

1 in 5 kids start school with health or emotional difficulties that challenge their learning

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Teachers identify one in five children as having emerging health or

developmental concerns when they start school. This might include a child being disruptive, having difficulties understanding the teacher's instructions, or experiencing fears and anxieties at a level that makes it difficult for them to learn.

Our research, published in "[Child: care, health and development](#)", found by year three these [children](#), on average, had poorer NAPLAN results in reading and numeracy than those who didn't start school with such difficulties.

Socio-economic disadvantage added further to the risk of poor learning outcomes for children with emerging concerns.

Previous research has highlighted how developmental and [health concerns](#) when starting school, that aren't adequately addressed, can have a [profound impact on children's school experiences](#).

Children can miss school, have trouble doing school work due to fatigue or problems learning, or feel left out from their peer group and school life.

We can't just look to individual schools and teachers to fix this. The whole of the education system needs reform to meet the needs of this large group of children.

What kind of difficulties are these?

In Australia, not all health and developmental difficulties qualify children for special needs programs. Our research focused on children with mild to moderate difficulties emerging in the early years of school. These can go under the radar.

The Australian Early Development Census ([AEDC](#)) collects data from

teachers across Australia about all children's development in their first year of school, every three years. Data from 2015 shows [17% of children](#) had emerging developmental concerns identified by their teacher, but did not qualify as having special needs.

The majority of teacher concerns for these children related to language (44%), which includes children not being able to express themselves or follow directions. The next most common were concerns about behaviour (17%) such as the [child](#) having trouble with classroom rules; emotional problems (16%) such as withdrawing from learning and peers; and learning difficulties (10%) such as picking up specific reading skills.

The percentage of children starting school with these types of difficulties is increasing. The proportion of children with teacher-identified language difficulties rose from 8% to 14% between 2009 and 2015.

How this affects learning

We [analysed](#) the AEDC and NAPLAN data of 42,619 Victorian children. We looked at associations between teachers' concerns when the children started school and their NAPLAN results in reading and numeracy at year three.

We also accounted for socio-demographic factors that could impact on both health and learning.

We found teachers' concerns about children's health and development at the start of school predicted lower reading and numeracy scores. By year three, this equated to about nine months behind in schooling on average.

The combined effect of emerging concerns and socio-economic disadvantage on children's academic learning was even greater. Around one-third (34%) of children with emerging concerns, and 39% of

children from disadvantaged backgrounds, had poor reading and or numeracy outcomes.

When children had both emerging concerns and disadvantage, 60% had poor outcomes.

Children living in disadvantaged circumstances have less access to appropriate health and education supports (such as to [specialist health services](#)) that can be a buffer against poor learning outcomes. Because academic skills are vital for future career and education opportunities, this has the potential to reinforce the cycle of disadvantage across generations.

What do we need to do?

We [previously found](#) that 84% of children who started school with emerging health and developmental concerns did not have their needs consistently reported by their teacher and parent.

While the data couldn't tell us the reasons why, it may not be surprising since parents and teachers see children in different contexts and from different perspectives. For example, a child may struggle more with the learning demands in a classroom which parents may not know about. But on the other hand, parents might be managing a medication routine at home the [teacher](#) may not be aware of.

This separation can become problematic if it interferes with children getting the support and services they need. Teachers are instrumental in identifying and making referrals to school services. Parents are increasingly expected to advocate for their child to receive additional support and services at school and in the community.

Health practitioners in and outside schools are also important parts of

children's care teams. They can offer information about a health condition, ideas for strategies to support the child at school, and information about their own services, to avoid duplication.

To build a shared understanding of children's needs across these stakeholders, we need to find [new ways to quickly identify](#), communicate about, and respond to children's needs as they first become apparent.

The [Nationally Consistent Collection of Data](#) – an annual collection of information about Australian school students with disability—is an example of a positive shift towards recognising children with emerging needs and providing a common framework for understanding them. This is achieved by taking the focus away from a child's diagnosis (or lack of it) and towards the adjustments needed to help children learn and participate at [school](#).

Moving in these directions requires [rethinking our approach to resourcing schools](#) to support children with emerging [health](#) and developmental concerns, particularly for those who are also disadvantaged.

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