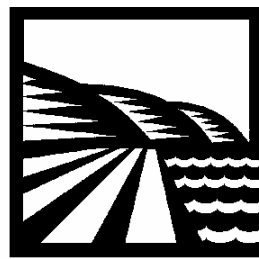


Child2Teen: Mobilising the Onkaparinga community



City of
Onkaparinga

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Executive summary

In response to concerns regarding 8-12 year olds disengaging from traditional community activities and networks and the reporting of changes in behaviour and challenges being faced by this age group, the City of Onkaparinga commissioned the South Australian Community Health Research Unit to examine the needs of this group, review the evidence about “what works” and consider the applicability of these findings to the local context. The project aimed to develop a strong foundation for future program development for children in this age range.

A review of the literature explored current understandings of the needs of 8-12 year olds, evidence regarding possible approaches, likely stakeholders and collaborators in program initiatives, and possible outcomes for pre-teens and service providers. A shorter discussion paper provided an overview of the literature review which was presented at three consultation workshops. The engagement process with key stakeholders allowed local experience and knowledge to inform this report and shaped recommendations for future action.

Recommendations

For the sector

Links be established with organisations such as SACOSS and YACSA which monitor the impact of broad social policy, particularly on the most vulnerable members of society. These links could be facilitated through the Youth, and Family and Children Round Tables.

Promotion of community discussion regarding child-friendly and child-safe environments in relation to providing direction and raising awareness within the community around the appropriate level of supervision/autonomy for children 8-12.

Service providers to advocate within their agencies and with other service providers at appropriate opportunities for consideration of the needs of this age group in policy and program development.

A regional plan for professional development be developed through the Youth and Family and Children Round Tables, addressing:

- Understanding needs of 8-12 year olds
- Program planning
- Working in partnerships
- Involving children in program and service development, and
- Documenting and disseminating current work and information sharing processes.

For the City of Onkaparinga

Community Development Officers within the Youth, and Children and Families portfolios adopt a lifecourse perspective which acknowledges the developmental needs of middle childhood and the importance of this period as a pathway to adolescence and adulthood.

Youth, and Children and Families portfolio program development should adopt an ecological approach which acknowledges a range of inter-related influences on children's health, development and wellbeing including broader community and environmental influences, as discussed in "*What are the issues for these children?*"

Youth, and Children and Families portfolio program development continues the practice of routinely considering local context e.g. local access issues.

Youth, and Children and Families portfolios continue to consider barriers and enablers to participation in activities in their planning and that this form part of program evaluation.

A program logic model (Appendix 2) of program development be adopted as a tool to clarify goals, strategies, expected outcomes and content of programs.

The City of Onkaparinga initiate the establishment of working parties through the Youth, and Families and Children Roundtables and other relevant service providers to progress work on:

- good practice guidelines using information from both the literature and workshops
- children's participation, and
- cooperation across sectors, particularly addressing issues regarding age boundaries for programs and services.

Introduction

The Transitions: Child 2 Teen research project is a joint initiative of the Youth and Children and Families portfolios of the City of Onkaparinga Community Development section. This project is a response to widespread anecdotal evidence from service providers and sector representatives, which suggests that children in the 8-12 year age bracket are now facing the challenges that were previously experienced by teenagers.

This perception of the social, emotional and physical experiences usually associated with adolescence has been a regular topic of discussion at both the 'Families and Children' and 'Youth' Round Tables. Local youth service providers are increasingly reporting that this younger age group are attempting to access their services.

The City of Onkaparinga engaged the South Australian Community Health Research Unit (SACHRU) to:

- Provide an overview of the developmental stages and tasks associated with middle childhood;
 - Research local, national and international trends in the delivery of services/projects to this age group;
 - Explore and analyse the needs of this age group with local service providers and sector representatives;
 - Provide recommendations on the type of initiatives that would best address the identified needs of this age group;
 - Identify potential agency and sector collaborations and partnerships for the advancement and support of such initiatives;
 - Identify potential sources of funding for such initiatives; and
 - From all of the above, provide a solid evidence base from which to advocate to relevant funding bodies for increased resources to address the social and personal development needs of pre-teen children.
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Project Team

South Australian Community Health Research Unit (SACHRU)

- Angela Lawless (Senior Research Officer) Project Manager
- Gus Thompson (Research Officer)
- Margaret Robinson (Senior Research Officer)

City Of Onkaparinga

- Mike Brown (Community Development Officer - Youth)
 - Candy Evans (Community Development Officer - Children & Families)
 - Sue Phillips (Team Leader Community Development)
-

Project process

The project work was undertaken in four stages:

1. Scoping the project

Initial consultations between SACHRU and the City Of Onkaparinga Project Team were held to clarify project aims, define the scope of the literature review and establish a consultation process to involve local service providers.

2. Literature review

A review of the relevant literature regarding current understandings of the needs of 8-12 years olds, the evidence regarding possible approaches, likely collaborators in program initiatives, and possible outcomes for children and service providers was undertaken by Angela Lawless and Gus Thompson. This review was used as the basis of the consultation process.

3. Consultation Process

A shorter discussion paper was developed to provide an overview of the literature review and distributed to stakeholders identified by the City Of Onkaparinga project team. Three consultation workshops were then held where the discussion paper was presented and stakeholders were able to discuss findings and give feedback. Key questions relating to the discussion paper were explored at the workshops and activities to capture local knowledge and experience regarding issues relevant to this age group and identify any current initiatives aimed at this age group were included.

Workshops were held at three different locations in the City Of Onkaparinga – Aberfoyle Park, Aldinga, and Morphett Vale – to maximise attendance and ensure the different localities within the region were represented. Workshops were well attended and provided an opportunity for the insights and experience of local service providers to inform the project. Participants were drawn from a range of agencies and included both service providers and managers¹. Evaluation of the workshops by participants was positive.

4. Report and Recommendations

This report draws together the findings from the literature review and the consultation process. The report and recommendations were drafted by SACHRU and revised in consultation with the Project Team at City of Onkaparinga . Recommendations are based on the work represented in this report.

“What do we know about 8-12 year olds?”

One of the challenges in sourcing information, discussing and writing about 8-12 year olds is finding a satisfactory term to describe this age. In this report we have adopted the term “middle childhood” both for convenience and its “common sense” application. It also has resonance with the commonly used education term “middle schooling”. This difficulty with terminology perhaps acts to highlight the way in which this age group is overlooked. Whilst the terms ‘early childhood’ , ‘pre-schoolers’,

¹ Agencies represented included: State health, education and community services; neighbourhood houses; library services; out of school hours services; police; non-government organisations and local government

'teens' and 'adolescents' are generally understood in both the academic and public domains, there does not seem to be a similar consensus of terms for the years spanning early childhood and adolescence. Research, policy and practice in Australia in recent years has had a strong focus on the early years of life. Adolescence also figures in program development but the agenda regarding middle childhood - the 8 to 12 years olds who are the focus of this report - has been relatively quiet by comparison.

A lifecourse perspective on health and wellbeing recognises that health status at any given age reflects not only contemporary conditions but also embodies previous living circumstances and experiences from in utero onwards (Krieger 2001). One component of this may relate to critical periods of development which have lifelong effects (Krieger 2001) and there is strong evidence regarding the importance of the early years of life in this context. However "each phase of life appears capable of adding its own protection or disadvantage (Blane)". Life trajectories can be seen as accumulating advantage or disadvantage. Blane argues that a key policy implication of a lifecourse perspective which recognises the cumulative nature of disadvantage is that "springboards" to more advantaged life trajectories need to be created. Without diminishing the importance of the early years of life this perspective points to the importance of investment at all stages of the life course and suggests that the move to a more advantaged life trajectory can be made throughout the lifecourse.

Middle childhood figures as a phase in which children undergo significant cognitive, social and physical growth and begin to find their place in the wider world. During these years children gain skills, competencies, and beliefs about themselves that have long-term consequences for their future. Thus investment in middle childhood may act to create a "springboard" to a more advantaged adolescence and adulthood.

Recommendation: City of Onkaparinga Community Development Officers within the Youth, and Children and Families portfolios adopt a lifecourse perspective which acknowledges the developmental needs of middle childhood and the importance of this period as a pathway to adolescence and adulthood.

Middle Childhood

"There are three key factors which influence children's self-confidence and engagement in middle childhood:

1. cognitive changes allowing children to reflect on their own successes and failures
2. broadening of the child's world, particularly beyond the family exposure to social comparison and competition" (Eccles 1999)

Before reaching middle childhood, children should hopefully have developed healthy brains, formed a positive series of temperaments, developed secure attachments to adults, learned a large proportion of their ultimate vocabulary, adapted well to schooling and peer relationships, and have had a good beginning on autonomy, self-control, and logical thinking/reasoning. The child is an active social agent that changes his or her own environment – the environment that, in turn, affects the child.

In middle childhood children learn and extend important life skills such as literacy and numeracy. They are increasingly able to think more flexibly and intentionally (Huston and Ripke 2006). Self-awareness is a major area of development (Eccles 1999). The tasks of middle childhood have been described as developing a "sense of mastery and competence, belonging or connectedness to family and schools, and control (Brindis, Biehl et al. 2002)."

“Middle childhood is the period when children gain the fundamental skills needed for adult life, undergo the early stages of puberty, develop self-awareness and self-regulation, and form the foundations for social relationships with age mates (Huston and Ripke 2006).”

It has been suggested that if children do not accomplish these tasks then they are likely to develop a “sense of inferiority” (Eccles 1999; Huston and Ripke 2006). Depression, social isolation, anger and aggression are reported in children who do not view themselves as ‘competent’. Persistent anti-social behaviour in adolescence is associated with lower social competence in childhood (Australian Institute of Family Studies and Crime Prevention Victoria 2000). Participation in activities outside of the school can play an important role in allowing children to experience success and may compensate for many school-time negative experiences (Eccles 1999).

One framework for understanding how the young person grows and changes during this period identifies five key areas of development in the middle years:

1. **Intellectual:** Young adolescent learners are curious, motivated to achieve when challenged, and capable of critical and complex thinking.
2. **Social:** Young adolescent learners have an intense need to belong and be accepted by their peers while finding their own place in the world. They are engaged in forming and questioning their identities on many different levels.
3. **Physical:** Young adolescent learners mature at varying rates and go through rapid and irregular physical growth, with bodily changes that can cause awkward and uncoordinated movements
4. **Emotional and Psychological:** Young adolescent learners are vulnerable and self-conscious, and often experience unpredictable mood swings.
5. **Moral:** With their new sense of the larger world around them, young adolescent learners are idealistic and want to have an impact on making the world a better place.

(Center for Collaborative Education 2006)

The Onset Of Puberty

A lowering in the average age of the onset of puberty in a number of countries has occurred in the last few decades. Age of onset is determined by many factors (Dick, Rose et al. 2001). Earlier onset of puberty has been related to some factors (e.g. a diet high in fats, adverse family and social conditions) which tend to occur more often among disadvantaged families (Frisch and McArthur 1974; Goulding, Taylor et al. 1996; Daniels, Khoury et al. 1997).

In societies the world over, the onset of adolescence is closely synchronized with the biological changes of puberty. In most technologically advanced countries today, puberty begins on average two years earlier than it did a century ago, and the transition to adulthood can last a decade or more. Adolescence in the United States now extends over so many years that it can be usefully subdivided into several phases. Early adolescence, encompassing the sexual and psychological awakenings of puberty as well as new social challenges, extends roughly from ages ten through fourteen. Middle adolescence, a time of increased autonomy and experimentation, covers ages fifteen through seventeen. Late adolescence, occurring for those who delay their entry into adult roles because of educational or social factors, can stretch from age eighteen into the twenties. (Carnegie Corporation of New York 1995).

Early developers (i.e. those with early onset of puberty) have proven to be more popular, whether they are boys (Petersen 1985) or girls (Flannery, Rowe et al. 1993) but they are also more likely to exhibit delinquent behaviour, experiment with drugs, and engage in early sexual intercourse (Flannery, Rowe et al. 1993) (Williams and Dunlop 1999). Early onset girls show more anxiety, depression, and disordered eating, and a lower self-image (Ge, Conger et al. 1996). Early onset girls have shown triple the risk for later anxiety and depression (Hayward, Killen et al. 1997; Kim and Smith 1998). Problem behaviours among girls appear more likely in those who had already shown evidence of difficulties before puberty.

Early onset was found in homes that were characterized by low closeness and high conflict (Graber et al. 1995; Kim and Smith 1998), family disruption (Tremblay and Frigon 2005), and the absence of the biological father (Surbey 1990). These factors are also well known risk factors for later delinquency and emotional difficulties. The evidence indicates that the onset of puberty has important influences on our health and socialization that goes beyond the development of reproductive capacity. What is not so well-defined is the assignment of causes and effects. The evidence is clear that high fat diets, obesity, prolonged stress in early childhood, serious family disruption, socioeconomic status, psychiatric/emotional problems, timing of puberty, and social-behavioural problems are linked in some fashion. Many of these are related to modifiable factors of early childhood development pointing to the need to adopt a lifecourse perspective when considering such issues.

Risk and protection: shaping the pathways to adolescence and adulthood

The notion of risk and protection in this context has evolved from the now familiar notion of disease risk. For example, smoking is recognised as one of the risk factors for heart disease. The more risk factors, the greater the risk of disease – often this relationship is exponential. Social factors such as low levels of education, poverty and social isolation have been identified as risk factors increasing the likelihood of negative outcomes for children and families.

Risk factors relate to broad developmental outcomes and a range of negative outcomes - behavioural problems, school failure, poor physical health, physical injury, physical abuse, adolescent pregnancy, drug use, AIDS – share known risk factors (Durlak 1998). Crime prevention initiatives identify risks, and recommend programs that represent the same areas that have been associated with prevention of child abuse and neglect (Wattam 1999).

Protective factors are those which promote positive outcomes and protect against the impacts of risk factors. They have been categorised as: individual characteristics; social bonding; and the use of clear standards regarding behaviour by parents and social institutions (Pollard, Hawkins et al. 1999).

Outcomes are likely to be the result of a complex mix of risk and protection factors that inter-react and can change over time.

The table below categorises risk and protective factors under various domains. This is in keeping with an ecological approach which recognises a number of significant influences on children including the family, schools and neighbourhood. These contexts are in turn influenced by the broader social, economic and political environment. Thus development is influenced by complex interactions between the

individual child and the contexts in which they are living. Recognition of the wide range of factors, networks and relationships which have an impact on children suggests the need to move away from simple solutions addressing single factors (Wise 2001).

Risk factors				
Child factors	Family factors	School context	Life events	Community and cultural factors
<ul style="list-style-type: none"> • Low self esteem • Poor social skills • Poor problem solving • Difficult temperament • Lack of empathy • Homelessness • Early school leaving 	<ul style="list-style-type: none"> • Family violence • Poor supervision • Harsh or inconsistent discipline • Lack of warmth and affection • Abuse and neglect 	<ul style="list-style-type: none"> • School failure • Bullying • Peer rejection • Poor attachment to school • Deviant peer group 	<ul style="list-style-type: none"> • Divorce and family break-up • Death of a family member 	<ul style="list-style-type: none"> • Neighbourhood violence and crime • Lack of support services • Social or cultural discrimination • Community norms concerning violence
Protective factors				
Child factors	Family factors	School context	Life events	Community and cultural factors
<ul style="list-style-type: none"> • Social competence • Attachment to family • Empathy • Problem solving • Optimism • School achievement • Easy temperament • Good coping style 	<ul style="list-style-type: none"> • Supportive caring parents • Family harmony • Secure and stable family • Supportive relationship with other adult • Strong family norms and morality 	<ul style="list-style-type: none"> • Positive school climate • Pro-social peer group • Sense of belonging • Opportunities for some success at school and recognition of achievement • School norms re violence 	<ul style="list-style-type: none"> • Meeting significant person • Moving to new area • Opportunities at critical turning points or major life transitions 	<ul style="list-style-type: none"> • Access to support services • Community networking • Attachment to the community • Participation in community group • Community/cultural norms against violence • Strong cultural identity/ethnic pride

Source: Mission Australia *Developing resilience at every stage of a young person's life*
http://www.mission.com.au/cm/resources/documents/snapshot_families.pdf

Research shows there are influential risk factors in children's lives that increase the chances they will develop health and behaviour problems as they grow older. Equally important, there are protective factors that help to shield young people from problems in circumstances that would otherwise place them at risk (Communities that Care 2006)

Peer relationships are very important in preventing the development of persistent adolescent antisocial behaviour. Children at risk who spent more time with peers in structured activities (e.g. sporting activities) were much less likely to display antisocial behaviour during their later teen years than those who engaged in unstructured activities (e.g. 'hanging out'). There is some evidence that bringing anti-social youth together can actually lead to an increase in anti-social activity. Factors that keep a child who has associated with delinquent friends from continuing into a

path of long-term delinquent behaviour, are the child's involvement in other, positive peer relations and warm, supportive relationships with parents or other adults.

“What are the issues for these children?”

The consultation process allowed local stakeholders to consider the findings from the literature in the light of local knowledge and experience. The three stakeholder workshops asked participants to nominate what they considered to be key issues for children from their agency's point of view as well issues raised by the children themselves.

In each of the workshops there was consensus that whilst this age group may be largely overlooked in policy and programs, the experience of participants suggests more attention and resources are required in order to promote positive outcomes for these children. The concerns expressed by service providers in Onkaparinga are in keeping with the growing concerns about the health and well being of children and youth reported in a number of western countries.

“...despite Australia's material wealth and the generally high level of education, many indicators of health and wellbeing in children and adolescents are discouraging (Zwi and Henry 2005 p. 154)

The term "Modernity's paradox" has been used to describe the apparently paradoxical observation that in many societies the growth of wealth and apparent improvements in social circumstances have occurred alongside growing concerns about the health and well being of children (Keating and Hertzman 1999). In Australia these concerns have been widely canvassed in the popular media and received significant publicity through the appointment of Professor Fiona Stanley as Australian of the Year in 2003. The recent publication of a book co-authored by Professor Stanley, *Children of the Lucky Country*, draws attention to the rising incidence of a range of problems – e.g. asthma, obesity, child abuse, mental health problems - in Australian children (Stanley, Richardson et al. 2005).

Another theme explored in *Children of the Lucky Country*, differing and unequal experiences of childhood, also emerged in workshop discussions. In broad terms childhood was problematised in two ways – one in which working parents were able to provide material advantages for their children and opportunities to participate in a range of activities and experiences but were often “time poor”, and one in which children were excluded from such opportunities, often associated with low income and reflecting broader issues of social exclusion. In this latter group parents were seen to have time but not always the skills and support needed to best meet the needs of their children.

Such childhood environments were seen as unlikely to positively support the developmental tasks of middle childhood. An ecological approach requires an understanding of the social and environmental factors that have an impact on children's health and development. Consideration is given not only to influences most proximal to the child such as the family but also to the factors that operate to shape communities more broadly. An ecological approach will seek to integrate education, health, welfare, and other relevant services or sectors. Policy and programs taking an ecological approach will be integrated, multidisciplinary and intersectoral

Recommendation: Links be established with organisations such as SACOSS and YACSA which monitor the impact of broad social policy, particularly on the most vulnerable members of society. These links could be facilitated through the Youth, and Family and Children Round Tables.

Recommendation: City of Onkaparinga Youth, and Children and Families portfolio program development should adopt an ecological approach which acknowledges a range of inter-related influences on children's health, development and wellbeing including broader community and environmental influences, as discussed in *"What are the issues for these children?"*

Participants noted that nearly all parents are trying to do their best for their children but often struggle to do so, at least in part as the result of larger societal forces. The pressures of a consumer driven society, changing work patterns such as extended working hours, increasing weekend and shift work, changing family structures, the role of the media and technological changes were all mentioned as forces that shaped family life and put families under pressure. Achieving an appropriate work/family balance was seen to be a difficult task for many parents. Work/family balance is particularly significant for families with school-aged children. Parental and particularly maternal participation in the labour force increases significantly when the youngest child in a family begins school and by age fourteen 70% of coupled mothers and 60% of lone mothers are in the workforce in either full or part-time employment (Commonwealth Department of Family and Community Services 2003, cited in Mission Australia 2005).

The experience of children in response to differing family circumstances was discussed in the workshops. The terms 'supervision' and 'structure' featured often in describing childhood experiences and environments. Middle-class children, many with both parents participating in the work force, were described as often having very structured lives, attending various out of school activities under supervision. These activities provided children with positive learning and life experiences although concern was also expressed that these children often had little 'down-time' and sometimes limited opportunity to develop independence and autonomy as they are ushered from one activity to another. One participant described the role of parents in this scenario as "managerial". In contrast another set of children tended to be excluded from out of school hours structured activities, often 'hanging out' with older groups and with little adult supervision. These children were seen as sometimes having inappropriate autonomy and freedom and too little structure. In short, "structure" and "supervision" are perceived to be out of balance for both groups.

Another societal influence that was seen to have a large impact on children's lives was the perception of 'risk' associated with many activities. For example there was discussion of the curtailing of children's freedom of movement as a result of perceived risks to their safety e.g. from traffic, predatory pedophiles, gangs etc. Conversely where children were permitted greater freedom of movement this was sometimes seen as parental failure placing children "at risk". Notions of risk also shaped choices of activities e.g. parent's and children's perceptions of injury risks associated with sport. There was also some discussion of what constituted a "safe" environment. In one group participants noted that new technologies had entered the family home and children's spaces in such a way that they rendered these areas unsafe. Examples given were unsupervised internet access and viewing of videos and DVDs designed for an adult audience with explicit sexual and violent content.

Recommendation: Community Development Officers within the Youth, and Children and Families portfolios adopt a lifecourse perspective which acknowledges the developmental needs of middle childhood and the importance of this period as a pathway to adolescence and adulthood.

Location was identified as an important factor in the experience of childhood. Whilst in some areas of the City of Onkaparinga families live in relatively comfortable circumstances other areas are characterized by a lack of infrastructure and amenity which has a direct impact on family life. Geographic isolation and poor transport were cited several times as having a negative effect on families and childhood experiences and environments. This was particularly noted in fast growing, newer areas such as Aldinga.

Local influences such as the impact of the closure of Mitsubishi and the Port Stanvac oil refinery were also seen as having an impact on children through increased stress on families. Early findings from a study of retrenched Mitsubishi workers at Lonsdale and Tonsley Park revealed that about 60% of respondents believed there had been a negative impact on their families, mainly in terms of stress and financial insecurity. However, for some the changes were positive and meant that parents (in the main fathers) had more time to spend with their children. Parents and children appreciated not having to move house or school, or change friendship groups as a result of the job loss (Beer, Baum et al. 2006).

Recommendation; City of Onkaparinga Youth, and Children and Families portfolio program development continues the practice of routinely considering local context e.g. local access issues.

Workshop discussion suggested that many parents are trying to balance competing interests and negotiate their way through the various tensions inherent in being a 'good parent', often in a societal context that lends little support to these tasks.

Many parents...are balancing their roles as parents with participation in the labour force, as well as managing more complex family living arrangements (Mission Australia 2005)."

Apparent increases in mental health problems in middle childhood were raised in all workshops. Issues such as ADHD, depression and violent behaviours were discussed. This is in keeping with findings from a 1998 survey estimating that around 14% of Australian children aged 4–14 years had a mental health problem, with a higher proportion of boys (14.7%) experiencing mental health problems than girls (13.8%) (AIHW 2005). Gender differences are also apparent in the types of mental health problems identified. Girls had a higher proportion of externalising problems than internalising problems, while for boys, internalising problems were more common. Externalising problems are described as anti-social behaviours such as delinquency and aggression, internalising problems relate to inhibition or overcontrol and exhibit as behaviours such as anxiety and depression (Sawyer et al. 2000, cited in AIHW 2005).

Table 6.1: Mental health problems among children aged 4-14 years, 1998 (per cent)

	Age-group	Total problems	Externalising problems	Internalising problems
Boys	4-12	14.9	13.6	15.0
	13-14	13.8	13.2	13.5
	4-14	14.7	13.5	14.7
Girls	4-12	14.4	12.1	11.3
	13-14	11.3	12.6	9.5
	4-14	13.8	12.2	11.0
All children	4-14	14.3	12.9	12.9

Source: AIHW analysis of the 1998 Child and Adolescent component of the National Survey of Mental Health and Wellbeing, unit record file.

In some workshop groups the increase in violent or aggressive behaviours by girls was remarked upon, but general discussion suggested externalizing behaviour by boys was the most likely behaviour to be identified as “a problem” in schools or other public settings. Problem behaviours at school (e.g. disengaging from school, aggressive behaviours) and in public places (e.g. graffiti, vandalism, violence) were seen to stem from some of the issues discussed above.

Participants noted that traditional community forums and activities often failed to attract this age group. Long-standing groups such as Scouts and Guides appear to suffer from an “uncool” image with many children in this age group. There are often financial barriers to participation in organized sports activities. Parental work obligations often act as a barrier to parents facilitating children’s participation in out of school activities. Some children in this age group were keen to join activities designed for older children and were excluded because of age. It was noted that it is important to provide opportunities to participate in structured activities to children at younger ages as they require this experience in order to develop the skills to successfully engage with peers and others. Agencies are often constrained by external factors in the types of activities they are able to offer and to whom (see discussion below).

Recommendation: City of Onkaparinga Youth, and Children and Families portfolios continue to consider barriers and enablers to participation in activities in their planning and that this form part of program evaluation.

As children move into early adolescence (roughly ages 10-15) developmental changes in their interests and abilities leave many of them unwilling to attend the kinds of programs that might have attracted them at earlier ages. Because out-of-school activities are voluntary, young people can and do ‘vote with their feet’.” (Quinn 1999)

What are the issues for agencies?

Participants raised a number of barriers that should be addressed in order to meet the needs of this age group. Lack of funding and resources generally and policy and funding environments that focussed on the early years of life or adolescence made service and program development difficult. Grant or time-limited funding was

particularly problematic for agencies as program or service sustainability was compromised.²

The way age ranges are commonly grouped – e.g. 0-5, 5-12, 12-25 – in policy and program development was not seen to reflect the reality of working with children and young people. An Aboriginal health worker noted that such boundaries were particularly problematic when engaging with Aboriginal children and went against the holistic approach appropriate to working with Aboriginal families.

Policy interest in particular problems e.g. the focus on childhood obesity or physical activity, sometimes shaped programs and activities rather than the needs identified by agencies.

Recommendation: Service providers to advocate within their agencies and with other service providers at appropriate opportunities for consideration of the needs of this age group in policy and program development.

A need for workforce development and investment was recognised particularly around understanding the needs of the age group and dealing with learning and behavioural problems. Planning and evaluation skills, partnerships and improving children’s participation were also noted as areas requiring investment in workforce development. The relative isolation of workers and some agencies also pointed to the need for means of sharing information and experience.

Recommendation: A regional plan for professional development be developed addressing

- **Understanding needs of 8-12 year olds**
- **Program planning**
- **Working in partnerships**
- **Involving children in program and service development**
- **Documenting and disseminating current work and information sharing processes**

The lack of services for children with identified problems was raised as was the lack of diversionary activities for this age group. This meant that service providers were often unable to refer children to other services or programs.

Broader infrastructure issues such as lack of transport also had an impact on the ability for agencies to engage with some children and communities.

Increasing expectations regarding the role of agencies such as schools to deal with “problems” and develop new programs was not always matched with increased investment in those agencies.

The need for a range of services and programs from those dealing with individual children and families to universal, community-wide programs promoting child-friendly environments was advocated. This comprehensive approach requires partnerships and collaboration between agencies. It was also noted that such an approach needs time, skills and other resources. Some participants observed that it was difficult to

² Whilst grant funding is problematic it remains a key source of funding for many services and programs. A number of funding opportunities are listed in Appendix 1

know what else was happening in the region and the workshop provided a useful venue for the sharing of experience. There was considerable enthusiasm expressed in the workshops for furthering work in this area.

Recommendation:

The City of Onkaparinga initiate the establishment of working parties through the Youth, and Families and Children Roundtables and other relevant service providers to progress work on:

- **good practice guidelines using information from both the literature and workshops**
 - **children’s participation, and**
 - **cooperation across sectors, particularly addressing issues regarding age boundaries for programs and services.**
-

What Works For 8-12 Year Olds (Programs and Services)

Get in early

It is generally accepted that the earlier the intervention, the greater the likelihood for success in prevention of a variety of concerns. Early intervention does not however mean that its “too late” beyond early childhood. For children already at ages 8-12, this is now the best chance for “early intervention”. A life course perspective points to the importance of interventions at all stages of the life course and suggests that the move to a more advantaged life trajectory can be made at various times. A study of pathways to adolescent anti-social behaviour suggests that individuals at risk for anti-social behaviour “are still amenable to change in late childhood and early adolescence (Australian Institute of Family Studies and Crime Prevention Victoria)”. Attitudes to health related behaviours such as drug-taking may be “particularly malleable” in this period (Dielman 1994, cited in Toumbourou and Gregg 2001).

Early adolescence-the phase during which young people are just beginning to engage in very risky behaviours, but before damaging patterns have become firmly established-offers an excellent opportunity for intervention to prevent later casualties and promote successful adult lives (Carnegie Corporation of New York 1995).

Risk and protection

Effective programs need to both reduce risk and promote protective factors. Preventive interventions can influence multiple problem behaviours by focussing on shared risk and protective factors (Pollard, Hawkins et al. 1999).

...prevention policies and programs should focus on the reduction of risk and the promotion of protective influences if reduction in the substance use, crime, and violence among adolescents or the improvement of academic performance are intended outcomes. (Pollard, Hawkins et al. 1999)

Programs should be based on specific data to address the risk & protective factors most salient for that community (Pollard, Hawkins et al. 1999). Prevention research in areas such as mental health suggests that programs need to be “multi-component” as they address both risk and protective factors (Durlak and Wells 1997).

Although community members, societies, health and welfare services and additional programs and services all make their own contribution to a 'child-friendly' and 'family supportive' environment, they cannot act alone to provide the full range of services or provide the support a particular child or family may need...The focus of this approach is an ecological view of family, social network and community, which moves away from simple solutions to single factors, to a coordinated approach that aims to influence a broad network of relationships and processes (Wise 2001).

Peer relations

Understanding the influence of peer relationships has implications for the types of interventions that may be used with anti-social young people. There is some research evidence that suggests bringing anti-social youth together can actually lead to an increase in anti-social activity by providing further opportunities for friendships to form with anti-social peers (Dishion et al 1999 and Kupersmidt et al 2004 cited in Vassallo 2004). Recommendations on addressing this issue include: providing opportunities for contact with more pro-social peers in supervised settings; pairing antisocial young people with volunteer youth mentors who act as positive role models; introducing social skills training at earlier ages to develop the skills required to form positive friendships (Kupersmidt et al 2004, cited in Vassallo 2004)

Parents and family

The role of parents and family in supporting is also clearly important. Interventions may aim to assist parents in developing age-appropriate supervision and encouraging positive social relationships within the family. Recent work suggests involving families in adolescent health promotion has some potential in improving communication and reducing conflict (Toumbourou and Gregg 2001) and experience from these programs may also offer useful approaches for work with younger ages.

Matching the level of development with the intervention.

The effectiveness of the program will also depend on the match between developmental levels and the intervention. Generally speaking, programs for children do not perform an analysis of developmental level and capability when planning their services (Holmbeck, Greenley et al. 2003). Programs should also help to prepare children for important developmental stages to come.

The need for a system wide approach

At any stage of life, children have many needs, and these are unlikely to be provided by any one agency. Services should operate from a common purpose (e.g. all work toward improving the personal well-being and social participation of children from eight to 12 years of age). Some agencies may play their part by focussing on important aspects such as drug abuse, social skills, resilience, emotional control, and mentoring. Activities might range from broad policy-level interchanges to the individual activities of a case worker who is helping a person find his or her way.

Recommendation: A program logic model (Appendix 2) of program development be adopted as a tool to clarify goals, strategies, expected outcomes and content of programs.

What are the elements of good practice with this age group?

Workshop discussion on good practice ranged from overarching principles regarding practice such as involving children in service development to very practical advice such as “provide food”.

A number of themes emerged in the discussions;

- Make it fun
- Treat children with respect
- Encourage meaningful participation – listen to children and act on their suggestions
- Recognise and use children’s strengths
- Programs and services are flexible enough to accommodate individual differences
- Notice the positives, find reasons to give praise
- Provide experiences that allow children to develop new skills, learn new things, “widen their horizons”
- Communicate high expectations to children e.g. you believe them to be capable
- Set clear boundaries and norms for behaviour
- Provide a balance between structured and unstructured time
- Provide a range of activities, some may include the broader family
- Programs need to be ongoing and sustainable
- Have links with other agencies or programs
- Establish planning and evaluation processes

These themes have considerable resonance with elements of good practice identified in areas such as youth development practice.

The following “best practices” were assembled from a number of studies of American youth development programs.

Best practice programs:

“1. Tailor their content and processes to the needs and interests of young adolescents.

Good programs listen carefully to the voices of young people at the planning stage and provide active, meaningful roles for youths throughout implementation.

2. Recognize, value, and respond to the diverse backgrounds and experiences that exist among young adolescents in contemporary America. Good programs are sensitive to the differences among young adolescents, particularly those based on race, ethnicity, family income, gender, and sexual orientation.

3. Work collectively as well as individually to extend their reach to underserved adolescents. Good programs work to increase the access of young people living in low-income areas to supportive community programs, keeping youth needs rather than organizational concerns at the center of their outreach efforts.

4. Actively compete for young people’s time and attention. Good programs assess their competition (everything from television to youth gangs), and find ways to make their programs more attractive than passive or antisocial pursuits.

5. Strengthen the quality and diversity of their adult leadership. Good programs recruit carefully and invest in staff (and volunteer) development as a regular cost of doing business, recognizing that the quality of adult leadership is critical to program success.

6. Reach out to families, schools, and other community partners in youth development.

Good programs strive to maintain solid working relationships with parents and other community institutions, on behalf of young people.

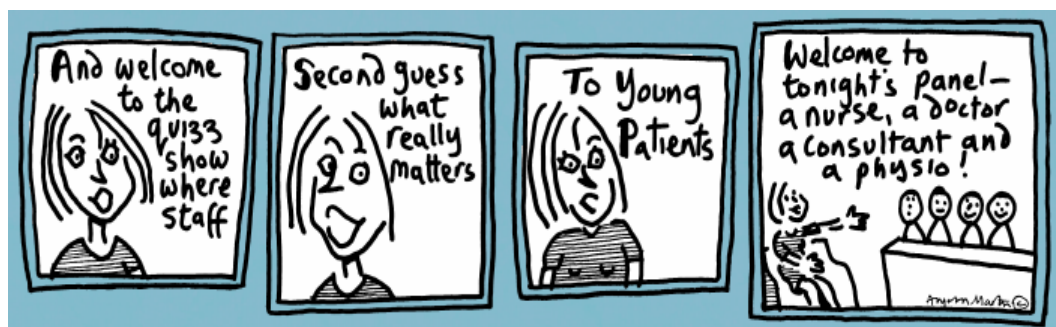
7. Enhance the role of young people as community resources. Good programs encourage young people to play meaningful leadership roles within their organization. They work actively to ensure that teenagers have opportunities to contribute their talents to the larger community.

8. Serve as vigorous advocates for and with youths. Good programs consider advocacy with and on behalf of youths a part of their work, to ensure that the best interests of children and youths are not ignored in decision-making forums.

9. Specify and evaluate their intended outcomes. Good programs are clear about the results they are trying to achieve, and they develop reliable documentation systems and realistic assessment measures.

10. Establish solid organizational structures, including energetic and committed board leadership. Good programs are generally found in well-governed and well-managed organizations that are stable enough to maintain continuity of relationships for young people at this critical juncture in their lives. (Quinn 1999)”

Involving children was a key theme in all workshops and is in keeping with the growing interest in facilitating children’s participation in the development of services and policies that affect them. A more complete picture of an issue, and sometimes unexpected insights are gained by adding children’s voice to those of other stakeholders whose viewpoints are more routinely documented (Prout 2001).



Source: (Lightfoot and Sloper 2002)

Involvement of children brings direct benefits to them by bestowing a feeling of efficacy and participation in their own destinies and in regard to their exercising of their own rights, and indirect benefit from the expected improvement in service relevance and effectiveness. The organizations in question will benefit from the adoption of more relevant and responsive structures, procedures, and policies, and will be faced with the constant reminder of the purpose of their organizations.

Some participants warned that agencies must be clear about what they can deliver; this may not always be exactly what children have asked for. One worker stressed the importance of helping children broaden their world view so that they could see possibilities beyond their own experience.

"Participation is more than just giving the younger members of our community a say - it is about listening to their views, taking them seriously and wherever possible giving practical effect to their ideas and suggestions."

Approaches to involving children

Participation needs to be understood as a *philosophy*, an underpinning principle of the way we work with children as well as a *strategy* (or set of strategies) we employ. Value statements and commitments must be reflected in the ways organisations are structured and work with children is undertaken.

Many of the methods used to involve children are drawn from participatory processes used with adults. Methods may include: Consultations; Practice Initiatives e.g. children as co-facilitators, partnerships on a particular task; Use of new media e.g. websites; Large scale events; Advisory or reference groups; Network of groups; Parallel structures e.g. shadow committees; Committee places

Conclusion

This project aimed to develop a strong foundation for future program development for 8-12 year olds in the City of Onkaparinga.

It is hoped that the initial goodwill and energy evident throughout the consultation process can be harnessed to develop a community-wide response to the needs of this age group. The project has acted to clarify the issues for 8-12 year olds and identified some promising approaches and examples of services and programs. The workshops began a process of information sharing and networking that is critical to the development of collaborative, inter-sectoral approaches.

This project represents a step toward mobilising individuals and agencies to work together toward improved outcomes for the children of Onkaparinga.

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Appendix 1: Funding Opportunities

Some links that may be useful for submission writers:

Provides links to a number of guides for submission writers

http://communitybuilders.nsw.gov.au/finding_funds/submissions/

A NSW based community organisation - Westir Limited- has provided some tips on seeking grants that may be useful

<http://www.westir.org.au/bottomfundupdate.html>

Good Practices and Pitfalls in Community-Based Capacity Building and Early Intervention Projects: A Toolkit

<http://www.facsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-toolkit.htm>

Finding grants

The **GrantsLINK website** is a portal site that can be searched for Commonwealth and State grants under a variety of headings

<http://www.grantslink.gov.au/index.aspx>

SA Government Grants

South Australian Government grants are listed [A to Z](#), by [Title](#) and [Government Agency](#) and can be accessed at <http://www.service.sa.gov.au/grants.asp>

Some examples of government grants:

Stronger Families and Communities Strategy (SFCS) 2004-2009 “Local Answers” \$137 million over five years. Round 3 now closed but will be future funding rounds. “Local Answers helps strengthen disadvantaged communities by funding local, small-scale, time limited projects that help communities build skills and capacity to identify opportunities and take action for the benefit of their members.”

http://www.facsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-local_answers.htm#1

The Premier's Community Initiatives Fund has been established by the Premier of South Australia to provide financial assistance to non-profit charitable South Australian organisations that offer direct services and support in community development initiatives to excluded, disabled or socially isolated members of the community. The objective of the Fund is to make available grants of up to \$10,000 to assist such organisations to undertake a one off project that will benefit the community. http://www.premcab.sa.gov.au/dpc/community_initiatives.html

Children, Youth and Women's Health Service, Parenting SA provide small one-off grants to encourage the development of community initiatives in South Australia to improve the quality of parenting.

<http://www.parenting.sa.gov.au/grants.asp>

As well as Government grants a number of philanthropic and non-government organisations also provide grants for community initiatives. A register of grants can be accessed at: <http://www.aph.gov.au/library/intguide/sp/spgrants.htm>

The www.ourcommunity.com.au site provides information on grants and related issues for a fee.

Some examples of non-government grants:

The Mercy Foundation provides funding for projects that promote human rights and dignity act to bring about a greater degree of social justice. The Foundation gives priority to seed funding and to projects that do not need recurrent funding.
http://www.mercyfoundation.com.au/pf_grants.htm

Foster's Community Grants support projects in three areas: wellness, culture and the environment and are assessed on the community benefit they would deliver. Grants in excess of 1 year will be considered. Only registered not-for-profit organisations are eligible for funding.
<http://www.fosters.com.au/about/fosterscommunitygrants.htm>

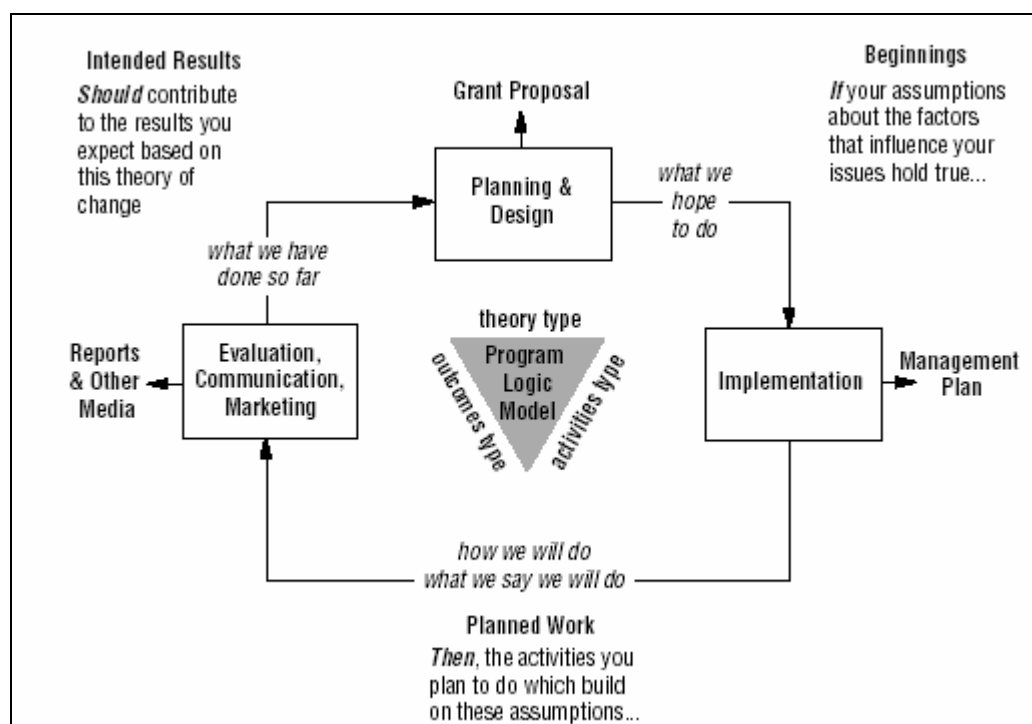
The St.George Foundation provides financial support to charities throughout Australia to help them assist children and young people up to 18 years of age with special needs. Examples of projects include early intervention services, educational equipment and assistance, youth workers recreational and respite programs counselling and therapy new technologies
<http://www.stgeorgefoundation.com.au/stgeorgefoundation/gift.asp#funding>

Funded by NRMA insurance the **communityhelp** Grants program “supports local organisations that are working to make our communities' safer. Community organisations can apply to receive a grant of up to \$5,000 (incl. GST) in the areas of crime prevention, injury prevention, emergency services or the environment.”
<http://www.nrma.com.au/pub/nrma/community/help-program/index.shtml>

Appendix 2: Program Logic models

A program logic model allows stakeholders to tell the 'story' of their program in a way that logically connects the starting points for a program – e.g. the needs, evidence about the intervention – with the desired outcomes.

A program logic can be presented visually as a sort of map linking the beginnings of a program to the activities undertaken, the short-term changes and longer-term outcomes achieved.



Source: W.K. Kellogg Foundation 2004, *Logic Model Development Guide*, p. 9

Program logic provides a plausible explanation of how an intervention will work and what outcomes are likely to be achieved. Clear program logic makes for better planning and evaluation.

There are many program logic models but most will have at least four essential components:

Assumptions: These are the foundation on which you build your program. They can include values, theories, research and evaluation evidence, practice wisdom and community knowledge'

Activities: These are your program or service activities, the things you do built on these assumptions.

Impacts: These are the changes resulting from your activities

Outcomes: These are the long-term, more distal outcomes to which your activities contribute.

There are many guides to program logic models available.

The Kellogg Foundation has produced a comprehensive guide available at:

<http://www.wkcf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

The South Australian Community Health Research Unit has produced a Planning and Evaluation Wizard which uses elements of program logic for planning and evaluation of community-based projects:

<http://som.flinders.edu.au/FUSA/SACHRU/PEW/index.htm>

The University of Wisconsin offers an online course to “Enhancing Program Performance with logic models” available at www.uwex.edu/ces/lmcourse/#