



Whittlesea

SCHOOL DISTRICT AND COMMUNITY REPORT 2016

HUMAN
EARLY LEARNING
PARTNERSHIP



Social
Research
Centre

An ANU Enterprise business

ACKNOWLEDGEMENTS

The MDI team would like to extend its warmest appreciation to the students, teachers and administrators who made this report possible. Thank you for your participation.

HELP's Middle Years research is led by Dr. Kimberly Schonert-Reichl. HELP acknowledges Dr. Schonert-Reichl for her leadership in social and emotional development research, her dedication to exploring children's experiences in the middle years and for raising the profile of children's voices, locally and internationally.

HELP faculty and staff would also like to acknowledge our Founding Director, Dr. Clyde Hertzman, whose life's work is a legacy for the institute's research. He continues to inspire and guide our work and will always be celebrated as 'a mentor to all who walked with him.'

In Australia, the MDI is conducted in collaboration with the Social Research Centre and the Centre for Social Research and Methods at the Australian National University.

For more information please contact the Social Research Centre:

Email: mdihelpdesk@srcentre.com.au

Website: mdi.srcentre.com.au

ABOUT THE HUMAN EARLY LEARNING PARTNERSHIP

The Human Early Learning Partnership (HELP) is an interdisciplinary research institute, based at the School of Population and Public Health at the University of British Columbia. The institute was founded by Dr. Clyde Hertzman in 1999.

HELP's unique partnership brings together researchers and practitioners from across BC, Canada and internationally to address complex child development issues. HELP's many research projects explore how different environments and experiences contribute to health and social inequities in children's development over their life course. To learn more please visit the website at earlylearning.ubc.ca.

ABOUT THE 2016 VICTORIAN TRIAL

The aim of the trial was to test the 2015-2016 MDI in an Australian context. The MDI was recently revised by the Human Early Learning Partnership at the University of British Columbia and information was required to assess whether the changes continue to provide robust data for Australian children. An updated approach to survey deployment was also being trialled with a view to widening access to the MDI in future years. Seventy-four Victorian schools participated in the 2016 trial; forty-seven schools with grade 4 children, fifteen schools with grade 7 children, and twelve schools with both grade 4 and grade 7 children.

Copyright © UBC, Vancouver, Canada. The data in this report were gathered using a tool copyrighted at UBC. Please contact the MDI Project Coordinator mdi@help.ubc.ca for details.

The Social Research Centre & Human Early Learning Partnership. (2017) MDI [Middle Years Development Instrument] Grade 4 report. School District and Community Report, 2017. Whittlesea. Melbourne, Australia.

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INTRODUCTION TO THE MDI

WHY THE MIDDLE YEARS MATTER

Experiences in the middle years, ages 6 to 12, have critical and long lasting effects. They are powerful predictors of adolescent adjustment and future success. During this time, children are experiencing significant cognitive, social and emotional changes that establish their lifelong identity and set the stage for adolescence and adulthood. The overall health and well-being of children in their middle years affects their ability to concentrate and learn, develop and maintain friendships, and make thoughtful decisions.

Early adolescent children have an increased awareness of themselves and others. During middle childhood they are developing ideas about how they may or may not “fit in” to their social and academic environments. These ideas have the power to either promote health and academic achievement or lead to negative outcomes such as depression and anxiety in adolescence and adulthood. Although middle childhood is a time of risk, it is also a time of opportunity. There is mounting evidence to suggest that positive relationships with adults and peers during this critical time act to increase a child’s resiliency and success.

ABOUT THE MIDDLE YEARS DEVELOPMENT INSTRUMENT

The Middle Years Development Instrument (MDI) is a self-report questionnaire that asks children in Grade 4 and Grade 7 about their thoughts, feelings and experiences in school and in the community. The MDI is not an assessment for individual children. Instead, it is a unique and comprehensive population-based measure that helps us gain a deeper understanding of children’s health and well-being during middle childhood.

Researchers at the Human Early Learning Partnership (HELP) are using results from the MDI to understand the factors that promote children’s social-emotional health and well-being. In addition, the MDI is being used to inform policy and practice and support collaboration across education, health and community sectors.

The MDI uses a strengths-based approach to assess five areas of development that are strongly linked to children’s well-being, health and academic achievement. It focuses on highlighting the protective factors and assets that are known to support and optimise development in middle childhood. These areas are: *Social and Emotional Development, Physical Health and Well-Being, Connectedness, Use of After-School Time and School Experiences*. Each of these dimensions is made up of several measures and each measure is made up of one or more questions.

Combining select measures from the MDI helps us paint a fuller picture of children’s overall well-being and the assets that contribute to their healthy development. The results for key MDI measures are summarised by two indices:

The Well-Being Index consists of measures relating to children’s physical health and social and emotional development that are of critical importance during the middle years: Optimism, Self- Esteem, Happiness, Absence of Sadness and General Health.

The Assets Index consists of measures of key assets that help to promote children’s positive development and well-being. Assets are resources and influences present in children’s lives such as supportive relationships and enriching activities. The MDI measures four types of assets: Adult Relationships, Peer Relationships, Nutrition and Sleep, and After-School Activities. The chart below illustrates the relationship between MDI dimensions and measures, and highlights which measures contribute to the Well-Being and Assets Indices.

THE 5 DIMENSIONS OF THE MDI


SOCIAL & EMOTIONAL DEVELOPMENT
MEASURES

- Optimism
- Empathy
- Prosocial behaviour
- Self-Esteem
- Happiness
- Absence of Sadness
- Absence of Worries
- Self-Regulation (Short & Long Term)
- *Responsible Decision-Making
- *Self-Awareness
- *Perseverance
- *Assertiveness
- *Citizenship/Social Responsibility
- *Grade 7 only


PHYSICAL HEALTH & WELL-BEING
MEASURES

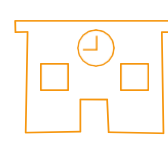
- ☐ General Health
- ☐ Eating Breakfast
- ☐ Meals with Adults at Home
- ☐ Frequency of Good Sleep
- Body Image


CONNECTEDNESS
MEASURES

- Adults at School
- Adults in the Neighbourhood/Community
- Adults at Home
- Peer Belonging
- Friendship Intimacy
- Important Adults


USE OF AFTER-SCHOOL TIME
MEASURES

- Organised Activities
- Educational Lessons or Activities
- Youth Organisations
- Sports
- Music or Arts
- How Children Spend Their Time
- After-school People/Places
- Children's Wishes and Barriers


SCHOOL EXPERIENCES
MEASURES

- Academic
- Self-Concept
- School Climate
- School Belonging
- Motivation
- Future Goals
- Victimisation and Bullying

WELL-BEING INDEX

- A measure in the Well-being index


ASSETS INDEX

- A measure in the Assets index



UNDERSTANDING YOUR MDI RESULTS



The MDI companion, “A Guide to Understanding your MDI Results” was developed to support the interpretation and application of MDI results for schools and communities. The guide provides:

Information on the MDI survey questions, the response scales and the scoring methods for each dimension and measure;

Answers to important questions related to data collection and privacy, mapping and reporting, as well as the reliability and validity of the MDI;

Recommendations for moving to action with your

MDI results;

Highlights from current research related to children’s healthy development during the middle years and evidence on the importance of the MDI’s five dimensions of children’s well-being;

Related research publications and online resources.

Look for these icons in the report to lead you to further information and research



2015/2016 • THE MIDDLE YEARS DEVELOPMENT INSTRUMENT
A GUIDE TO UNDERSTANDING
YOUR MDI RESULTS



Visit the MDI website Visit our website to learn more about the MDI, to access additional resources and tools: <http://www.mdi.srcentre.com.au/>



From the research Highlights from current middle years research are provided throughout the report to help contextualise your MDI results and support understanding of key issues in children’s development. For a full list of citations, please see the MDI References section in “A Guide to Understanding your MDI Results.”



MOVING TO ACTION

MDI data can support planning and initiate action within schools, organisations and communities. There are many opportunities for working with your MDI results and there are examples of successful initiatives from other districts to learn from. Here, we provide suggestions to help you get started. In addition, HELP staff and researchers are available to provide support to MDI initiatives. If you would like to request support or tell us about your experiences using MDI data, please contact our team: mdihelpdesk@srcentre.com.au.

1 ENGAGE IN CONVERSATIONS

Review your MDI results in collaboration with children, parents and elders, teachers, school administrators, after-school program staff, local early/middle childhood committees, librarians, parks and recreation staff, local government and other community stakeholders. Highlight strengths and examples of success. Increasing local dialogue on the importance of child well-being in the middle years is an excellent way to start improving outcomes for children. Identify school and community champions and create an action plan that involves participation from everyone.

2 INVOLVE CHILDREN

The results from the MDI survey can be shared with children. Involve them as much as possible in the interpretation of the data and gather their feedback on how both the school and the community can better serve their needs. Ask for their suggestions on how to improve their school climate and after-school experiences. Teachers may wish to incorporate an exploration of MDI data into their classroom curriculum. Children tend to offer creative solutions that can often be implemented easily and at no cost.

3 THINK BIG, START SMALL

The MDI provides rich data related to the whole child. It may be overwhelming to consider the many opportunities presented in the data for schools, communities and governments to improve child well-being. Moving to action with MDI data will be more successful if you focus your efforts on 1 or 2 areas for improvement. There are different ways to approach the data. You can focus on individual measures, such as Optimism, Bedtimes, Peer Belonging and Empathy. Alternatively, you can focus on outcomes related to the Well-Being Index, such as 'Thriving', or Assets Index, such as the presence of positive Adult Relationships. Questions to consider when identifying an area of focus are: Which measures resonate the most with your stakeholders? Which measures do you have influence over? Which areas align with your mission and mandate?

4 LEARN FROM THE SUCCESS OF OTHERS

Review the data from other school districts. Do you see examples of success that you would like to replicate? Connect with local champions or leaders from these areas to discuss the actions they have taken to improve child well-being. Likewise, you may want to consider sharing local initiatives and learnings across schools and across districts.

5 CHECK OUT OUR ONLINE RESOURCE

HELP has created 'Tools for Action,' an online resource that will help schools and communities interpret and act upon the data included in the MDI reports. You will find videos, worksheets, print resources and examples of how other communities have used their MDI data to move to action. The 'Tools for Action' can be accessed on our [website: www.earlylearning.ubc.ca/mdi/tools](http://www.earlylearning.ubc.ca/mdi/tools).



ABOUT THE 2016 RESULTS

HOW THE RESULTS ARE REPORTED

This report provides the MDI data by school district/community. For the school district/community data, averages are reported for all children who participated within the school district.

Where school districts contain fewer than 35 children, the results are suppressed.

The data in this report have been rounded. Many questions on the MDI allow children to provide multiple responses. Totals for some measures and questions may not equal 100%.

PARTICIPATING SCHOOL DISTRICTS

11 school districts participated in the Grade 4 MDI in the 2016, with a total of 2,489 students completing the questionnaire.

This report compares school district results to all of the MDI data collected as part of the 2016 MDI Trial. When making comparisons, it is important to consider the distribution of participating schools and school districts. Please note that these data *do not necessarily represent a complete snapshot of the school district or community*.

Buloke

Far East Gippsland

Frankston North

Gannawarra

Great South Coast

Hepburn

Loddon

Mildura

Moorabool

Swan Hill

Whittlesea



SCHOOL DISTRICT RESULTS

WHITTLESEA

DEMOGRAPHICS

SCHOOL DISTRICT POPULATION

Total Sample	632	Boys	321
Participation Rate	79%	Girls	304

Total Sample

Refers to the total number of children represented in this report. Children are included in the district sample if they complete at least one question on the MDI questionnaire.

Participation Rate

Refers to the percentage of the school district that completed the MDI survey, from those schools that participated in the trial.

Gender

Children are asked to report their gender and this report reflects their responses. Responses may not add to the district total as some children did not provide an answer to the question on gender.

LANGUAGES SPOKEN AT HOME

Aboriginal Language	0%	Arabic	3%
Cantonese	1%	Mandarin	1%
English	93%	Italian	4%
Greek	4%	Japanese	1%
Indonesian	1%	Vietnamese	1%
Hindi	2%	Other	17%
Korean	0%		

Languages Spoken at Home

Children are able to select more than one language spoken in the home. Therefore, in some cases, the percentages may add up to more than 100%.

Aboriginal Languages

If a child selects “Aboriginal Language” as a language spoken at home they are then asked to identify, if possible, the specific language. These data are not publicly available.

Other

A limited selection of languages are offered on the MDI questionnaire. The “other” category gives children an opportunity to enter their own response(s). For a list of common responses given for ‘other’ languages, please email:

mdihelpdesk@srcentre.com.au



SOCIAL & EMOTIONAL DEVELOPMENT

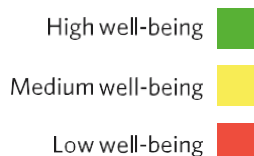
IT'S IMPORTANT BECAUSE...

Social and emotional competencies are critical for children's successful development throughout their lives. Social and emotional well-being is associated with greater motivation and achievement in school, as well as positive outcomes later in life including post-secondary education, employment, healthy lifestyles, and physical and psychological well-being.

Detailed information on the MDI survey questions and response scales for Social and Emotional Development are available in the [MDI Guide](#).

RESULTS FOR WHITTLESEA

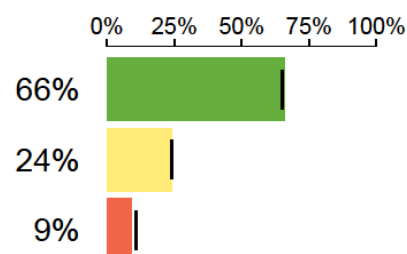
Percentage of children who reported:



Average for all school districts 2016*
(Number of children: 2,489)

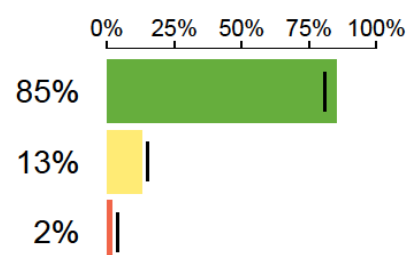
OPTIMISM

Optimism refers to the mindset of having positive expectations for the future. e.g. "I have more good times than bad times."



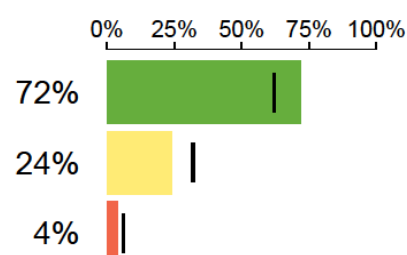
EMPATHY

Empathy is the experience of understanding and sharing the feelings of others. e.g. "I care about the feelings of others."



PROSOCIAL BEHAVIOUR

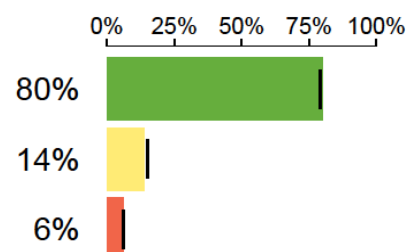
Prosocial behaviour refers to actions that benefit others. e.g. "I helped someone who was hurt."



The MDI questionnaire asks children 23 questions related to their Social and Emotional Development. For a complete list of questions and an explanation of how these measures are scored, see 'A Guide to Understanding your MDI Results.'

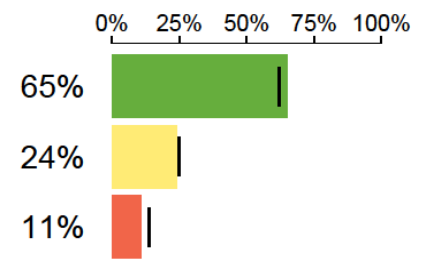
SELF-ESTEEM

Self-esteem refers to a person's sense of self-worth. e.g. "A lot of things about me are good."

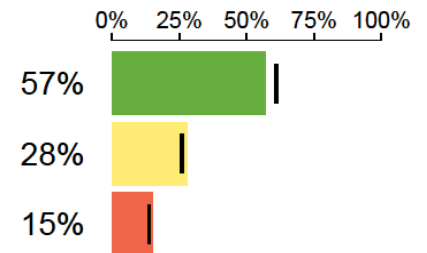


HAPPINESS

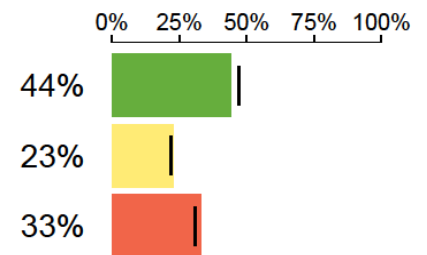
Happiness refers to how content or satisfied children are with their lives. e.g. “I am happy with my life.”

**ABSENCE OF SADNESS**

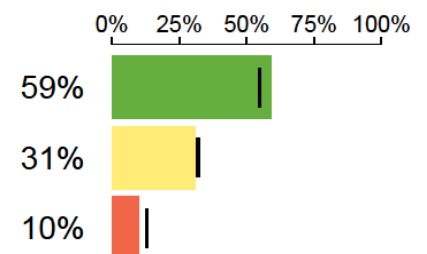
Absence of Sadness measures the beginning symptoms of depression. e.g. “I feel unhappy a lot of the time.”

**ABSENCE OF WORRIES**

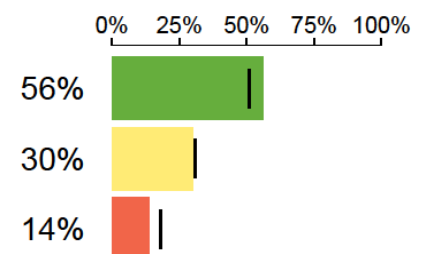
Absence of Worries measure the beginning symptoms of anxiety. e.g. “I worry a lot that other people might not like me.”

**SELF-REGULATION (LONG-TERM)**

Long-term self-regulation requires adapting present behaviour to achieve a goal in the future. e.g. “If something isn’t going according to my plans, I change my actions to try and reach my goal.”

**SELF-REGULATION (SHORT-TERM)**

Short-term self-regulation is about impulse control. It requires adapting behaviour or emotions to meet an immediate goal. e.g. “I can calm myself down when I’m excited or upset.”





PHYSICAL HEALTH & WELL-BEING

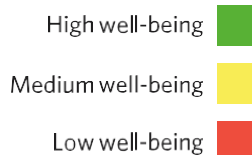
IT'S IMPORTANT BECAUSE...

Promoting children's physical and mental health is important for maintaining their overall health outcomes. It is important to provide children with direction, information and opportunities to develop a healthy lifestyle and to make appropriate lifestyle choices. In addition to physical activity, a good night's sleep, combined with sharing meals with family members and starting the day with a healthy breakfast, are important factors for positive physical health outcomes.

Detailed information on the MDI survey questions and response scales for Physical Health and Well-Being are available in the [MDI Guide](#).

RESULTS FOR WHITTLESEA

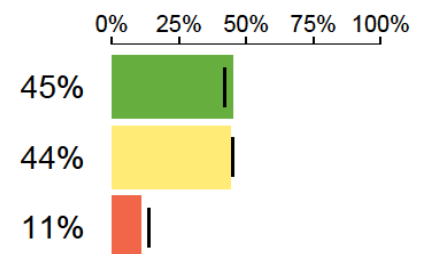
Percentage of children who reported:



Average for all school districts 2016*
(Number of children: 2,489)

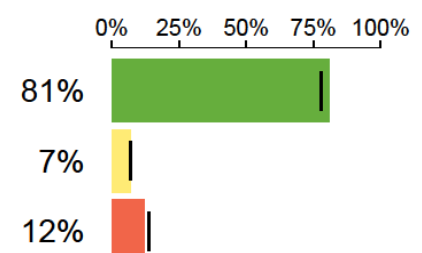
GENERAL HEALTH

Children are asked, "In general, how would you describe your health?"



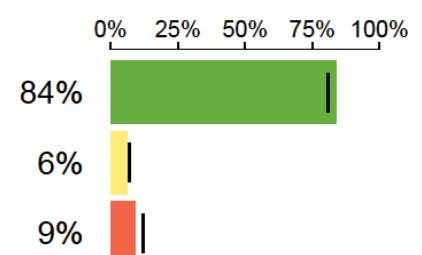
EATING BREAKFAST

Children are asked, "How often do you eat breakfast?"



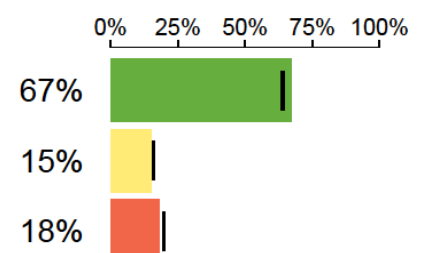
MEALS WITH ADULTS AT HOME

Children are asked, "How often do your parents or adult family members eat meals with you?"



FREQUENCY OF GOOD SLEEP

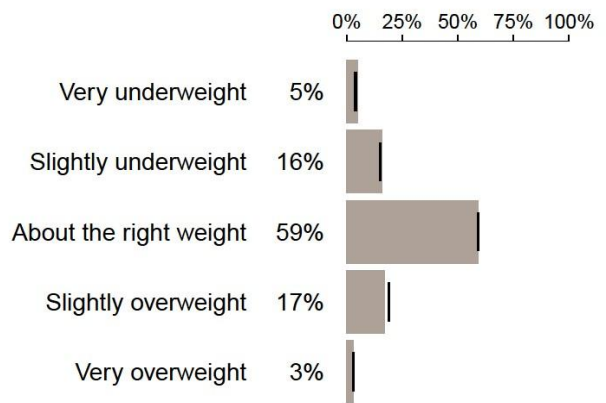
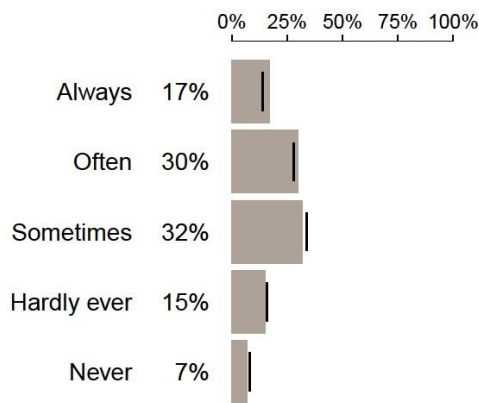
Children are asked, "How often do you get a good night's sleep?"



Sharing meals with family during young adulthood is associated with better diet quality, including higher intake of fruit, vegetables, milk products and other key nutrients. (Larson et al., 2013)

When families eat together regularly there are positive and preventative effects on children's healthy behaviours, self-esteem and academic achievement. These mealtime routines provide opportunities for building family cohesion and stability, as well as teaching children about healthy food behaviours. (Harrison, 2015)

HOW OFTEN DO YOU LIKE THE WAY YOU LOOK? HOW DO YOU RATE YOUR BODY WEIGHT?

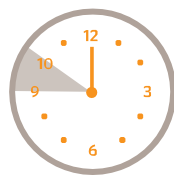


WHAT TIME DO YOU USUALLY GO TO BED DURING THE WEEKDAYS?



Before 9:00pm

30%



9:00pm to 10:00pm

44%



10:00pm to 11:00pm

15%



11:00pm to 12:00am

7%



After 12:00am

4%



Children's lack of sleep is linked with increases in anxiety, while anxiety is also associated with disturbing children's sleep patterns. During middle childhood the brain is particularly sensitive to sleep quality because the brain's memory and learning processes are developing during these periods.

(McMakin & Alfano, 2015)

HOW OFTEN DO YOU EAT FOOD LIKE SOFT DRINK, LOLLIES, POTATO CHIPS, OR SOMETHING ELSE?



Never–Once/week

29%



2–4 times/week

43%



5+ times/week

28%

DO YOU HAVE A PHYSICAL OR HEALTH CONDITION THAT KEEPS YOU FROM DOING SOME THINGS OTHER KIDS YOUR AGE DO? FOR EXAMPLE, SCHOOL ACTIVITIES, SPORTS OR GETTING TOGETHER WITH FRIENDS. (CHILDREN CAN SELECT ALL OF THE OPTIONS THAT APPLY.)

No health condition	78%
Yes, a physical disability	3%
Yes, a long-term illness	11%
Yes, overweight	4%
Yes, something else	7%



CONNECTEDNESS

IT'S IMPORTANT BECAUSE...

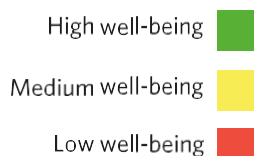
Children's connections to their parents, peers and the people in their schools and communities play a central role in their development. These connections promote mental health and can act as protective factors to children's well-being. Research shows that a single caring adult, be it a family member, a teacher or a neighbour, can make a very powerful difference in a child's life.

Detailed information on the MDI survey questions and response scales for Connectedness are available in [MDI Guide](#).

RESULTS FOR WHITTLESEA

CONNECTEDNESS WITH ADULTS

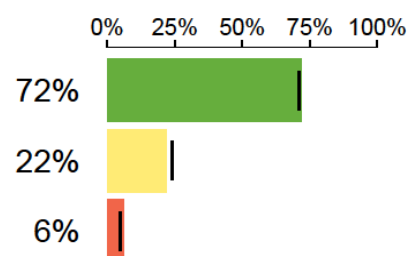
Percentage of children who reported:



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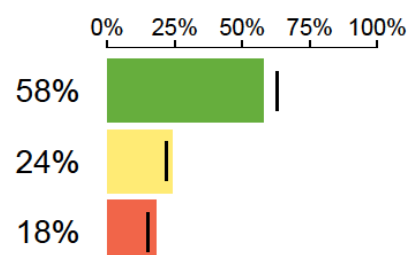
ADULTS AT SCHOOL

Assesses the quality of relationships children have with the adults they interact with at school. e.g. "At my school there is an adult who believes I will be a success."



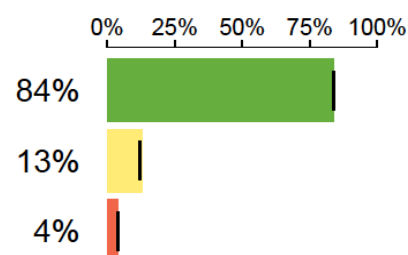
ADULTS IN THE NEIGHBOURHOOD/ COMMUNITY

Assesses the quality of relationships children have with the adults they interact with in their neighbourhood or community. e.g. "In my neighbourhood/community there is an adult who really cares about me."



ADULTS AT HOME

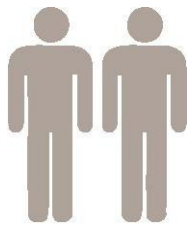
Assesses the quality of relationships children have with the adults in their home. e.g. "In my home there is a parent or other adult who listens to me when I have something to say."



Social relationships during middle childhood strongly influence well-being. Among Grade 4 students, peer belonging and positive relationships with adults in the home were associated with better outcomes on self-reported well-being. In addition, feeling connected to adults in school was linked to both increased health and life satisfaction.

(Gadernann, Guhn, Schonert-Reichl et al, 2015)

NUMBER OF IMPORTANT ADULTS AT SCHOOL



Two or more

53%



One

12%



None

35%

PERCENTAGE OF CHILDREN WHO BELIEVE IT IS VERY MUCH TRUE THAT: IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE ADULTS WHO



Really care about me

35%



Believe that I will be a success

34%




Listen to me when I have something to say

39%

CONNECTEDNESS WITH PEERS

Percentage of children who reported:

High well-being 

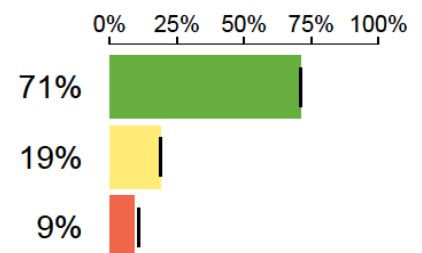
Medium well-being 

Low well-being 

Average for all school districts 2016*
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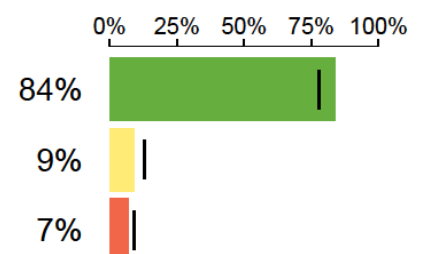
PEER BELONGING

Measures children's feelings of belonging to a social group. e.g. "When I am with other kids my age, I feel I belong".



FRIENDSHIP INTIMACY

Assesses the quality of relationships children have with their peers. e.g. "I have a friend I can tell everything to."



A 32-year study of children's pathways to positive well-being in adulthood found that strong social connections in adolescence are a better predictor of well-being in adulthood than their academic achievement. (Olsson, 2013)



USE OF AFTER-SCHOOL TIME

IT'S IMPORTANT BECAUSE...

Participation in activities after school provides important developmental experiences for children in their middle years. These activities create a variety of opportunities for children to build relationship skills and gain competencies. Research has consistently found that children who are engaged in after-school activities experience greater academic and social success.

Detailed information on the MDI survey questions and response scales for Use of After-School Time are available in the [MDI Guide](#).

RESULTS FOR WHITTLESEA

AFTER-SCHOOL ACTIVITIES

During last week after school (from 3pm-6pm), how many days did you participate in:

Percentage of children who reported:

2+ times per week

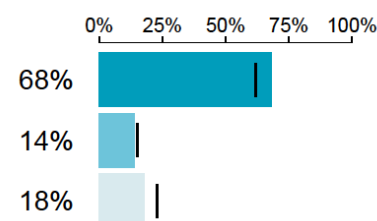
Once per week

Not at all

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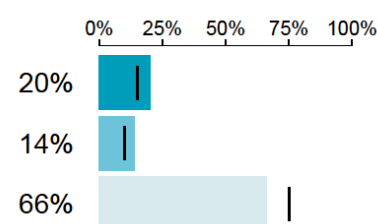
ANY ORGANISED ACTIVITY

Children who participated in any after-school activity that was structured and supervised by an adult. For example, educational lessons, youth organisations, music or art lessons and sports practice.



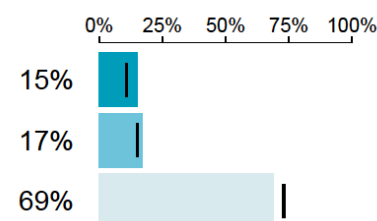
EDUCATIONAL LESSONS OR ACTIVITIES

For example, tutoring, attending a maths school, foreign language lessons, or some other academic related activity.



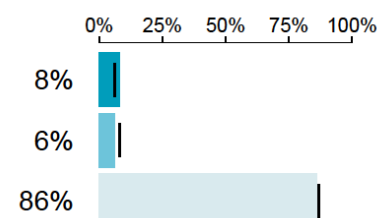
MUSIC OR ART LESSONS

For example, drawing or painting classes, musical instrument lessons or some other activity related to music or art.



YOUTH ORGANISATIONS

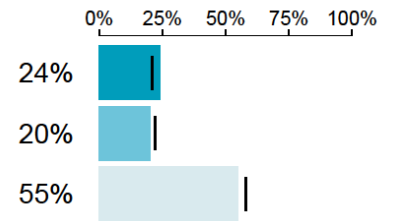
For example, Scouts, Girl Guides, Boys and Girls Clubs, or some other group organisation.



The hours from 3-6pm are known as the 'critical hours' because this is the time of day when children are most likely to be left unsupervised. Learn more about 'critical hours' and the importance of structured vs. unstructured play time in the MDI Guide.

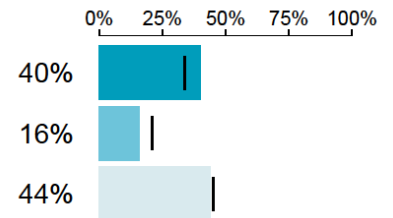
INDIVIDUAL SPORTS (WITH A COACH OR INSTRUCTOR)

For example, swimming, dance, gymnastics, tennis or something else.



TEAM SPORTS (WITH A COACH OR INSTRUCTOR)

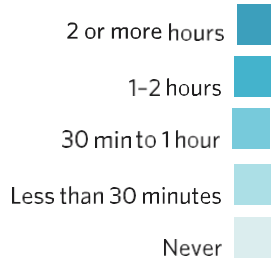
For example, basketball, netball, cricket, soccer, football or something else.



HOW CHILDREN SPEND THEIR TIME

Children were asked how they spend their time during the after-school hours of 3pm-6pm on unstructured or unsupervised activities:

Percentage of children who reported:

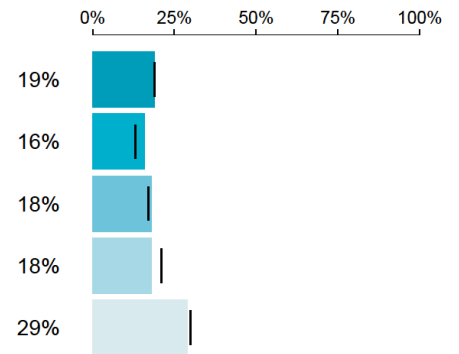


Average for all districts*

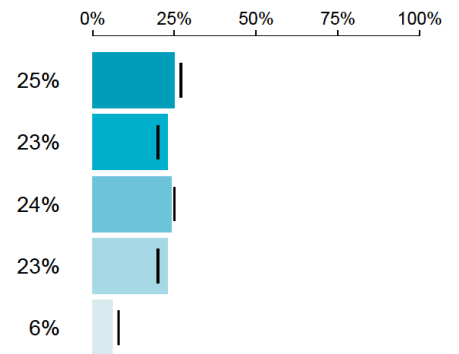
Average for all school districts 2016*
(Number of children: 2,489)

TV & COMPUTER USE

Video or computer games

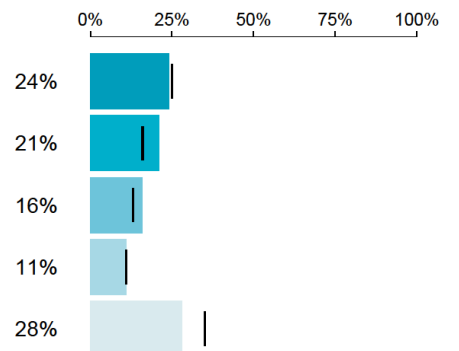


Watch TV, Netflix, Youtube or something else

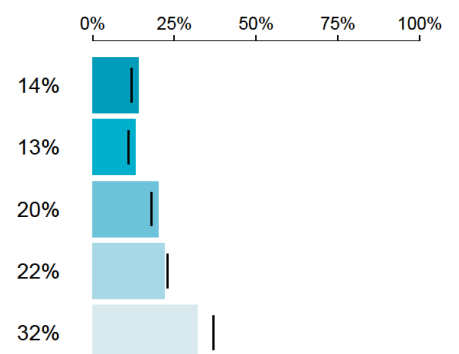


SOCIALISING WITH FRIENDS

Hang out with friends

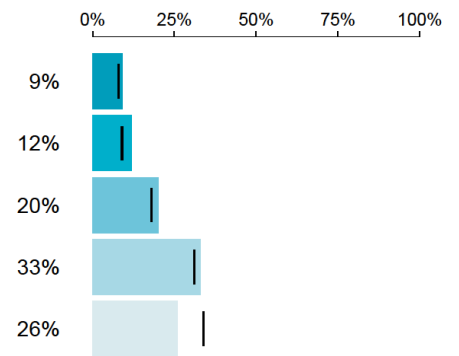


Use a phone or the Internet to text or chat with friends

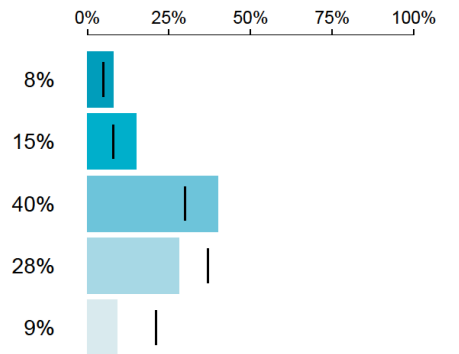


READING & HOMEWORK

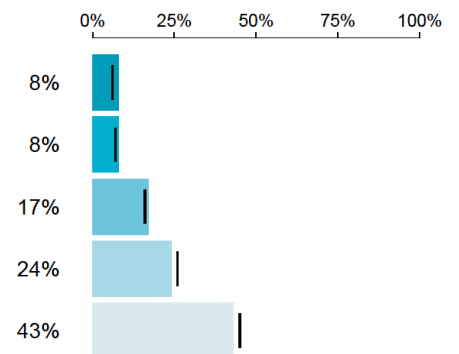
Read for fun



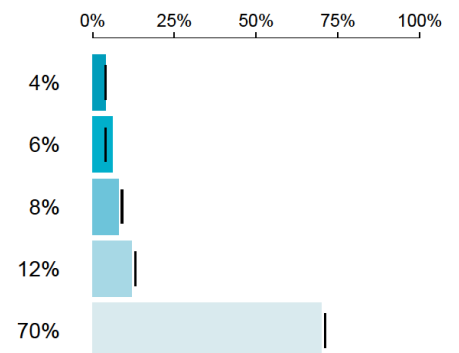
Do homework

**MUSIC & ARTS**

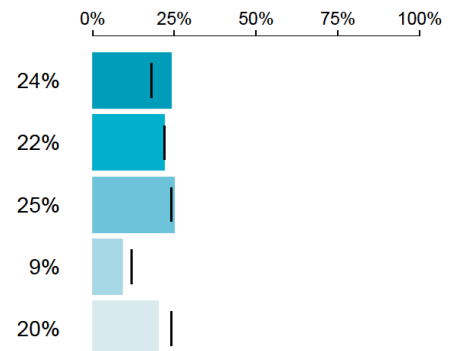
Arts & crafts



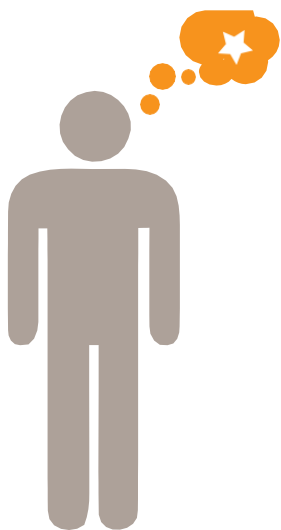
Practice a musical instrument

**SPORTS**

Play sports or exercise for fun



WHAT CHILDREN WISH TO BE DOING



Children were asked what they want to be doing during the after school hours of 3pm-6pm:

I am already doing the activities I want to be doing

67%

I wish I could do additional activities

33%

Children who answered that they wish to be doing additional activities were asked to identify one activity they wish they could do and where they would like to do it. Note: responses are grouped into categories for reporting purposes.

WHERE WOULD YOU LIKE THIS ACTIVITY TO BE?	NUMBER OF STUDENTS
Community Centre	122
Home	206
Park or Playground	116
School	110
Other	145

PERCEIVED BARRIERS TO PARTICIPATING IN DESIRED AFTER-SCHOOL ACTIVITIES

Children were asked what prevents them from doing the activities they wish to be doing after school (3pm-6pm): (Children can select all of the options that apply.)

	NUMBER OF STUDENTS
Nothing stops me	255
I have to go straight home after school	120
I am too busy	112
It costs too much	82
The schedule does not fit the times I can attend	85
My parents do not approve	62
I don't know what's available	44
I need to take care of siblings or do things at home	47
It is too difficult to get there	45
None of my friends are interested or want to go	55
The activity that I want is not offered	52
I have too much homework to do	50
I am afraid I will not be good enough in that activity	42
It is not safe for me to go	26
Other	35



A study examining the experiences of children in Grades 1-5 who participated in after-school programs found that children who participated in high-quality, structured after-school programs had increased social-emotional skills, in addition to fewer conduct problems and higher social self-control and assertion. (Wade, 2015)

AFTER-SCHOOL PEOPLE AND PLACES

WHERE DO YOU GO AFTER SCHOOL? (FROM 3PM–6PM)

	NEVER	ONCE A WEEK	2+ TIMES A WEEK
Home	3%	2%	95%
Stay at school for an activity	66%	19%	15%
After-school care program	60%	16%	25%
Friend's house	42%	35%	23%
Park/playground/community centre	45%	27%	28%
Shops/shopping centre	50%	25%	25%
Someplace else	37%	27%	36%

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE SAFE PLACES WHERE YOU FEEL COMFORTABLE TO HANG OUT WITH FRIENDS:



Yes

79%



No

9%



Don't know

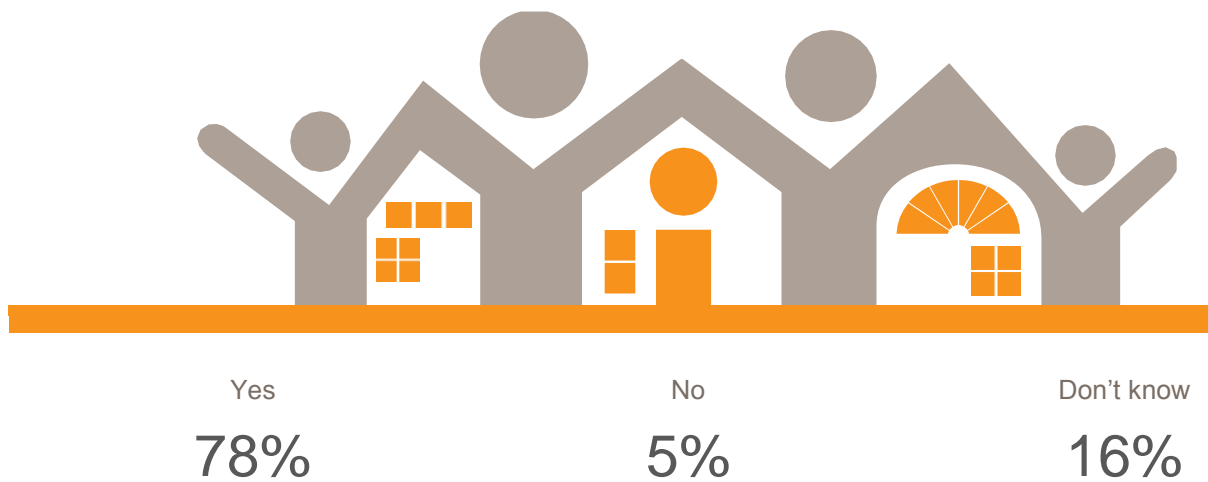
12%

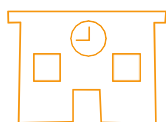
WHO ARE YOU WITH AFTER SCHOOL?

(Children can select all of the options that apply.)

By myself	6%
Friends about my age	29%
Younger brothers/sisters	43%
Older brothers/sisters	33%
Mother (or stepmother/foster mother)	66%
Father (or stepfather/foster father)	50%
Other adult (such as grandparent, aunt or uncle, coach, babysitter)	15%
Other	6%

IN YOUR NEIGHBOURHOOD/COMMUNITY THERE ARE PLACES THAT PROVIDE PROGRAMS FOR KIDS YOUR AGE:





SCHOOL EXPERIENCES


IT'S IMPORTANT BECAUSE...


The transition from primary school to middle and high school is a critical time developmentally. Children's experiences of bullying, as well as teacher and peer relationships change significantly during these transitions. Children's sense of safety and belonging at school can foster greater school success. When children feel their needs are being met at school they are more likely to feel attached to their school, have better attendance and higher academic performance.


Detailed information on the MDI survey questions and response scales for School Experiences are available in [MDI Guide](#).

RESULTS FOR WHITTLESEA

Percentage of children who reported:

High well-being 

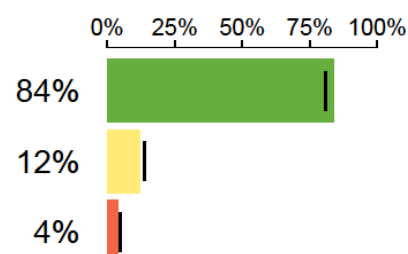
Medium well-being 

Low well-being 

Average for all school districts 2016*
(Number of children: 2,489)

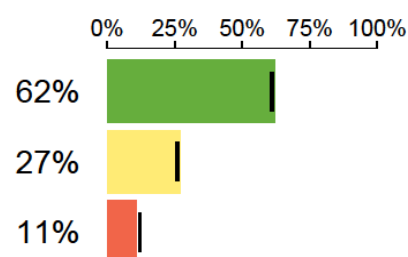
ACADEMIC SELF-CONCEPT

Children's beliefs about their academic ability, including their perceptions of themselves as students and how interested and confident they feel in school.
e.g. "I am certain I can learn the skills taught in school this year."



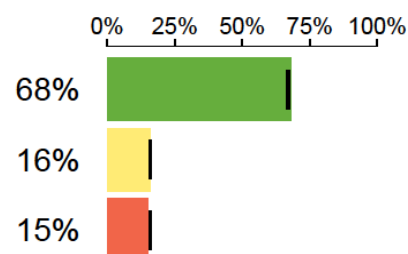
SCHOOL CLIMATE

The overall tone of the school environment, including the way teachers and students interact and how students treat each other.
e.g. "People care about each other in this school."



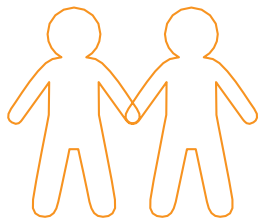
SCHOOL BELONGING

School belonging is the degree to which children feel connected and valued at their school. e.g. "I feel like I am important to this school."



Children's perception of kindness within a school is a consistent indicator of a positive school climate. Students who see kind behaviours in students, teachers and staff also describe their school environments as being safe and encouraging places to learn. As children transition from Grade 4 to Grade 8, perceptions of kindness in schools decrease.
(Binfet, Gadermann & Schonert-Reichl, 2016)

Percentage of children who feel it is **very important** to:



make friends
77%



get good grades
77%



learn new things
79%



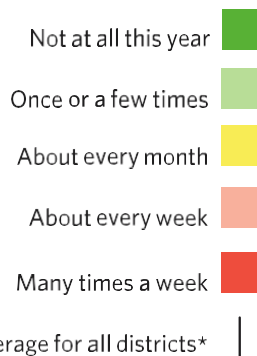
When I grow up, I have goals
and plans for the future

88%

VICTIMISATION AND BULLYING AT SCHOOL

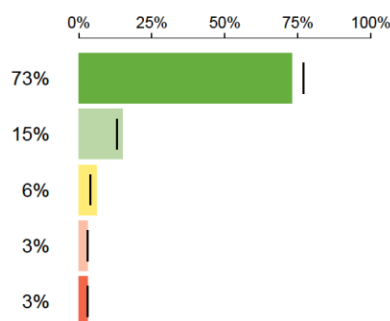
Children are asked: 'During this school year, how often have you been bullied by other students in the following ways':

Percentage of children who reported:

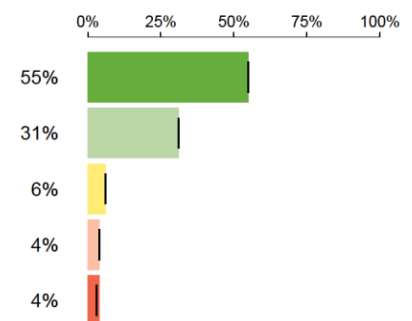


Average for all school districts 2016*
(Number of children: 2,489)

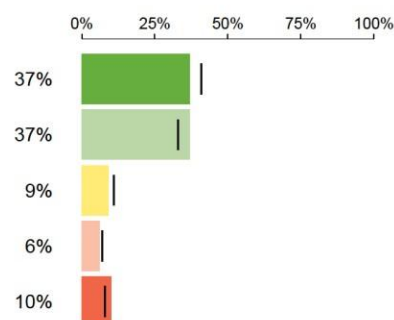
CYBER



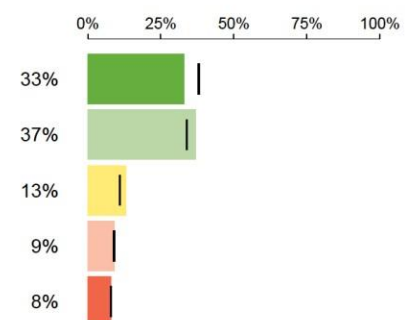
PHYSICAL



SOCIAL



VERBAL



Children and youth who demonstrate empathy are less likely to bully others and are more likely to defend against bullying. Research shows that specific empathy skills differ between those who bully, are victimized, defend or are bystanders. Focusing on developing children's understanding of what others feel results both in less bullying and more defending behaviours.

(van Noorden et al, 2015)



WELL-BEING & ASSETS INDICES

Combining select measures of the MDI helps us paint a fuller picture of children's overall well-being and the assets that contribute to their healthy development. In this section of the report, results for key MDI measures are summarised into two indices that deepen our understanding of how the five dimensions work together to support children: the Well-Being Index and the Assets Index.

MDI research has shown there is a relationship between children's assets and well-being. Children's self-reported well-being is directly related to the number of assets they perceive in their lives; as the number of assets in a child's life increases, they are more likely to report higher levels of well-being. This finding is consistent across all participating school districts.

THE WELL-BEING INDEX

The Well-Being Index combines MDI measures relating to children's physical health and social and emotional development that are of critical importance during the middle years. These are: Optimism, Happiness, Self-Esteem, Absence of Sadness and General Health.

Scores from these five measures are combined and reported by three categories of well-being, providing a holistic summary of children's mental and physical health:



High Well-Being
(Thriving) Children who are reporting positive responses.

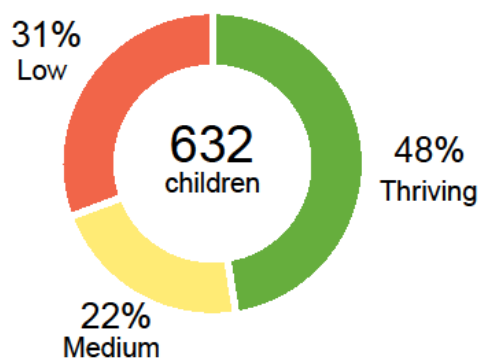


Medium to High Well-Being
Children who are reporting neither positive nor negative responses.

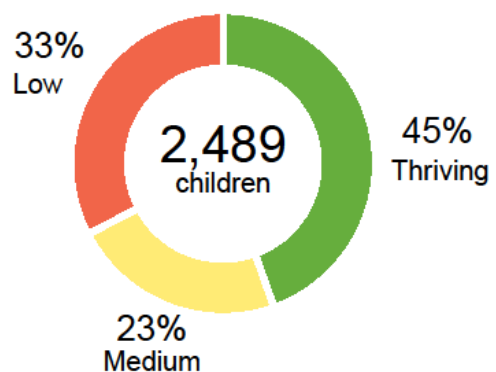


Low Well-Being
Children who are reporting negative responses

RESULTS FOR WHITTLESEA



WHITTLESEA



ALL PARTICIPATING DISTRICTS

THE ASSETS INDEX

The Assets Index combines measures that highlight four key assets that help to promote children's positive development and well-being. Assets are positive experiences, relationships or behaviours present in children's lives.

Adult relationships



Adults at school
Adults in the
neighbourhood/
community
Adults at home

Peer relationships



Peer belonging
Friendship intimacy

Nutrition & sleep



Eating breakfast
Meals with adults
at home
Frequency of good sleep

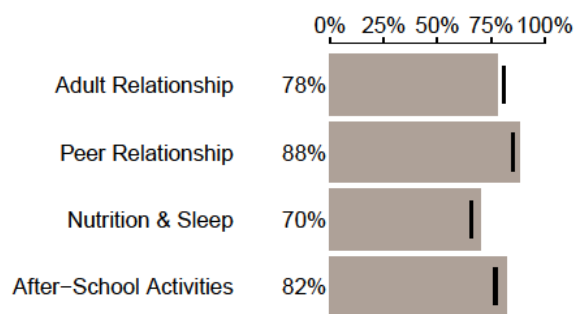
After-school activities



Organised activities

RESULTS FOR WHITTLESEA

Percentage of children reporting the presence of the following assets in their lives:



Number of children:

632

Average for all districts,
2016* (Number of
children: **2,489**)



To learn more about the MDI or to contact the MDI research team, please visit: [MDI Guide](#).