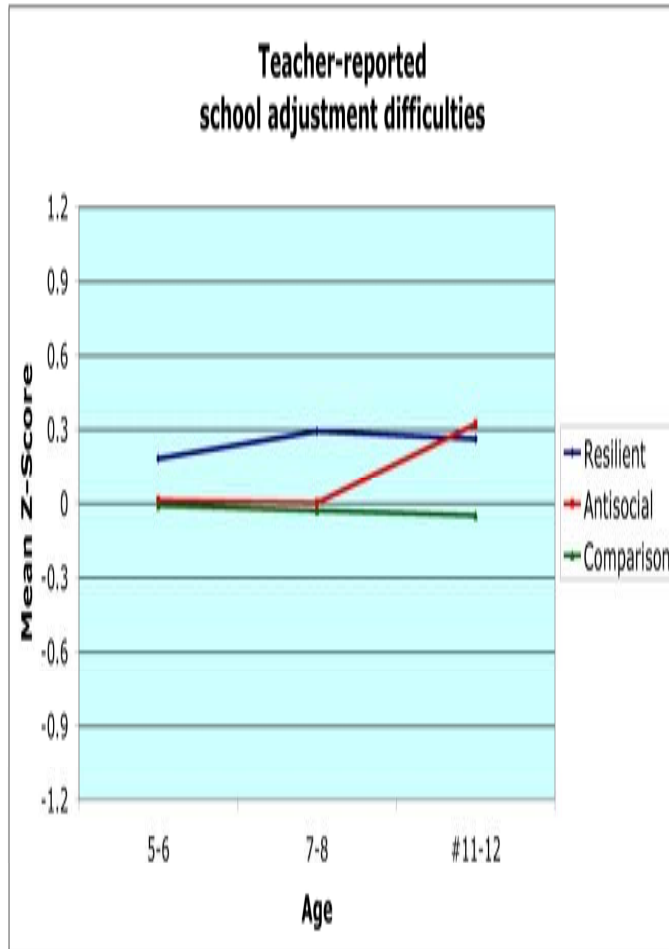
Resilience: improving pathways



Resilience: the role of peer relationships



The role of school factors in resilience: School adjustment



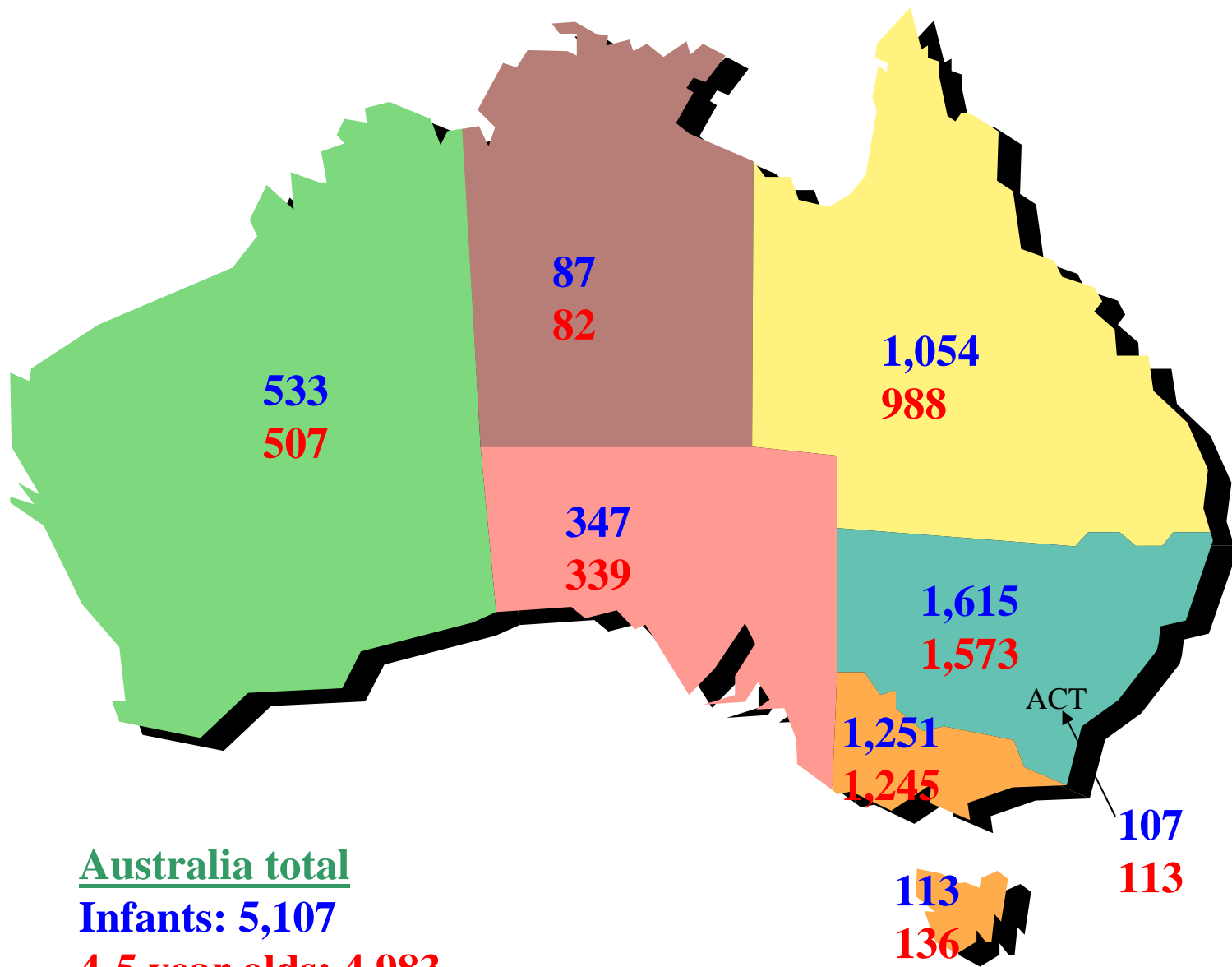
ATP/CPV: some conclusions

- ❖ Understanding child and youth wellbeing requires broad focus
 - complex picture, strengths and difficulties co-exist
- ❖ Problem pathways can start early but remain open to change - prevention and early intervention, but not **only** early
- ❖ Many problems co-occur and multiplicity of influences - so multi-modal broad-based interventions
- ❖ The reality - but limits - of resilience
- ❖ Close ties with policy and practice are needed to assure uptake of findings

Growing Up in Australia: the Longitudinal Study of Australian Children: a valuable new resource



- ❖ National coverage
- ❖ 10,000 children
- ❖ 2 age cohorts (infants and 4-5 yo's)
- ❖ Close link between researchers, policy-makers and service-providers
- ❖ Multi-disciplinary
- ❖ Ecological model
- ❖ Holistic view of children
- ❖ Extensive multi-source data
- ❖ Data accessible to researchers



Australia total

Infants: 5,107

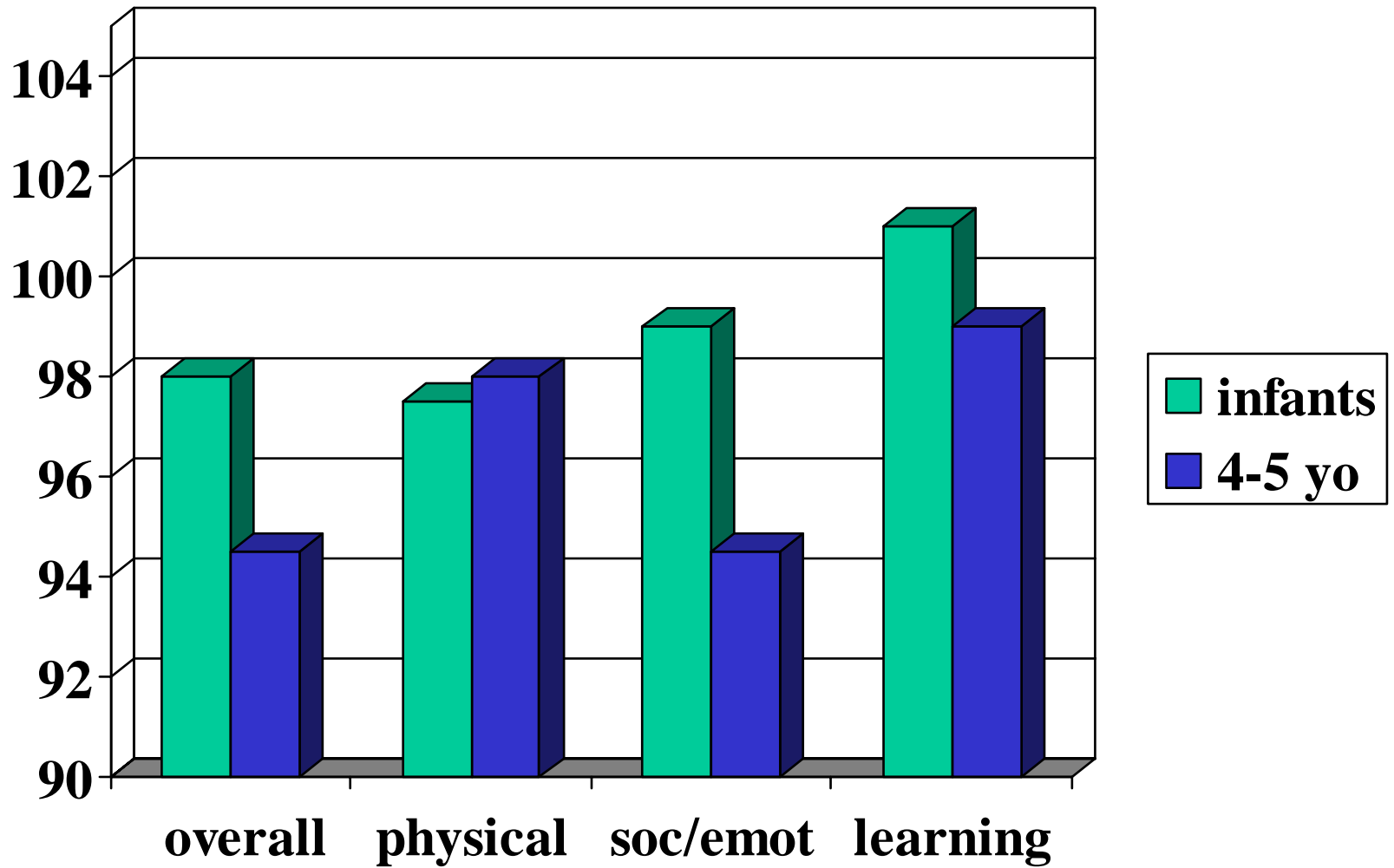
4-5 year olds: 4,983

Growing Up in Australia

Outcome Index

- Composite measure of how children are faring:
 - overall
 - physical domain (health and motor development)
 - social/emotional domain (temperament, internalising and externalising problems, social competence)
 - learning domain (language, literacy, numeracy, approach to learning, school readiness)
- Simple, user-friendly tool for communicating otherwise complex research findings
- Population average on each scale is 100 (SD 10)

Indigenous children's scores on the Outcome Index (population average is 100)



Living conditions: cumulative disadvantage

	Indigenous	Rest
Safe neighbourhood	79	91
Clean neighbourhood	84	93
Good parks, playgrounds	63	76
Good street lighting	61	71
Access to shops	84	90
Access to basic services	69	78
Heavy traffic on street	45	33
Income <\$800pw	68	31
No parent works	46	12
2 parents at home	64	88

Growing Up in Australia:

Knowledge potential

A: Families

- ❖ How are Australian parents going about their parenting?
 - ❖ Impact on child
 - ❖ x child age, family types, cultural background, support, etc

- ❖ Associations among financial stress, parenting stress, parenting practices, child outcomes
 - ❖ x family types, etc

- ❖ The roles of non-resident parents and grandparents
 - ❖ Impact on child
 - ❖ x family types, etc

- ❖ How does access to family-friendly work provisions impact on child outcomes?
 - ❖ Mediated through parental stress and wellbeing?

Growing Up in Australia:

Knowledge potential

B: Physical and mental health

- ❖ Association of overweight (16%) and obesity (5%) with:
 - ❖ child factors (e.g. temperament, activity, diet)
 - ❖ family factors (e.g. parent weight, parenting, stress)
 - ❖ socio-demographic factors (e.g. location, culture)

- ❖ Association of injuries with child, family and community factors

- ❖ Predictors of children's emotional and behavioural problems (e.g. anxiety, aggression)
 - ❖ risk and protective child, family and community factors
 - ❖ x family type, location, culture, etc.

Growing Up in Australia:

Knowledge potential

C: Child care and education

- ❖ Comprehensive data on childcare quantity and quality, link to NCAC data; home-based and care-based learning experiences

- ❖ Impact on child of
 - ❖ Age at entry
 - ❖ Stability of care/carers
 - ❖ Amount of care
 - ❖ Type of care
 - ❖ Quality of care
 - ❖ x child and family factors

- ❖ What *aspects* of care quality are most closely related to child outcomes?

- ❖ Impact on child's cognitive development and readiness to learn of formal and informal early learning experiences

Conclusions 1 - closing the "Know/Don't know" gap

- Longitudinal studies can provide unique data with implications for prevention and intervention
- Avoid a one-size-fits-all approach
- Early origins of many problems, **but** opportunities for change beyond early childhood - especially around transitions
- Both risk and protection are multi-faceted, many problems co-occur - so multi-faceted, sustained interventions
- Cumulative disadvantage
- Reality - but limits - of resilience

Conclusions 2 - closing the "Know/Do" gap

- Uptake of knowledge does not just happen - close connection between research, policy and practice is needed to close the "Know-Do" gap
- Longitudinal data cannot provide all our data needs - but are worth supporting!