



Submission to Productivity Commission's Review of the National School Reform Agreement

Executive Summary

For over 25 years, the Centre for Community Child Health has worked collaboratively with families, communities, practitioners, organisations and decision makers to drive sustainable improvements in children's health, development and wellbeing. Our purpose is to **see every child thrive**. To achieve this, we have established a team of researchers, paediatricians, managers, communicators, evaluators and educators with expertise in children's health, development and wellbeing. We are a research group of the Murdoch Children's Research Institute, a department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.

Our submission focuses on **student health and wellbeing** and supports an increased commitment to student health and wellbeing as a priority within the next National School Reform Agreement. This focus is informed by the evidence demonstrating the important role schools provide in supporting student health and wellbeing given the multitude of challenges encountered during childhood that can impact health and education outcomes for children now and into the future. School responses to student health and wellbeing also respond to the inequitable education outcomes experienced by children, that place them at increased risk of ongoing difficulties through life, with education outcomes being a key determinant of health, social and financial outcomes. Significant proportion of children experience inequitable outcomes that exist at school entry and are perpetuated through school despite children spending 40 weeks a year, five days a week in school. Given this there is the opportunity for considering health, wellbeing and learning as essential and intrinsically intertwined elements for the success of students and that without addressing them all inequities are likely to continue. COVID has further highlighted the important role schools play in support all aspects of children's health and development but currently they are not designed to deliver on their potential. The NSRA is an opportunity to more fully define this aspiration.

We propose the following recommendations:

- **Recommendation 1:** The next NSRA includes the improvement of student health and wellbeing alongside current NSRA outcomes of academic achievement and engagement
- **Recommendation 2:** A broader policy response is needed to build the capacity and capability of schools and teachers to respond to student health and wellbeing noting the policy response may need to be multi-sectoral
- **Recommendation 3:** Policy action to improve student health and wellbeing is suited to national collaborative reform
- **Recommendation 4:** Student health and wellbeing to be included in the next NSRA Measurement Framework



Introduction

For over 25 years, the Centre for Community Child Health has worked collaboratively with families, communities, practitioners, organisations and decision makers to drive sustainable improvements in children's health, development and wellbeing. Our purpose is to **see every child thrive**. To achieve this, we have established a multidisciplinary team of researchers, paediatricians, managers, communicators, evaluators and educators with expertise in children's health, development and wellbeing.

Our paediatricians see over 1300 new families each year; our research expertise spans health services research, prevention and population health, and translational research in education and school-based settings; our programs and consultancy initiatives include policy development, community engagement, co-design, and evaluation; and we provide over 70 training and development opportunities to the sector. The Centre is part of the world-class Melbourne Children's Campus that unites clinical care, research, and education. We are a research group of the Murdoch Children's Research Institute, a department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.

Every child thrives

Our mission is to achieve equitable and real-life improvements in children's health, development, and wellbeing in a generation.

Our submission focuses on **student health and wellbeing** and supports an increased commitment to student health and wellbeing as a priority within the next National School Reform Agreement. This focus is informed by the evidence demonstrating the important role schools provide in supporting student health and wellbeing given the multitude of challenges encountered during childhood that can impact health and education outcomes for children now and into the future and the recognition that improving the health and wellbeing of children at the population level is central to improving education attainment and engagement. School responses to student health and wellbeing also respond to the inequitable education outcomes experienced by children, that place them at increased risk of ongoing difficulties through life, with education outcomes being a key determinant of health, social and financial outcomes. Significant proportion of children experience inequitable outcomes that exist at school entry and are perpetuated through school despite children spending 40 weeks a year, five days a week in school. Given this there is the opportunity for considering health, wellbeing and learning as essential and intrinsically intertwined elements for the success of students and that without addressing them all inequities are likely to continue. COVID has further highlighted the important role schools play in support all aspects of children's health and development but currently they are not designed to deliver on their potential. The NRSA is an opportunity to more fully define this aspiration.

Child education and wellbeing snapshot:

- almost 14% children aged 4-17 years living with a mental health diagnosisⁱ
- nearly half of all adult mental health conditions begin before 14 years of ageⁱⁱ
- clear problems emerging from age fiveⁱⁱⁱ
- more than 1 in 5 children developmentally vulnerable by the time they start school^{iv}



- children who are developmentally vulnerable are more likely to remain behind in education outcomes and are at higher risk of school disengagement^v
- children living in the most economically disadvantaged communities are twice as likely to be vulnerable on one or more AEDC domains and three times as likely on 2 or more domains
- Equity gap is widening and is most evident in the language and cognitive skills domain^{iv}
- Teacher concerns about child development at school-entry, predict lower reading and numeracy scores in year 3,^{vi} meaning schools are not catching-up children who start at-risk
- When education is considered across a range of indicators, Australia ranks 39th out of 41 EU/OECD countries in terms of quality, raising serious concerns about children's learning and development^{vii}

Recommendations

Recommendation 1 – the next NSRA includes the improvement of student health and wellbeing alongside current NSRA outcomes of academic achievement and engagement (Information Request 1 – Drivers of student outcomes)

Given the strong evidence of the interdependency between student health and wellbeing with the three key NSRA domains – academic achievement, engagement and skill acquisition^{viiiix} we recommend the next NSRA builds on the work undertaken in the current agreement and increases its focus on not only measuring but responding to student health and wellbeing. This includes implementing a next phase of the National Policy Initiatives (NPI) priorities – “Enhancing the national evidence base” and within this NPI, increase the focus on building the evidence-base and the capability for schools to respond to student wellbeing.

Importantly, there is significant research and evidence existing in student health and wellbeing occurring across Australia, that the NSRA should draw upon. This includes in the areas of:

- Measuring student wellbeing to continue to track student health and wellbeing outcomes beyond the first year of school
- Defining the domains of student health and wellbeing
- Interventions that aim to enhance student health and wellbeing and address problems
- Capacity building initiatives that enhance teacher and school leader responses to student wellbeing
- Evaluating student wellbeing interventions
- Mechanisms for taking child equity approaches to improving student health, wellbeing and learning outcomes

Placing student health and wellbeing firmly as an outcome in the next NSR, supports important child health and wellbeing policies including the action areas of the Alice Spring (Mparntwe) Education Declaration, the National Action Plan for the Health of Children and Young People 2020-2030 and the National Child Mental Health and Wellbeing Strategy.



Recommendation 2 – A broader policy response is needed to build the capacity and capability of schools and teachers to respond to student health and wellbeing noting the policy response may need to be multi-sectorial (**Information Request 1 – Drivers of student outcomes**)

As work progresses to measure student wellbeing at a national level, it is also important to now increase the policy response to build the capacity of schools to support student wellbeing. There is a significant body of work occurring in Australia that supports school and teacher capacity and capability to improve student health and wellbeing and there is an opportunity to enhance and or expedite translation of the evidence into practice. These initiatives span universal/whole-of-school approaches, to classroom-based/teacher competency responses and tailored support for children, as well as the development for a consistent universal framework for monitoring quality in schools to guide and support schools to deliver. Examples of evidence-based work occurring across Australia include, but are not limited to:

- Systematic review on mental health measures in primary schools (currently being undertaken by Murdoch Children’s Research Institute)
- Review and identification of school quality and performance indicators across all Australian states and territories undertaken by [Restacking the Odds](#). This being the early work for a national quality framework for schools that redresses inequities in education and wellbeing child outcomes
- The Australian Research Alliance for Children and Youth (ARACY) evidence-based framework for national child and youth wellbeing across six wellbeing domains (The Nest)
- Beyond Blue’s Be You initiative in collaboration with Early Childhood Australia and headspace

The next NSRA also presents an opportunity to rethink a new version of schools as ‘multi-opportunity platforms’ to help children and communities thrive and address the inequitable outcomes children experience. This includes schools as places for onsite access to health and allied health care (including mental health care). Approaches include delivery of direct, multidisciplinary health care and allied health care in schools, such as speech and language interventions (such as School-based Health Centres in the United States); telehealth to increase access to care for students in rural and remote areas; integration of navigator/care coordinator roles within schools to support students alongside Mental Health and Wellbeing Coordinators that drive whole-school approaches to wellbeing and build teacher capacity and capability; strong approaches to developing family partnerships; and increased prominence of the role of schools within a community context.

Recommendation 3 – Policy action to improve student health and wellbeing is suited to national collaboration (**Information Request 2 – Assessing the appropriateness of the National Policy Initiatives**)

All eight state and territories and the Australian Government have policy responses relating to student health and wellbeing. Table 1 provides examples of these policies for each state and territory government. Given this, policy action on student health and wellbeing is suited to national collaboration with potential



efficiencies achieved through cross jurisdictional efforts, inter-governmental learning and reductions in duplications of effort.

In reviewing government responses to student wellbeing, variations exist in the way student health and wellbeing is interpreted and translated into policy and action and our concerns is that many of the Frameworks offer add-ons to the current educational model, rather than rethinking it. We argue that schools should explicitly broaden the purpose of their work to promote children's wellbeing and health with a firm focus on reducing learning, wellbeing and developmental inequities.

Part of this collaboration effort could be pursuing a consensus on the definition of student wellbeing. From this point, clarity can be achieved relating to developing a student wellbeing measure and how schools and teachers can support student wellbeing.

The signatories of the NSRA would also be well-placed to map their efforts relating to student health and wellbeing to develop an overview of responses undertaken to date and identify where gaps exist, where strengths and/or consensus are achieved and where future efforts are best-placed.

Recommendation 4 – Student health and wellbeing to be included in the next NSRA Measurement Framework (Information Request 4 – Measurement Framework and Performance Indicators)

Expanding schools' measures of student progress to include health and wellbeing data would help shift the paradigm of schools to address health, wellbeing and educational inequity. Doing so affirms the central role schools have in enhancing student wellbeing outcomes alongside educational outcomes and would further align the NSRA with other significant policies relating to child outcomes including Alice Spring (Mparntwe) Education Declaration, the National Action Plan for the Health of Children and Young People 2020-2030 and the National Child Mental Health and Wellbeing Strategy – which recommends establishing a minimum dataset on student wellbeing with annual data collection conducted via schools. While many schools now include social and emotional learning in the curriculum and have adopted whole-school mental health programs, there must be methods for measuring their effectiveness. This data should include information on how schools respond to identified issues and support provided to schools to strengthen their wellbeing policies and responses.

Developing a student wellbeing measure and embedding it within the next NSRA Measurement Framework would elicit benefits:

- At the population level to track student outcomes and inform policy-responses across jurisdictions
- At the school level to enable schools to use data for continuous improvement and provide tailored, evidence-based responses to improving student wellbeing – at the levels of prevention, early intervention and service provision for children requiring individualised care and support.



As mentioned previously, there is already significant work occurring across Australia to inform the development of a national student wellbeing measure. If not already undertaken, the signatories to NSRA should undertake a review of current work in being undertaken in the development and implementation of student wellbeing measures.

Data projects that are relevant to measuring progress against student wellbeing and learning outcomes include the [Melbourne Children's Lifecourse initiative](#) and [Gen V](#) – Australia's largest childhood research project that builds on current infrastructure and data linkage across physical/mental health, education and social care to gain a better understanding of how children grow and develop. Other opportunities include the role of teachers - teachers are well-placed to collect student wellbeing data through their daily observation of student behaviour and learning. As with the Australian Early Development Census (AEDC), teacher reports could form the basis for determining whether children were on track, at risk or vulnerable across various domains. Another avenue would be linking student health data with data surrounding school policy/programming/service practices. Such an approach would assist analysis of program effectiveness in reducing health inequity.^x

Table 1 – Examples of student wellbeing policy responses from Australian governments

Government	Student Wellbeing Policy Response Examples
Australian Government	Student Wellbeing Framework Student Wellbeing Hub
Australian Capital Territory	ACT Wellbeing Framework
New South Wales	NSW Framework for Schools
Northern Territory	NT Social and Emotional Learning
Queensland	Student Learning and Wellbeing Framework
South Australia	Wellbeing for Learning and Life Framework
Tasmania	Child and Student Wellbeing Strategy Student Wellbeing and Engagement Survey
Western Australia	Student health and wellbeing – range of policies and responses such as student behaviour support
Victoria	Framework for Improving Student Outcomes



References

- ⁱ Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Hann, K., Sawyer, M., Ainley, J., & Zubrick, S.R. (2015). *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.
https://www.health.gov.au/sites/default/files/documents/2020/11/the-mental-health-of-children-and-adolescents_0.pdf
- ⁱⁱ Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627. <https://doi:10.1001/archpsyc.62.6.617>
- ⁱⁱⁱ Mulraney, M., Coghill, D., Bishop, C., Mehmed, Y., Sciberras, E., Sawyer, M., Efron, D., & Hiscock, H. (2021). A systematic review of the persistence of childhood mental health problems into adulthood. *Neuroscience & Biobehavioral Reviews*, 129, 182-205. <https://doi.org/10.1016/j.neubiorev.2021.07.030>
- ^{iv} Department of Education, Skills and Employment; Australian Government (2022). *Australian Early Development Census National Report 2021*. Department of Education, Skills and Employment, Australian Government. <https://www.aedc.gov.au/resources/detail/2021-aedc-national-report>
- ^v The Centre for Adolescent Health, Murdoch Children's Research Institute (2018). *Student Wellbeing, Engagement and Learning across the Middle Years*. Canberra: Australian Government Department of Education and Training.
- ^{vi} O'Connor, M., Chong, S., Quach, J., & Goldfeld, S. (2020). Learning outcomes of children with teacher-identified emerging health and developmental needs. *Child: Care, Health and Development*, 46(2), 223-231.
- ^{vii} UNICEF Office of Research (2017). 'Building the Future: Children and the Sustainable Development Goals in Rich Countries', Innocenti Report Card 14, UNICEF Office of Research – Innocenti, Florence
- ^{viii} Sarah Benes & Holly Alperin (2019) Health Education in the 21st Century: A Skills-based Approach, *Journal of Physical Education, Recreation & Dance*, 90:7, 29-37, DOI: [10.1080/07303084.2019.1637306](https://doi.org/10.1080/07303084.2019.1637306)
- ^{ix} Winkelman, T. N., Caldwell, M. T., Bertram, B., & Davis, M. M. (2016). Promoting health literacy for children and adolescents. *Pediatrics*, 138(6).
- ^x Huang, K. Y., Cheng, S., & Theise, R. (2013). School contexts as social determinants of child health: current practices and implications for future public health practice. *Public Health Reports*, 128 (supp. 3), 21-28.