

## Research Snapshot

# Factors that help or hinder children with additional needs to succeed at school



## Background

The first years of school bring children into contact with many new demands, environments and relationships. Children's experiences in these early years carry lasting implications for their educational trajectory (Hauser-Cram et al 2007). The transition to school can be even more daunting for children with additional health and developmental needs (AHDN) and their families. They can face additional challenges like fitting in with peers, and accessing necessary additional resources (Goldfeld et al 2012; Whiteford et al 2012).

With health and education closely intertwined, there are a myriad of ways in which additional needs can impact on children's learning and engagement with school, with these influences operating right from the earliest years of schooling. Yet while there has been ample research on the medical and health care experiences of children experiencing additional health and developmental needs, the impact on their school functioning has generally been under-explored. This includes those factors that put them at less or more risk of school failure.

**Defining additional health care needs** Children with additional health and developmental needs (also known as special health care needs) are those who have or are at an increased risk for a chronic physical, developmental, behavioural, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally (Newacheck et al., 1998). Additional needs include a wide variety of conditions, ranging from obesity and asthma to profound intellectual impairment, with a parallel broad range of possible presentations, levels of severity, and associated needs.

Further information about the prevalence and types of conditions experienced by children with additional needs is contained in another Australian Early Development Census\* (AEDC) research snapshot: Children starting schools with additional health and developmental needs: results from the 2009 Australian Early Development Census.

\*Until July 2014, the AEDC was known as the Australian Early Development Index (AEDI)

## Aim

The research described in this snapshot aimed to understand what can help or hinder the transition to school for children with AHDN, through a narrative review of relevant literature.

## Key Findings

Consistent with an ecological approach to child development, there was a mixture of influences identified ranging from the child's characteristics to the environments in which they are operating, including numerous factors at the service-system level. The many protective factors identified suggest it is important to not only describe and respond to children's limitations, but also to acknowledge the child's capabilities and strengths as well as other protective factors operating at the family and service-system level so that these can be drawn on and developed to help them succeed.

Given the range of risk and protective factors that can be at play for any given child, provision of care based only on the child's condition may be too restrictive. In contrast, a multidisciplinary approach tailored to the child's individual circumstances may be more beneficial in supporting children with additional needs to thrive at school (Lollar et al., 2012; Janus, 2011).

The current state of the literature clearly suggests that many of the risk and protective factors are operating from the earliest experiences at school. Given that the transition period to formal schooling is a critical time that helps to shape long-term educational trajectories, it is important to address risk factors and promote protective factors early in children's educational careers.

## Implications

### For Policy and Practice:

The review revealed a broad range of risk and protective factors, suggesting that there are many opportunities to intervene to promote better outcomes for these children.

### For Research:

Most research to date has focused on specific conditions rather than taking a broad non-categorical approach, that is, looking at children with additional needs collectively. However, the current findings suggest that there are generic risk and protective factors likely to be relevant across many condition types, and it may therefore be helpful for more research to examine interventions, outcomes and influences for children at this broader level of analysis.

Tools such as the AEDC provide a means to further explore the factors that contribute to optimal educational outcomes for children with additional needs.

The review highlights that the ways in which additional needs impact on a child's functioning are very complex, suggesting the need for a clear conceptual framework to guide research in this area. A proposed conceptual model of the processes that can impact on school functioning for children with additional needs will be explored in further detail in the companion research snapshot titled: 'Pathways through school for children with additional needs: A conceptual model'.

## Study Details

This research snapshot is derived from a literature review conducted within the AEDC research programme at the CCCH.

**Table 1. Risk and protective factors for school (functioning)**

Risk and protective factors at <b>school entry</b>		
	<i>Protective factors</i>	<i>Risk factors</i>
<b>Child</b>	<ul style="list-style-type: none"> <li>• Ability to regulate behaviour</li> <li>• Social skills</li> <li>• Independence</li> <li>• Skills in classroom participation and attention to independent tasks</li> <li>• Single physical impairment</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple impairments</li> <li>• Poor social-emotional skills or ability to regulate own behaviour</li> <li>• Learning difficulties</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• Coordinated multi-disciplinary approach to care</li> <li>• Planning for the transition to school by providers (e.g. education, health, social services) and families</li> <li>• Similarities between the preschool and school environment</li> <li>• The use of strategies to bridge the old and new environment</li> <li>• Informal support from other parents</li> <li>• Parents advocacy on behalf of/for the child</li> <li>• Value placed on education by parents</li> <li>• Shared decision making involving the family</li> </ul>	<ul style="list-style-type: none"> <li>• Poor information exchange</li> <li>• Lack of care provided prior to school entry</li> <li>• Lack of overarching policies</li> <li>• Fragmented and complex service provision</li> <li>• Lengthy assessment procedures</li> <li>• Inadequate personal and financial support for both the child and family</li> <li>• Lack of family involvement in the transition to primary school</li> <li>• Expectations and demands of family advocacy of the child</li> <li>• Inflexible transition policies</li> <li>• Barriers to selecting and gaining admission to the most appropriate school for the child</li> <li>• Logistical, policy or administrative barriers to enrolment</li> <li>• Family stressor including finances, changes to parenting roles for the child (e.g. increased separation of the child and parent with starting school)</li> <li>• Delays in the implementation of support</li> <li>• Family disadvantage</li> </ul>

Risk and protective factors during <b>primary school</b>		
	<i>Protective factors</i>	<i>Risk factors</i>
<b>Child</b>	<ul style="list-style-type: none"> <li>• Early positive attitudes to schooling</li> <li>• Engagement with school</li> <li>• Strong bonds to peers or teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional, behavioural and developmental problems</li> <li>• Absenteeism</li> <li>• Limitations to the child's everyday activities</li> <li>• Difficulties in relationships with peers/ teachers</li> <li>• Lack of manageability</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• Parental involvement</li> <li>• Quality home environment</li> <li>• Safety and belonging/wellbeing at school</li> <li>• Interventions such as case management</li> <li>• Support for teachers from education and health providers (e.g. information about the child's condition, additional classroom support)</li> <li>• Teachers support of the child (e.g. in navigating peer relationships)</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers to information sharing within and between schools</li> <li>• Lack of awareness and understanding of child's condition by school staff</li> <li>• Lack of coordination of care</li> <li>• Lack of time allocated to teachers for providing additional pastoral and medical support to the child</li> </ul>

## For further details

### Details of the research paper

Published article details: Howell-Meurs, S., O'Connor, M., Kvalsvig, A., & Goldfeld, S. (2014). The school functioning of children with additional health and developmental care needs in the primary years: A literature review. Melbourne, Australia: Centre for Community Child Health.

For access to AEDC data please visit [www.aedc.gov.au](http://www.aedc.gov.au) for details.

References: A full list of references used in the development of this snapshot is available online with this [link](#).

### About research snapshots

AEDC snapshots provide a brief and accessible overview of research being undertaken in relation to the AEDC. The Australian Government under the AEDC programme funded this project. For further up-to-date information and resources consult the AEDC website: [www.aedc.gov.au](http://www.aedc.gov.au)

## About the organisation

The Royal Children's Hospital Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood and behaviour for over two decades. The CCCH conducts research into many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early. By working collaboratively with leaders in policy, research, education and service delivery, the Centre aims to influence early childhood policy and improve the capacity of communities to meet the needs of children and their families.

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Since 2002, the Australian Government has worked in partnership with eminent child health research institutes, Centre for Community Child Health, Royal Children's Hospital, Melbourne, and the Telethon Kids Institute, Perth to deliver the Australian Early Development Index programme to communities nationwide. On 1 July 2014, the Australian Early Development Index (AEDI) programme became known as the Australian Early Development Census (AEDC), and was launched through a new website [www.aedc.gov.au](http://www.aedc.gov.au). The Australian Government continues to work with its partners, and with state and territory governments to implement the AEDC.