Resiliency among Australian school students: A report on 43,799 students.

RESILIENCY AMONG AUSTRALIAN SCHOOL STUDENTS: A REPORT ON 43,799 PRIMARY AND SECONDARY SCHOOL STUDENTS.

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Abstract

Resilient Youth Australia Limited has surveyed 43,799 school (e.g. Government, Independent and Catholic) students (ranging from grade 3 to grade 12) in Australia. This Resiliency Survey took on a wellbeing framework with the purpose of capturing positive psychological systems/competencies of school aged students. Specifically, Resiliency Survey collected information with regards to strengths of children and adolescents in terms of 40 developmental assets, incidences of depressive disorders in terms of general health, hopefulness, and their relationship to key risk and protective factors. Results from these surveys provided key baseline insights into internal and external assets drivers of resilience; and students’ ability to cope, manage and address everyday pressures and stressors. The findings, showed that students sort and drew support from relationships, community, school and family to build their own capacity for wellbeing. Equally, it also captured that students were able to positively foster their own development through their own value system/s and positive hope for the future. Findings from this study provide a baseline profile of resilience; which schools and agencies can use to inform their own practice and policy.

Keywords: resilience, developmental assets, students, support, relationships

Introduction

Capturing child and adolescent resilience is a core business for any Educational Institution as it provides a baseline insight into students’ social and emotional wellbeing. The complexity around child and adolescent resilience is multi-faceted and requires a clearer understanding of actual psychological systems/competencies (i.e., developmental assets, capacities and capabilities) in terms of what children and adolescents possess and how they exercise these; for these systems/competencies act as protective factors which in turn are likely to buffer and maintain positive development (Cicchetti, 2010; Masten, 2007). Equally, capturing the above mentioned positive systems/competencies are important for they are likely to allow for positive adjustment and a positive adaption in demanding emotional and societal contexts (Lee, Cheung, & Kwong, 2012). A baseline profile of resilience with regard to psychological systems/competencies are lacking with regards to what school students possess and how they apply these to navigate their own life course, especially during their complex and multifaceted developmental phases. Thus, the aim of the study, is to capture baseline resilience with regard to capacities, capital, competencies and capabilities of school students in terms of what they possess and how they exercise these. Thus, the following study reports on assets, capacities, mental health, wellbeing, hope and capabilities among Australian school students. In part this study adds to the development of a unified theory on resilience so that all necessary assets are empirically accounted for within the construct of resilience (Luthar, Cicchetti, & Becker, 2000).

In general resilience has been explained in terms of individuals possessing qualities and capabilities that they can adopt successfully to function in varied contexts, and in their ability to bounce back from difficult and/or traumatic situations (Cicchetti & Cohen, 1995; Fergus & Zimmerman, 2005; Florian, Mikulincer, & Taubman, 1995; Harriman, 1958; Garmezy, 1991; Kobasa, 1979; Olsson, Bond, Burns Vella-Brodrick, & Swayer, 2003; Maddi & Khoshaba, 1994; Rhodewalt & Zone, 1989; Ramanaiah, Sharpe, & Byravan, 1999). Here the emphasis is on a positive outcome in terms of good mental health, positive function, and a good level of social competence, when confronted with or exposed to risk and/or difficult situations (Olsson et al., 2002). In other words, resilience here is seen as a performance marker of one’s functionality (Olsson et al., 2002). While
there is merit in this conceptualization, it does not fully account for bi-directional relationship between psychological assets, capacities and capabilities, environmental experiences, aspiration, mental health wellbeing and developmental experiences (Fonagy, Steele, Steele, Higgitt, & Target, 1994).

There is a need for a dynamic understanding of resilience, which needs to extend to include experiences and interactions between mental health wellbeing, aspirations, risk factors and protective factors and an individual’s internal and external psychological process and resources (Olssona et al., 2002; Rutter, 1985, 1999). Capturing this would assist in appreciating bi-directional interactions between assets and resources and how they independently and collectively come to work together. In other words, the emphasis should be on knowing what an individual possess and how he/she is likely to use these resources, competencies, skills and experiences to navigate through their own life-course (Olssona et al., 2002; Fergu & Zimmerman, 2004). Importantly, while there is room to assist children and adolescents with their difficulties, the focus must not shift away from the notion of capital in terms of their internal and external strengths/assets, capacities, strengths and competencies, as it is these developmental assets, which are necessary to protect them against maladaptive behaviours and risks factors (Chew, Osseck, Raygor, Eldridge-Houser, & Cox, 2010; Cicchetti, 2010). In this, the challenge is to move away from a deficit orientated model to a more strengths-based approach which fully appreciates the social and emotional wellness of children and adolescents in terms of their own resilience, which is a much better indicator of their overall development, attainment and success (Morrison, Brown, D'Incau, O'Farrell, & Furlong, 2006; Richardson, 2002).

Positive Youth Development (PYD) is one such pragmatic paradigm that is able to capture (i.e., behavioural, cognitive, emotional, and social) capacities, capital, competencies and capabilities in children and adolescents both as process and as an outcome in terms of their own resilience (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). PYD provides a strength based approach in explicitly recognizing unique internal and external developmental assets, capacities, strengths and competencies that children and adolescents possess and how they use them (Catalano et al., 2004). However, PYD does not explicitly account for mental health wellbeing but assumes it to be an inherent faculty within it (Catalano et al., 2004). But, this study argues that mental health wellbeing as an independent asset needs to be explicitly accounted for in terms of resilience, as it has direct bearing on psychosocial resources available to the individual (Goldberg, 1992; Goldberg & Williams, 1988). Hence, mental health in terms of non-psychotic depressive indicators and/or other symptomologies must be accounted for as part of resilience (Goldberg, 1992; Goldberg & Williams, 1988). The contention here is that, a well-balanced, consistent and a positive mental health wellbeing is likely to avail a variety of resources to the individual and further that it is likely to positively position the individual to mount an adaptive response to life crises and/or demanding situations. Thus, it is necessary to explicitly capture mental health wellbeing as part of resilience, more importantly because children and adolescents who show or have a diagnosed mental health concern are more likely to experience disruptions in their development and in some cases this could also lead to the development of deficits in certain capacities and competencies (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003).

Equally, this study also contends that resilience as a construct should also accommodate positive aspirations in terms of hope as an asset; for hopefulness unambiguously showcases how well an individual is prepared for the future, which in turn is a much needed developmental asset (Hall, Zautra, Borns, Edwards, Stilger, Toon, Welch, & Rasmussen, 2010; Snyder, 1997). Hope as an independent asset in terms of resilience strengthens the bridge between the present and the future, as it is likely to provide an opportunity to explore potential future options/possibilities regardless of one’s current limiting social realities and/or conditions (Hall et al., 2010; Snyder, 1997). Thus, hope which resonates a positive and progressive view of the future is fundamental to developing a sustained purpose, as it creates a way out of the present to move forward, irrespective of the current challenges (Hall et al., 2010; Snyder, 1997). Thus, positive aspiration in terms of hope, provides an insight into one’s capacity of exercising optimism about the future, which in turn can create a capacity in oneself that they can competently delineate problems, set goals, follow plans and solve tough problems, which are very much a developmental asset (Hall et al., 2010; Snyder, 1997).
A composite tool utilizing PYD framework is required, importantly a tool that is able to conceptualize and capture strengths and psychological capital in terms of positive internal and external developmental assets, environmental experiences in terms of upbringing, relationships, mental health, motivations, values and hopefulness; for these collectively provide insights into children and adolescents resilience (Burrow, O'Dell, & Hill, 2010; Chew et al., 2010; Dobmeier, 2011; Goldberg, 1992; Goldberg & Williams, 1988; Hall et al., 2010; Leffert, Benson, Scales, Sharma, Drake, & Blyth, 1998; Scales, Benson, & Mannes, 2006; Search Institute, 2004; Snyder, 1997). This conceptualization is important because resilience is an ongoing process that aligns itself with a typical developmental trajectory. However, no single assessment or psychometric tool exists in their current iteration to capture this. Thus, a holistic tool is required to capture resilience as a measure of children’s and adolescent’s wellbeing, which is inclusive of psychological assets, response to social and emotional situations, mental health in terms of depressive symptomologies and hopefulness. Importantly, in an Australian context while there is an interest in child and adolescent wellbeing, there are few psychometric measures robust enough to capture resilience across the period of childhood and adolescence.

Following a PYD framework, this study combines four standardised assessments to form the Resilience Survey to capture resilience in children and adolescents. Resilience Survey uses Developmental Assets Profile (DAP), the General Health Questionnaire (GHQ12), the Children’s Hope Scale (CHS), and risk and protective factors (i.e., adapted from Attitudes and Behaviours Survey) to capture child and adolescent resilience (Goldberg, 1972; Goldberg, 1972; Goldberg & Williams, 1988; Search Institute, 2004; Snyder, 1997). These standardized assessment batteries (e.g. referred to as the Resilience Survey) used in conjunction have the ability to capture a triadic interrelationship between capital, strengths, environmental experiences (positive and negative) mental health and hope, all of which are argued in this study to be core assets of resilience, and this is the very premise that this study adopts.

DAP uses 40 different asset groups as internal and external assets to capture adolescent wellbeing (Search Institute, 2004). Internal assets include commitment to learning, positive values, social competencies, and positive identity. External assets include family and community support; empowerment; boundaries and expectations; and constructive use of time. Although DAP norms are not yet available, Search Institute has conducted a field study of U.S. American youth to serve as a preliminary point of comparison for research and fieldwork (Search Institute, 2004). GHQ12 appraises mental health in terms one’s inability to complete and/or carry everyday normal functions and how one works through new and distressing experiences (Goldberg, 1972; Goldberg 1992; Goldberg & Williams, 1988). One criticism that can be raised with regard to the use of GHQ 12 is its relevance, but given that GHQ 12 is a non-psychotic screening instrument, it is can provide useful insights into mental health of both children and adolescents. Children’s Hope Scale (CHS) captures a pattern of positively reasoning out purpose and future goals. Together, these assessments inclusive of risk and protective factors (i.e., the Resilience Survey) provide baseline data with respect to the capacities, capital, competencies and capabilities that children and adolescents exercise and possess. Thus, capturing these provide a baseline insight into Australian school students strengths and psychological assets in terms of their own resilience (Johnson, 2014). Resilient Youth Australia (RYA) (see http://resilientyouth.org.au/) provides this Resilience Survey to Australian schools.

METHOD
Participants:
A total of 43,799 students took part in the study however only 38,290 students fully completed the survey. All participants were school age students (20,134 boys and 18,156 girls) whose ages ranged from 7 to 18 years. A total of 91 High Schools with a total number of 30,688 students and a total of 100 Primary Schools with a total number of 7,706 students were part of the study. A total of 52 schools from Queensland, 31 schools from South Australia, 102 schools from Victoria, and 6 schools from Tasmania were involved in the study. A total of 735 students identified themselves as being Indigenous.
Design:

Surveys were conducted over a three year period from 2013 to 2015. All participants completed the Resilience Survey via an online web-based application through their school computers. School students (primary and secondary) completed the survey electronically by clicking the appropriate response choice. The survey was undertaken by students online during class time, under their class teacher supervision, and the survey on average took about 40 minutes to complete. Teacher supervision was used to ensure that student’s login worked correctly and that students completed the survey in the time scheduled. The following information was given to students by their respective teachers before they began the survey:

- Your answers are kept strictly confidential
- You will note when you login that there is no student number or identification – this means that your answers cannot be tracked and you can answer honestly with confidence.
- Your school will receive a report that combines grouped answers only and not individual answers.
- This is not a test and there are no wrong answers.
- You are being asked to tell about yourself, your experiences and your feelings.
- Please read each question carefully and be honest.
- If any of the survey questions bring up issues for you (the student), please talk to a teacher or staff member of your choice in the first instance.
- You will not be able to advance in the survey until each question is answered.

Instrument:

The Resiliency Survey had two phases. Phase I: collected information with regards to: date, age, gender, school name, post code, nationalist and language. Phase II had 98 items with regards to resilience, which included DAP [i.e., items 1-58] with a good internal consistency of (α =.97) and subscales scores (α =.81 - .95); the GHQ12 [i.e., items 59 to 70], and CHS [i.e., items 71-76], and risk and protective factors [i.e., items 77-98]. Risk factors included: attitudes towards violence, substance use, cyberbullying and protective factors included: sleep, healthy lifestyle habits, activities outside of school, support from adults and involvement in leaning activities (e.g., homework). Each question was measured using a 4 point Likert scale (i.e., 1 = not at all, 2 = sometimes, 3 = often, and 4 = always). Students could only pick one of the four choices. The Primary Resilience Survey differed from the Secondary Resilience Survey in two respects: one, the language was a little simpler and easier to understand, and two, the Secondary survey omitted one question: “(I) Am able to say NO to sexual activity when I don't want it.”

Data Collection:

Data was collected electronically via an online web based application and sent to a private database server. No identifying information or unique identifiers (such as first or last names, student ID) of any participants were required nor collected. All participants remained anonymous and all answers were completely non-identifiable.

Data Analysis:

Given that the purpose of the study was to capture baseline data, only descriptive analysis were performed in terms of frequency distribution and means. The purpose of the analysis was to present a baseline profile of students in terms of capacities, capital, competencies and capabilities that children and adolescents exercised and possessed. Thus, caution must be exercised in claiming predictive and/or correlational relationships between the various variables.

Results

Table 1:

Measure as per DAP
Table 1 demonstrates the DAP measures and the graph represents responses to 58 items on DAP. A high score on DAP indicates high capital with regards to developmental assets. Overall the mean is 64% indicating the presence of developmental assets.

Table 2:
Distribution of Assets as per DAP

![Graph showing distribution of assets]

More than half (58%) of the students are represented in the low and fair groups. Low asset group indicates few if any assets and similarly fair indicates borderline assets that are deemed as weak. However, good asset indicates often relying on assets and while excellent asset group strong and frequent experience of assets.

Table 3:
Distribution of Assets with regard to gender
A total indicated in Table 3, 46% of girls experience a Good or Excellent asset range, while only 38% boys experience a Good or Excellent asset range. Only 7% of boys and girls have excellent levels of assets, this is the highest level of resilience and protection. However, 22% of boys and 18% of girls are in the Low asset, which is very low level of assets and puts students at risk.

Table 4:
Assets across 8 Assets

As seen in Table 4 the lowest asset domain for students appears to be community/engagement followed by positive identity. External assets such as: connectedness being the highest followed by empowerment and boundaries which appear to on the borderline of good, however, internal assets such as engagement, positive values, social skills and positive identify all are fair.

Table 5:
Asset distribution by asset group
Number of students in Low = 7656, Fair = 14493, Good = 13284, Excellent = 2857. Students in the excellent asset range experienced in excess assets in 7 of the 8 assets. Students in the Good asset range experience moderate or abundant assets in 7 of the 8 assets. Students in the Low or Fair asset range together comprise 58% of the total group.

Table 6:
Assets across 8 assets with regard to gender

Girls assets appear to be higher than boys, expect with regard to positive identify.

Table 7:
Belonging with regards to gender
Of all the asset groups, family is the strongest followed by school and then social. However, girls’ perspective of belonging is higher than boys on all the assets.

Table 8:
Belonging with regard to asset group

Of all the asset group family was the most prominent asset group, followed by school. Number of students Low = 7656 Fair = 14493 Good = 13284 and Excellent = 2857.

Table 9:
Children’s Hope Scale
A total of 91% of students a sense of positive hope, while 67% of reported ‘A Lot of the Time’, ‘Most of the Time’ and ‘All of the Time’. However, 9% reported low levels of hope levels.

Table 10:
General Health Questionnaire:
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Table 10 shows that over half (60%) of students (girls 61% and boys 71%) were in typical/regular health, while a small percentage students (girls 18% and boys 15%) had mild and concerning health condition and a total of 20% of girls and 14% of boys were in several acute health condition. This suggests that less than 40% of the overall student population has either a mild or acute health condition. More specifically, 39% of female students reported of lost sleep, 37% reported of constantly being under strain, while 36% reported of feeling unhappy and depressed and 35% reported of not having confidence. In terms of boys, 32% reported of being constantly under strain, 31% reported of being unable to overcome difficulties and while 30% reported of loss of sleep.

Tables 11 through to 13 below indicate that a total of 33% of the student population are reported to be positively attracted towards violence, importantly students report being most at risk lack ‘Confidence to Say No’ 40%, ‘Poor Attitude to Violence’ 33%, ‘Alcohol Use’ 22%. Students reports being less at risk with respect to Illegal Drug Use’ 7%, ‘Smoking’ 8% and ‘Carried a Weapon’ 13%.

Table 11:
Protective factors:

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>% of students that positively responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values Diversity</td>
<td>88%</td>
</tr>
<tr>
<td>Safe Home</td>
<td>88%</td>
</tr>
<tr>
<td>School Encourages Me</td>
<td>85%</td>
</tr>
<tr>
<td>Good Adult Role Models</td>
<td>81%</td>
</tr>
<tr>
<td>Values Success</td>
<td>81%</td>
</tr>
<tr>
<td>Highly engaged at school</td>
<td>81%</td>
</tr>
<tr>
<td>Safe Neighborhood</td>
<td>79%</td>
</tr>
<tr>
<td>Safe Schools</td>
<td>76%</td>
</tr>
<tr>
<td>School Gives Clear Rules</td>
<td>75%</td>
</tr>
<tr>
<td>2 or more friends</td>
<td>70%</td>
</tr>
<tr>
<td>Healthy eating habits</td>
<td>68%</td>
</tr>
<tr>
<td>Very hopeful</td>
<td>67%</td>
</tr>
<tr>
<td>Adults who care about me</td>
<td>66%</td>
</tr>
<tr>
<td>Adults who listen</td>
<td>64%</td>
</tr>
<tr>
<td>Physically fit</td>
<td>61%</td>
</tr>
<tr>
<td>Activities outside school</td>
<td>55%</td>
</tr>
<tr>
<td>Sleep</td>
<td>55%</td>
</tr>
<tr>
<td>Time Spent doing home-work &lt; 2 hours</td>
<td>60%</td>
</tr>
<tr>
<td>Time spent working part-time &gt; 5 hours</td>
<td>12%</td>
</tr>
</tbody>
</table>

Table 12:
Risk Factors with regards to attitudes towards violence
Discussion

This was the first study of its kind in Australia to capture resilience in terms of process and outcome among school aged students between the grades of 3 to 12, as such this study has provided baseline data with regard to developmental asset of children and adolescents. Further this study has presented incidence of hopefulness through the Hope Scale and depressive symptomologies through GHQ 12 and was able to capture the prevalence of risk and protective factors, as part of resilience (Burrow, O’Dell, & Hill, 2010; Chew et al., 2010; Dobmeier, 2011; Leffert et al., 1998; Scales, Benson, & Mannes, 2006; Search Institute, 2004). Further, by using four standardised assessments within PYD framework, this study provided an operational conceptualization to consider strengths and psychological capital with regard to internal and external developmental assets, environmental factors, relationships, motivations, depressive symptomologies, hope, motivations, diverse experience, engagement and values, as part of resilience among children and adolescents (Burrow et al., 2010; Catalano et al., 2004; Chew et al., 2010; Dobmeier, 2011; Goldberg, 1972; Goldberg & Williams, 1988; Leffert et al., 1998; Scales et al., 2006; Search Institute, 2004; Snyder, 1997). In other words, these measures were able to capture core elements of children and adolescent’s resilience in terms of capital, strengths, health and hope. Thus partly, confirming that strengths-based model through PYD in accounting for developmental assets alongside mental health, hope and protective factors are perhaps a more accurate way of capturing child and adolescent resilience (Morrison et al., 2006; Richardson, 2002).

A novel part of using DAP is that it organized and systematized strengths in terms of internal and external factors according to relationships, support and values, which are perhaps important concepts in child and adolescent wellbeing. To this end, Australian student scores on DAP were displaying relatively high levels of assets compared to findings from the USA students where the score was around 39 (Search Institute, 2004). An overall high score on DAP is a positive indicator that students possess and have used and are frequently using a variety of internal and external assets in maintaining relationship and socially engaging with peers, family and community. However, over 58% have been found to under the low to fair category indicating low levels of assets with regards to internal and external assets, perhaps indicating that just over half of the student population lacking assets. However, caution must be exercised not to interpret an overall high score on DAP without considering which category (low, fair, good and excellent) each students falls under. Further, just over half of the surveyed students appear not to have consistent and regular access to many positive relationships and interactions. Importantly, girls reported higher levels of overall assets compared to boys, and future research needs to investigate what accounts and explains gender difference and why boys were unable to accrue their own developmental capital.
Of the 8 asset groups (e.g. connectedness to adults, empowerment, boundaries, community engagement, education engagement, positive values, social skills and positive identity) in DAP community engagement was the lowest asset group, this is very unusual given that Australian school students create and provide numerous opportunities for students to actively engage in several social and community events through sport, recreation, social clubs, and a series of extra-curricular activities whilst at school. Perhaps in this instance, the issue may not be one of creating an opportunity or making a space as such, perhaps it has to do with students not being able to gain access or being unable to maintain regular, consistent and ongoing engagement. In terms of internal factors, positive identity appears to be low and this appears to be far lower for girls than for boys, it is unclear as what accounts for these difference, given that this is a developmental asset relevant to both boys and girls. Future, studies must closely investigate how in particular girls may be gaining their sense of identity relative to boys from a developmental paradigm. In terms of belonging (e.g. personal, social, family, school and community) family appears to be strongest asset group for all students, possibly indicating that the majority of students receive warmth, care and affection from their families.

With regard to Hope almost all of the students (91%) indicated a positive outlook on future possibilities, perhaps indicating that students possess a cognitive agency and pathways to make optimistic efforts to reach goals. But, serious attention must be given to those small groups of students who fall in the lower range, as they could be at risk of not being able to plan well for the future. In terms of general health, three-quarters of the students appear to be healthy but one third of the students have been found to lack of sleep, and be under strain and report of being unhappy, these findings are concerning because 3 out of 10 children appear to have serious health related concerns with regard to sleep, stress and depressive symptomologies indicating an inability to carry out day-to-day functions which perhaps are not necessarily in singularities and/or in ad hoc situations.

Students seem to be using a number of protective factors and these factors appear to be drawn from individuals, families, school and communities. Of all the protector factors valuing diversity, safe home and school encouragement appear to be most salient for students. In this, protective factors could be acting as support and perhaps could also work as coping strategies to deal positively with difficult and/or stressful circumstances (Chew et al., 2010). Having identified protective factors, the focus should now move to understanding how a protective factor contributes and/or explain positive outcomes for children, families and communities, in other words appreciating child welfare system in what they themselves possess and how they regularly use these, needs to more clearly investigated. Conversely, risk factors in terms students showed poor attitudes towards violence and more importantly, 2 out of every10 appeared to have engaged in alcohol use. While number using alcohol might be comparatively small but early exposure and involvement in such behaviors could perhaps lead to later delinquency and/or jeopardized positive developmental trajectory (Cicchetti, 2010).

In terms of implications, this study has found that active and positive participation in several communities starting with one’s own family, social and wider-community is important in developing positive internal and external developmental assets, as it appears that these positive experiences and exchanges foster well-being among school children and adolescents. Thus, providing an opportunity to make positive meaningful relationships through explicit positive behaviors with minimal adult presence such as: structured and targeted activities which emphasize wellbeing, enjoyment and intrinsic motivation are perhaps likely to enhance resilience in terms of positive psycho-social development. Importantly having a baseline resilience profile at: age level, year level, school level and gender level can assists schools, communities, educators and policy makers to develop psycho-educational support so that children and adolescents can capitalize on their internal and external capacities and competencies (Johnson, 2014).

A notable limitation of the study is the lack of qualitative data, which would have complimented the findings, in terms of capturing the voices of students, as these voices would have provided a deeper insight into much needed social, cultural and ecological factors that come to influence and shape attitudes and beliefs of school aged students. Further, the use of Likert Scale being only a uni-dimensional measure limited participants options of choice (e.g., 1-4), wherein the space between each choice is not equidistant and further, an item is likely to exist on a considerable multi-dimensional continuum and subject to context, thus future studies must account for this. Importantly, while this study, has conceptualized resilience to include general health and hope
alongside PYD, there is still a need to empirically test these concepts with towards to developing an integrated and unified theory of resilience (Luthar et al., 2000).

References


