2014/2015

Why the Middle Years Matter: A Guide to Understanding your MDI Results
The MDI team, working at the Human Early Learning Partnership (HELP), would like to extend its warmest appreciation to the students, teachers and administrators who made this project possible. Thank you for your participation. A special thank you goes to the following contributors:

Jeff Calbick  
Anne Cooper  
Chinu Das  
Maureen Dockendorf  
Daljit Gill-Badesha  
Gillian Guilmant-Smith  
Carolyn Henson  
Tammie Manson  
Dan Marriott  
Lisa Pedrini  
Karen Sadler

MDI research is made possible with funding from the United Way of the Lower Mainland (UWLM) and school districts across BC. We would like to thank and acknowledge the UWLM and all participating school districts for their support and collaboration on this project.

HELP’s middle years research is led by Dr. Kimberly Schonert-Reichl. We would like to acknowledge 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 also would 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’.

For more information please contact HELP’s MDI Project Coordinator:

Email: mdi@help.ubc.ca  
Website: earlylearning.ubc.ca/mdi

Suggested citation
# TABLE OF CONTENTS

## CONTENTS

Why the Middle Years Matter: A Guide to Understanding your MDI Results 1

### Introduction

- ABOUT THIS GUIDE 3
- WHY THE MIDDLE YEARS MATTER 3
- WHY CHILDREN’S VOICES? 3
- A BRIEF HISTORY OF THE MDI 4
- WHAT IS THE MDI? 4
- MDI DATA COLLECTION 5
- VALIDITY OF RESULTS 5
- PRIVACY AND DATA SUPPRESSION 5
- HOW ARE MDI RESULTS REPORTED? 6
- NEIGHBOURHOOD BOUNDARIES 6

### Dimensions of the MDI

- SOCIAL AND EMOTIONAL DEVELOPMENT 8-11
- PHYSICAL HEALTH AND WELL-BEING 12-13
- CONNECTEDNESS TO ADULTS 14
- NUMBER OF IMPORTANT ADULTS AT SCHOOL 15
- CONNECTEDNESS TO PEERS 16
- USE OF AFTER-SCHOOL TIME 17
- FREQUENCY OF ORGANIZED AFTER-SCHOOL ACTIVITIES 18
- DAILY TIME SPENT DOING HOMEWORK, WATCHING TV, USING ELECTRONICS 18
- WHAT CHILDREN WISH TO BE DOING AFTER SCHOOL 19
- PERCEIVED BARRIERS TO PARTICIPATING IN DESIRED ACTIVITIES 20
- SCHOOL EXPERIENCES 21
- VICTIMIZATION AND BULLYING 22

### The Well-being and Assets indices

- THE WELL-BEING INDEX 24
- THE ASSETS INDEX 25-26
- THE RELATIONSHIP BETWEEN ASSETS AND WELL-BEING 26

### Moving to Action with your MDI Results

### Related References and Research

### Additional Resources
INTRODUCTION

ABOUT THIS GUIDE

The 2014-2015 Middle Year Development Instrument (MDI) reports include exciting new changes that offer increased value and new insights to participating school districts and communities. These changes include an expanded set of results, new infographics, and comparisons of school district data to the averages for all participating districts. This guide has been developed in an effort to assist users with interpreting and applying their MDI results.

This guide provides valuable information about the MDI’s five dimensions of children’s well-being: Social and Emotional Development, Physical Health and Well-Being, Connectedness to Peers and Adults, School Experiences and Use of After-School Time. Detailed information on the MDI survey questions, the response scales and the scoring methods for each dimension and measure are provided. The guide also highlights current research on important issues relating to the healthy development of children during the middle years. In addition, it offers insight into how you can move to action with your MDI results as well as a list of related research publications and additional online resources.

WHY THE MIDDLE YEARS MATTER

Middle childhood (ages 6 to 12), marks a distinct period in human development. During this time, children experience important cognitive, social, and emotional changes that establish their identity. Research shows that a child’s overall health and well-being during this critical period of development affects their ability to concentrate and learn, develop and maintain friendships, and make thoughtful decisions.

As the elementary school years progress it is common to observe declines in children’s self-reported confidence, self-concept, optimism, empathy, satisfaction with life, and social responsibility. However, these declines are not inevitable. Results from studies have found that children in grades 6 and 7 who felt connected to a parent, peer, or adult in the community reported greater empathy towards others, higher optimism, and higher self-esteem than children who felt less connected (Schonert-Reichl, 2011).

The purpose of the Human Early Learning Partnership’s (HELP) middle years research is to gain a deeper understanding of how children are doing at this stage in their lives. Children’s perspectives on their experiences both inside and outside of school provides us with important information to support evidence-based decisions on funding allocation, program delivery, and policy.

WHY CHILDREN’S VOICES?

The MDI upholds Article 12 of the United Nations Convention on the Rights of the Child, which emphasizes the importance of children’s voices. The MDI is a unique tool that allows children’s voices to be heard. It gives us insight into areas that have great significance in children’s lives but are not typically evaluated by other assessment tools. Rather than evaluating academic progress, the MDI gives children an opportunity to communicate their experiences, feelings and wishes. See “Validity of Results” section on page 5 of this report for more information on the validity and reliability of children’s self-report assessments.

MDI results provide educators, parents, researchers, community organizations, and policy makers with information about the psychological and social worlds of children during middle childhood. By reviewing and sharing MDI results, the opinions and concerns of children are validated and decision-makers are better prepared to move toward actions that will create supportive environments where children can thrive.
INTRODUCTION

A BRIEF HISTORY OF THE MDI

In 2009, the Human Early Learning Partnership (HELP) at the University of British Columbia (UBC), in partnership with the United Way of the Lower Mainland, developed a tool to gather information about the lives of children in grade 4: The Middle Years Development Instrument (MDI). The survey items were selected by children, parents and educators and were tested rigorously to ensure the survey produced data of sound reliability and validity.

Since its first implementation with grade 4 students in Vancouver in 2009, the MDI has expanded rapidly across British Columbia. The questionnaire has been completed by over 23,000 grade 4 students across the province. The grade 7 survey was first implemented in 2012-13 and since then has been completed by over 9,000 students.

WHAT IS THE MDI?

The Middle Years Development Instrument (MDI) is a self-report questionnaire that goes beyond academics by asking children in grades 4 and 7 about their thoughts, feelings, and experiences in school and in the community. The MDI uses a strengths-based approach to assess five dimensions of development. It allows us to see trends in how children are doing over time.

These five dimensions are strongly linked to well-being, health, academic achievement, and success throughout the school years and in later life:

- **Social and Emotional Development:** Optimism, empathy, happiness, prosocial behaviour, self-esteem.
- **Connectedness:** Presence of supportive adults, sense of belonging with peers.
- **School Experiences:** Academic self-concept, school climate, bullying.
- **Use of After-School Time:** Time spent engaged in organized activities, lessons, watching TV, playing video games, socializing with friends.
- **Physical Health and Well-being:** General health, body image, nutrition, sleeping patterns.

The grade 4 version of the MDI contains 77 questions, while the grade 7 MDI has 101 questions. The questionnaire takes a strengths-based approach, emphasizing the protective factors and assets in a child’s life that are known to support and optimize development.

Most questions ask children to rate their agreement with a series of statements. For example; “I start most days thinking I will have a good day.” 1) Disagree a lot, 2) Disagree a little, 3) Don’t agree or disagree, 4) Agree a little, or 5) Agree a lot.

Additional reading on the development of the MDI:


Available online at [earlylearning.ubc.ca mdi](http://earlylearning.ubc.ca/mdi).
INTRODUCTION

MDI DATA COLLECTION

Participation in the MDI is voluntary. Participating schools send information letters home with students. Parents may withdraw their children at any time and children also have the option to decline participation. Data collection is currently conducted in public schools. Students complete the MDI during class time, under teacher or principal supervision. The data are collected during the month of November.

VALIDITY OF RESULTS

Previous research has found that responses from children in grade 4 and above are as reliable and valid as responses from adults. A total of four studies were conducted to test the validity of the MDI survey, including two initial pilots in 2008, and two district-wide pilots in both urban and rural communities in 2009 and 2010. Results from these studies showed the MDI to have both strong reliability and validity. Data checks are repeated every year to ensure each year of data collected meets rigorous research standards.

PRIVACY AND DATA SUPRESSION

The protection of children’s privacy is a key consideration for researchers and staff working with MDI data. The systems and processes used to collect, store and report on MDI data, meet or exceed the requirements of provincial and federal privacy legislation. Names and addresses of children are not collected. Some identifier data, such as postal codes and dates of birth are used to assist with analysis and reporting. Identifiable information is removed before records are encrypted and stored in a highly secure data storage facility at the University of British Columbia. Where neighbourhoods or districts contain fewer than 35 children the results are suppressed to ensure that individual children cannot be identified.

Additional reading on the validity of children’s self-report:


INTRODUCTION

HOW ARE MDI RESULTS REPORTED?

Data collected from the MDI questionnaires are reported at three different levels of geography: school, neighbourhood, and school district.

School Reports - Contain data specific to the population of children who participated in the MDI at an individual school. These reports are internal and are not released publicly. School reports can be shared with teachers, parents, and community partners at the discretion of the school district administration.

School District and Community Reports - Contain data representing all of the children who were surveyed within a school district. Data are aggregated and averages are reported at both the school district and the neighbourhood levels:

- **School district data** - Averages are reported for all children who participated within the geographic school district boundary.
- **Neighbourhood data** - Averages are reported for all children living within a particular neighbourhood. These data are aggregated using children's home postal codes, not by where they attend school.

School District and Community Reports are made publicly available at [www.earlylearning.ubc.ca/maps/mdi/nh](http://www.earlylearning.ubc.ca/maps/mdi/nh)

NEIGHBOURHOOD BOUNDARIES

Neighbourhood boundaries were defined in close consultation with community stakeholders. HELP consults with community contacts and works collaboratively to adjust geographical boundaries as needed. MDI maps and reports are continuously revised to reflect such changes.

In order to provide consistency between MDI data and census data, boundaries have typically been drawn to align, where possible, with municipal planning areas and to coincide with census and taxfiler data. In most cases, boundaries are also set to neighbourhoods with a minimum number of 50 children. These considerations have reduced the number of neighbourhoods where data are suppressed due to low numbers of children, while at the same time ensuring accuracy and precision of MDI data.

An interactive map of neighbourhood boundaries, complete with street names, can be found at: [www.earlylearning.ubc.ca/maps/interactive/](http://www.earlylearning.ubc.ca/maps/interactive/)
The MDI looks at five dimensions of children’s well-being: Social and Emotional Development, Physical Health and Well-Being, Connectedness to Peers and Adults, Use of After-School Time and School Experiences. Each of these dimensions is made up of several measures. Each measure is made up of one or more individual questions (also known as items) asked on the MDI questionnaire. Data for measures are presented in the form of vertically stacked bars, tables, and infographics.
DIMENSIONS OF THE MDI

SOCIAL AND EMOTIONAL DEVELOPMENT

Social and emotional well-being is critical for children's successful development across the life span. When children are able to understand and manage their emotions they are better able to show empathy and maintain positive relationships. Social and emotional well-being is associated with greater motivation and success in school, as well as positive outcomes later in life: post-secondary education, employment, healthy lifestyles, and psychological well-being.

The MDI asks children to respond to questions about their current social and emotional functioning in the following areas: optimism, empathy, prosocial behaviour, self-esteem, happiness, self-regulation, and psychological well-being. In addition, the grade 7 questionnaire asks about the following: responsible decision-making, self-awareness, perseverance, and assertiveness.

OPTIMISM. Optimism refers to the mindset of having positive expectations for the future. Optimism predicts a range of long-term benefits including greater success in school and work, less likelihood of depression and anxiety, greater satisfaction in relationships, better physical health, and longer life. It is also a strong predictor of resiliency for children facing adversity. Children are asked to rate the following statements:

- I have more good times than bad times.
- I believe more good things than bad things will happen to me.
- I start most days thinking I will have a good day.

EMPATHY. Empathy is the experience of feeling what another person feels. Research shows empathic children are better able to foresee the negative social consequences of their actions and are better able to problem-solve during challenging situations. Children are asked to rate the following statements:

- I am a person who cares about the feelings of others.
- I feel sorry for other kids who don't have the things that I have.
- When I see someone being mean it bothers me.

PROSOCIAL BEHAVIOUR. Prosocial behaviour is behaving in socially appropriate and responsible ways. Not only are prosocial skills valued by teachers, they may also protect against bullying from peers. Prosocial children demonstrate greater empathic awareness than either bullies or children targeted by bullies. Children are asked to rate the following statements:

- I helped someone who was hurt.
- I helped someone who was being picked on.
- I cheered someone up who was feeling sad.
DIMENSIONS OF THE MDI

SOCIAL AND EMOTIONAL DEVELOPMENT

SELF-ESTEEM. Self-esteem refers to a person’s sense of self-worth. It is one of the most critical measures of middle childhood health and well-being. It is during the middle childhood years that children begin to form beliefs about themselves as either “competent” or “inferior” people. Children are asked to rate the following statements:

- A lot of things about me are good.
- In general, I like being the way I am.
- Overall, I have a lot to be proud of.

HAPPINESS. Happiness, or subjective well-being, refers to how content or satisfied children are with their lives. Happiness serves a greater advantage than just feeling good: children with a positive, friendly attitude are more likely to attract positive attention from peers and adults, thus broadening and strengthening their social resources. Experiencing happiness also strengthens children’s coping resources when negative experiences occur. Children are asked to rate the following statements:

- In most ways my life is close to the way I would want it to be.
- The things in my life are excellent.
- I am happy with my life.
- So far I have gotten the important things I want in life.
- If I could live my life over, I would have it the same way.

ABSENCE OF SADNESS. Depression is estimated to affect 1 in every 15 children in Canada. It has a later onset than anxiety, usually beginning around the time of puberty. Depression affects children’s ability to concentrate and also limits their ability to experience enjoyment or pleasure in things. Depressive symptoms during middle childhood may be able to predict later onset of depression. Children are asked to rate the following statements (because the MDI is a strengths-based tool, these questions are reverse scored):

- I feel unhappy a lot of the time.
- I feel upset about things.
- I feel that I do things wrong a lot.

Response Options

- Agree a lot
- Agree a little
- Don’t agree or disagree
- Disagree a little
- Disagree a lot

Scoring

- High: Children whose average responses were ‘Agree a little’ or ‘Agree a lot’
- Medium: Children whose average responses were ‘Don’t agree or disagree’ or those who reported a mix of positive and negative responses
- Low: Children whose average responses were ‘Disagree a little’ or ‘Disagree a lot’

Average for all participating school districts.
ABSENCE OF WORRIES. Anxiety is the most prevalent mental health concern among both children and adults. It is estimated that anxiety affects 1 in every 8 children, with onset starting as early as 6 years old. Although it is one of the most prevalent mental health issues, studies have found that up to 80% of youths with anxiety do not use health services. Children are asked to rate the following statements (because the MDI is a strengths-based tool, these questions are reverse scored):

- I worry a lot that other people might not like me.
- I worry about what other kids might be saying about me.
- I worry about being teased.

SELF-REGULATION (SHORT TERM). Self-regulation refers to a person’s ability to adapt their behaviour, thoughts, or emotions in the context of their environment, to meet a particular goal. Short-term self-regulation specifically involves responding to situations “in the heat of the moment,” such as controlling an impulsive reaction, trying not to fidget in class, or focusing one’s attention on an immediate project or activity. Children are asked to rate the following statements:

- When I am sad, I can usually start doing something that will make me feel better.
- After I’m interrupted or distracted, I can easily continue working where I left off.
- I can calm myself down when I’m excited or upset.

SELF-REGULATION (LONG TERM). While short term self-regulation is often reported in younger children, long term self-regulation requires activation of the brain’s prefrontal cortex, which is still developing throughout adolescence. This type of self-regulation involves planning and adapting one’s behaviour in the present to achieve a goal several days, weeks, or even months in the future. Examples include saving one’s allowance to buy a desired item, studying for a test, or adapting behaviour to maintain a positive friendship. Children are asked to rate the following statements:

- If something isn’t going according to my plans, I change my actions to try and reach my goal.
- When I have a serious disagreement with someone, I can talk calmly about it without losing control.
- I work carefully when I know something will be tricky.
RESPONSIBLE DECISION-MAKING. Responsible decision-making involves the ability to make personal choices that benefit one’s own interests while also being respectful toward others. This includes being able make realistic appraisals about the consequences of one’s actions. Children are asked to rate the following statements:

- When I make a decision, I think about what might happen afterward.
- I take responsibility for my mistakes.
- I say “no” when someone wants me to do things that are wrong or dangerous.

SELF-AWARENESS. Self-awareness is the ability to accurately recognize the influence of personal emotions and thoughts on behaviour. It means being able to accurately assess one’s strengths and limitations, while possessing a well-grounded sense of confidence and optimism. Children are asked to rate the following statements:

- When I’m upset, I notice how I am feeling before I take action.
- I am aware of how my moods affect the way I treat other people.
- When difficult situations happen I can pause without immediately acting.

PERSEVERANCE. Perseverance refers to the persistent effort to achieve one’s goals, even in the face of setbacks. For adolescents, it has been associated with higher motivation, particularly in the context of school achievement. Children are asked to rate the following statements:

- Once I make a plan to get something done, I stick to it.
- I keep at my schoolwork until I am done with it.
- I feel a sense of accomplishment from what I do.
- I am a hard worker.
- I finish whatever I begin.

ASSERTIVENESS. Assertiveness includes the ability or willingness to communicate one’s point of view, to stand up for oneself, while at the same time respecting the perspectives of others. During early adolescence, assertiveness has been found to be particularly important in the context of peer influence, such as in relation to risky behaviours or engaging in peer victimization. Children are asked to rate the following statements:

- If I have a reason, I will change my mind.
- If I disagree with a friend, I tell them.
- If I don’t understand something, I will ask for an explanation.
Body image refers to how people view their own bodies. This measure becomes especially important during the middle years when children become increasingly self-aware and self-conscious, comparing themselves to their peers. These anxieties are compounded by the onset of puberty, particularly for girls. Body image dissatisfaction in middle childhood forecasts later depression, low self-esteem, and eating disorders in both boys and girls. Children are asked the following questions:

- How often do you like the way you look?

- How do you rate your body weight?

**Response Options**

- Excellent
- Good
- Fair
- Poor

**Scoring**

- High: Children who responded ‘Excellent’
- Medium: Children who responded ‘Good’
- Low: Children who responded ‘Fair’ or ‘Poor’

**Response Options**

- Always
- Often
- Sometimes
- Hardly ever
- Never

**Response Options**

- Very Underweight
- Slightly Underweight
- About the right weight
- Slightly Overweight
- Very Overweight

**GENERAL HEALTH.** General health is described by The World Health Organization (WHO) as “not merely the absence of disease or infirmity.” It involves knowing and recognizing one’s own state of physical well-being. Children are asked the following questions:

- In general, how would you describe your health?

**DIMENSIONS OF THE MDI:**

The MDI questionnaire asks children to evaluate their own physical well-being in the areas of overall health (perceptions of their own health conditions), body image, nutrition, and sleeping habits. Physical health outcomes are not uniquely controlled by genetics. They can be affected by different factors or determinants in one’s environment: family, relationships, lifestyle, economic and social conditions, as well as the neighbourhoods in which we live. Studies have shown that depression and anxiety also impact physical health and well-being. Attending to both physical and mental health is important for maintaining healthy outcomes across the life course.

**PHYSICAL HEALTH AND WELL-BEING**

**Response Options**

- Excellent
- Good
- Fair
- Poor

**Scoring**

- High: Children who responded ‘Excellent’
- Medium: Children who responded ‘Good’
- Low: Children who responded ‘Fair’ or ‘Poor’

**Response Options**

- Always
- Often
- Sometimes
- Hardly ever
- Never

**Response Options**

- Very Underweight
- Slightly Underweight
- About the right weight
- Slightly Overweight
- Very Overweight

Average for all participating school districts.
DIMENSIONS OF THE MDI

PHYSICAL HEALTH AND WELL-BEING

BREAKFAST. Eating breakfast not only increases nutrient intake for building strong bodies, it also immediately improves cognitive, behavioural, and emotional functioning, including memory. Studies have found that skipping breakfast is more common among girls, children in lower socioeconomic families, and among older children. Children are asked the following question:

- How often do you eat breakfast?

MEALS WITH ADULTS AT HOME. Children who frequently eat meals with family members are more likely to possess social resistance skills used to combat peer-pressure. These children are also more likely to have higher self-esteem, a sense of purpose, and a positive view of the future. Eating meals together helps to build a sense of family connectedness that is known to support children's well-being during transitions, for example from childhood into early adolescence. Children are asked the following question:

- How often do your parents or adult family members eat meals with you?

JUNK FOOD. Children with increased intake of high fat, high sugar, and processed foods are at risk for obesity, chronic illness, low self-esteem, and depression. These children are also lacking the vitamins and nutrients their bodies need to perform in school and in extracurricular activities. Major benefits of healthy eating on the other hand, include improvements to cognitive and physical performance as well as psychological benefits. Children are asked the following question:

- How often do you eat food like pop, candy, potato chips, or something else?

FREQUENCY OF GOOD SLEEP. School-age children need approximately ten hours of sleep a night. Proper sleep not only affects children’s cognitive capacities, but also helps regulate mood. Children who are not getting enough sleep are at risk for developing behavioral problems that closely mimic symptoms associated with ADHD: hyperactivity, impulsivity, and problems sitting still and/or paying attention. Short sleep duration is also associated with the development of obesity from childhood to adulthood. Children are asked the following questions:

- How often do you get a good night’s sleep?
- What time do you usually go to bed during the weekdays?

Response Options

- Before 9:00pm
- 9:00pm to 10:00pm
- 10:00pm to 11:00pm
- 11:00pm to 12:00pm
- After 12:00am

Average for all participating school districts.
Belonging is a fundamental need for people of all ages. Feeling well-connected is one of the most important assets for a child’s well-being. Research shows that children who do not feel connected are more likely to drop out of school and to suffer from mental health problems. A single caring adult, be it a family member, a teacher in the school or a neighbour, can make a very powerful difference in a child’s life. Children who feel connected report greater empathy towards others, higher optimism, and higher self-esteem than children who feel less connected.

**ADULTS AT SCHOOL.** School adults, including teachers, principals, and school staff, are in a unique position to form meaningful bonds with children. Research shows that the quality of relationships children have with the adults at their school predicts their levels of anxiety and conduct challenges. Children who perceive their teachers as caring report feeling more academically and prosocially motivated. Children are asked to rate the following statements:

*At my school there is an adult who:*
- really cares about me.
- believes I will be a success.
- listens to me when I have something to say.

**ADULTS IN THE NEIGHBOURHOOD/COMMUNITY.** Children who have an adult in their community to whom they look up to and spend time with report higher self-esteem and life satisfaction, feel more competent in school, and are less likely to engage in risky behaviour. Supportive community adults can include coaches, religious leaders, friends’ parents, and neighbours, as well as doctors or counsellors. Children are asked to rate the following statements:

*In my neighbourhood/community (not from your school or family), there is an adult who:*
- really cares about me.
- believes that I will be a success.
- listens to me when I have something to say.

**ADULTS AT HOME.** Attachment research suggests that the relationships children have with their primary caregiver(s) serve as a model for all future relationships. A healthy parent-child relationship enables children to form other healthy relationships that will serve them throughout their lives. Children are asked to rate the following statements:

*In my home there is a parent or another adult who:*
- believes I will be a success.
- listens to me when I have something to say.
- I can talk to about my problems.
DIMENSIONS OF THE MDI

CONNECTEDNESS TO ADULTS

NUMBER OF IMPORTANT ADULTS AT SCHOOL.

School adults, including teachers, principals, and school staff, are in a unique position to observe how children are doing day-to-day and to form meaningful bonds with them. Research shows that the quality of relationships children have with the adults at their school predicts their levels of anxiety and conduct challenges. Children who perceive their teachers as caring report feeling more academically and prosocially motivated. The MDI questionnaire asks children to list all of the adults from their school who are important to them. Children are asked the following question:

- Are there any adults who are IMPORTANT TO YOU at your school?

If the answer is ‘Yes’, the child is then asked to write the first or last initial of ALL of the adults who are important to them.

Why ask the question this way?

Past research has shown that when children are asked to identify the number of important adults in their lives, they tend to overestimate. Alternatively, when children are asked to identify each important individual by writing down their initials, they are more thoughtful and accurate in identifying the number of adults who are truly making an impact on their well-being.

The following questions are included only in the grade 7 questionnaire.

What makes an adult important to you? (Children can select all of the options that apply)

- This person teaches me how to do things that I don’t know.
- I can share personal things and private feelings with this person.
- This person likes me the way I am.
- This person encourages me to pursue my goals and future plans.
- I get to do a lot of fun things with this person or because of this person.
- This person is like who I want to be when I am an adult.
- This person is always fair to me and others.
- This person stands up for me and others when we need it.
- This person lets me make decisions for myself.

Response Options

2 or More: Children who listed the initials of two or more important adults at their school.

One: Children who listed one adult from their school who is important to them.

None: Children who did not list any adults from their school who were important to them.
Beginning in middle childhood, friendships and peer support begin to have a stronger influence on children’s school motivation, academic achievement and success. Children begin to place more importance on peer groups than on relationships to adults. During this phase of human development children need to feel they have friends they can count on.

**PEER BELONGING.** During the middle childhood years children begin to associate more with their peers. Children absorb information from peers about how to behave, who they are, and where they fit. Feeling part of a group can boost self-esteem, confidence, and personal well-being. Peer relationships provide opportunities for learning cooperation, gaining support, acquiring interpersonal skills, and persisting through difficulties. Children are asked the following questions:

- **When I am with other kids my age, I feel I belong.**
- **I feel part of a group of friends that do things together.**
- **I feel that I usually fit in with other kids around me.**

**FRIENDSHIP INTIMACY.** During the middle years peer relationships grow in complexity. Children begin to seek friendships based on quality (having a friend who cares, talks to them, and helps them with problems) rather than quantity. Close, mutual friendships provide validation for children’s developing sense of self and self-esteem. Same-age friends are also often in a better position than adults to empathize or provide comfort during stressful life events such as a transition to a new school, parent separation, or difficulties with other peers. Children are asked the following questions:

- **I have a friend I can tell everything to.**
- **There is somebody my age who really understands me.**
- **I have a least one really good friend I can talk to when something is bothering me.**
DIMENSIONS OF THE MDI

USE OF AFTER-SCHOOL TIME

We know that the environments in which children live and play are important, yet we know very little about how school-aged children actually spend their after-school hours. The data provided by the MDI attempts to fill gaps in the existing research on children’s participation in activities during after-school hours (from 3pm to 6pm). These are known as the “critical hours” because they are the hours in which children are most often left unsupervised.

Children’s involvement in activities outside of school hours exposes them to important social environments. After-school activities such as art and music classes, sports leagues, and community groups provide distinct and important experiences that help children to build relationship skills and gain competencies. Children who are more involved in extracurricular activities tend to experience better school success and are less likely to drop out.

PARTICIPATION IN ORGANIZED AFTER-SCHOOL ACTIVITIES

Participation in after-school activities has been shown to boost children’s competence, self-esteem, school engagement, personal satisfaction, and academic achievement. After-school activities allow children to meet new friends, to strengthen existing friendships, and to feel like they belong to a group of peers with shared interests. For some children after-school programs can serve as an opportunity to bridge the gap between family and peers. The MDI questionnaire asks children how often they participate in organized activities (ones that are structured and supervised by a teacher, coach, instructor, volunteer, or other adult). Children are asked the following questions:

During the last week from after school to dinner time (about 3pm to 6pm) how many days did you participate in:

- Educational lessons or activities (e.g. tutoring, math, language school).
- Music or art lessons (e.g. drawing, painting, playing a musical instrument).
- Youth organizations (e.g. Scouts, Girl Guides, Boys and Girls Clubs).
- Individual sports with a coach or instructor (e.g. swimming, dance, gymnastics, ice skating, tennis).
- Team sports with a coach or instructor (e.g. basketball, hockey, soccer, football).

Response Options

<table>
<thead>
<tr>
<th>5 times a week</th>
<th>4 times a week</th>
<th>3 times a week</th>
<th>Twice a week</th>
<th>Once a week</th>
<th>Never</th>
</tr>
</thead>
</table>

Average for all participating school districts.
DAILY TIME SPENT DOING UNSTRUCTURED ACTIVITIES

The MDI also explores children’s experiences in unstructured activities. Children are asked about the type of unstructured activities they are involved in and how often they are involved in these activities during after-school hours (3pm to 6pm). Completing homework assignments, watching television or videos (including Netflix and YouTube), and computer use are three unstructured activities that children report spending most of their time on during the after-school period. A balance of several activities both structured and unstructured, rather than spending a lot of time on any one particular interest or activity, is the most optimal for supporting children’s holistic development. Children are asked the following question:

During the last week from after school to dinner time (about 3pm to 6pm), how much time did you spend doing the following activities on a normal day?

- • Video/Computer games (Play Station, XBox, Wii, On-line games).
- • TV, Netflix, YouTube, streaming videos.
- • Hang out with friends in person.
- • Hang out with friends on the phone, tablet or computer.
- • Homework.
- • Read for fun.
- • Do arts & crafts.
- • Practice a musical instrument.
- • Play sports and/or exercise for fun.
- • Volunteer.
- • Work at a job.

Options are included only in the grade 7 questionnaire.

DIMENSIONS OF THE MDI: USE OF AFTER SCHOOL TIME
USE OF AFTER-SCHOOL TIME

WHAT CHILDREN WISH TO BE DOING AFTER SCHOOL. The MDI is the only population-level survey that asks children what they wish they could be doing. Children are given two choices to select from:

Think about what you want to do on school days from after school to dinner time (about 3pm to 6pm).

- I am already doing the activities I want to be doing.
- I wish I could do additional activities.

When a child selects both answers above a third answer is recorded: I am doing some of the activities I want, but I wish I could do more.

Those children who express that they wish they could be doing additional activities are asked to list one activity they wish they could do. Because of the open-ended (qualitative) style of this question, the responses are extremely varied and cannot be provided in detail within the MDI reports. Instead, responses are coded into the following categories:

- Physical and/or Outdoor Activities: Team sports, individual sports, being outside at a park or playground.
- Friends and Playing: Hanging out with friends, going to a friend’s house, having friends over, any activity specified with friends, games, talking with friends.
- Computer/Video Games: video games, internet, social media, movies, TV, YouTube, coding, texting, tablets, cell phones.
- Time with Family/at Home: Being at home, spending time with parents, siblings, grandparents, activities with family members.
- Work Related Activities: Babysitting, working, paper route.
- Free Time/Relaxing: Time to myself, walk home alone, free time, sleeping, relaxing, reading.
- Other: Shopping, chores, travel, clubs. The “Other” category is also used for responses that are undecipherable, appear infrequently, or do not fit into a clear category.
PERCEIVED BARRIERS TO PARTICIPATING IN DESIRED ACTIVITIES. The MDI questionnaire asks children about the barriers that stop them from participating in after-school activities. Since the MDI measures children’s perceived barriers, the data from this question should not be considered a direct measure of the availability of, or access to, after-school programs or opportunities. Instead, the barriers that children are reporting should act as a starting point for discussions with parents, schools, and community service providers.

Children are asked to select from the following list of barriers (Children can select all of the options that apply):

- I have no barriers.
- I have to go straight home after school.
- I am too busy.
- It costs too much.
- The schedule does not fit the times I can attend.
- My parents do not approve.
- I don’t know what’s available.
- I need to take care of siblings or do things at home.
- It is too difficult to get there.
- None of my friends are interested or want to go.
- The activity that I want is not offered.
- I have too much homework to do.
- I am afraid I will not be good enough in that activity.
- It is not safe for me to go.
- Other.
Children’s sense of safety and belonging at school has been shown to foster school success in many ways. When children’s needs in the school environment are met, they are more likely to feel attached to their school. In turn, children who feel more attached to their school have better attendance and higher academic performance. These children are also less likely to engage in high-risk behaviours.

The MDI questionnaire asks children about the following school experiences: academic self-concept, school climate, school belonging, and experiences with peer victimization. School success is optimized when children perceive that they are learning within a safe, caring, and supportive environment:

**ACADEMIC SELF-CONCEPT.** Academic self-concept refers to a child’s beliefs about their own academic ability, including their perceptions of themselves as students and how interested and confident they feel at school. Experiencing success and receiving consistent positive feedback from parents and teachers greatly influences how children view themselves as learners. Children are asked to rate the following statements:

- I am certain I can learn the skills taught in school this year.
- If I have enough time, I can do a good job on all my school work.
- Even if the work in school is hard, I can learn it.

**SCHOOL CLIMATE.** School climate is the overall tone of the school environment, including the way teachers and students interact and how students treat each other. Children’s comfort in their learning environment affects their motivation, enjoyment of school, ability to pay attention in class, and academic achievement. An optimal school environment is one that values student participation, provides time for self-reflection, encourages peer collaboration, and enables students to make decisions about classroom rules and activities. Children are asked to rate the following statements:

- Teachers and students treat each other with respect in this school.
- People care about each other in this school.
- Students in this school help each other, even if they are not friends.

**SCHOOL BELONGING.** School belonging is the degree to which children feel connected and valued at their school. Children who feel a sense of belonging at school also report greater happiness and decreased anxiety. Children who experience belonging at school have been found to perceive others more favourably and consider the thoughts and feelings of others more often. Children are asked to rate the following statements:

- I feel like I belong in this school.
- I feel like I am important to this school.
VICTIMIZATION AND BULLYING AT SCHOOL. Bullying is a distinct form of aggressive behaviour in which one child or a group of children act intentionally and repeatedly to cause harm or embarrassment to another child or group of children who have less power. Being bullied has an enduring effect on a child’s self-esteem. Negative thoughts continue long after the bullying stops.

Despite recent media attention to the problem of cyber-bullying, it is particularly social bullying (manipulation, gossip, and exclusion) that increases dramatically during the middle years. The MDI questionnaire asks children about four different types of bullying. Children are provided with definitions of each type. Children are asked the following question:

This school year, how often have you been bullied by other students in the following ways?

**Cyber:** For example, someone used the computer or text messages to exclude, threaten, embarrass you, or to hurt your feelings.

**Physical:** For example, someone hit, shoved, or kicked you, spat at you, beat you up, or damaged or took your things without permission.

**Social:** For example, someone left you out, excluded you, gossiped and spread rumours about you, or made you look foolish.

**Verbal:** For example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn’t want to do.

Response Options

- **Not at all this school year**
- **Once or a few times**
- **About every month**
- **About every week**
- **Many times a week**

Average for all participating school districts.
Children’s self-reported well-being is directly related to the number of assets they perceive in their lives. The Well-Being Index and the Assets Index are combination of several MDI measures:
THE WELL-BEING INDEX

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, Happiness, Self-Esteem, Absence of Sadness and General Health.

Scores from these 5 MDI measures are combined and reported according to three categories of well-being: ‘Thriving,’ ‘Medium to High’ well-being, or ‘Low’ well-being.

The Well-Being Index combines scores from the following 15 items:

**OPTIMISM**
- I have more good times than bad times.
- I believe more good things than bad things will happen to me.
- I start most days thinking I will have a good day.

**SELF-ESTEEM**
- In general, I like being the way I am.
- Overall, I have a lot to be proud of.
- A lot of things about me are good.

**HAPPINESS**
- In most ways my life is close to the way I would want it to be.
- The things in my life are excellent.
- I am happy with my life.
- So far I have gotten the important things I want in life.
- If I could live my life over, I would have it the same way.

**ABSENCE OF SADNESS** (reverse-scored)
- I feel unhappy a lot of the time.
- I feel upset about things.
- I feel that I do things wrong a lot.

**GENERAL HEALTH**
- In general, how would you describe your health?
THE ASSETS INDEX

The Assets Index consists of measures of key developmental 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 Assets Index combines scores from the following 23 items:

**ADULT RELATIONSHIPS**
(9 items)

*Asset present = average response is “a little true” or higher*

- At my school there is an adult who really cares about me.
- At my school there is an adult who believes I will be a success.
- At my school there is an adult who listens to me when I have something to say.
- In my home there is a parent or another adult who believes I will be a success.
- In my home there is a parent or another adult who listens to me when I have something to say.
- In my home there is a parent or another adult who I can talk to about my problems.
- In my neighbourhood/community (not from your school or family), there is an adult who really cares about me.
- In my neighbourhood/community (not from your school or family), there is an adult who believes that I will be a success.
- In my neighbourhood/community (not from your school or family), there is an adult who listens to me when I have something to say.

**PEER RELATIONSHIPS**
(6 items)

*Asset present = average response is “a little true” or higher*

- I feel part of a group of friends.
- I feel I usually fit in with other kids.
- When I am with other kids my age, I feel I belong.
- I have at least one really good friend I can talk to.
- I have a friend I can tell everything to.
- There is somebody my age who really understands me.

**NUTRITION AND SLEEP**
(3 items)

*Asset present = 3 or more days per week*

- How often do you eat breakfast?
- How often do you get a good night’s sleep?
- How often do your parents or other adult family members eat meals with you?

**AFTER-SCHOOL ACTIVITIES**
(5 items)

*Asset present = Participates in at least one activity*

Last week after school (3pm to 6pm), I participated in:
- Educational lessons or activities
- Art or music lessons
- Youth organizations
- Individual sports with an instructor
- Team sports with an instructor
The relationship between assets and well-being
One of the key findings of the MDI, consistent across all participating school districts, is that children’s self-reported well-being is related to the number of assets they perceive as being present in their lives. As the number of assets increase, children are more likely to report higher well-being, and each additional asset is associated with a further increase in well-being.

For example, of a group of 100 children reporting all five assets present in their lives, 86% of these children will also report experiencing moderate or very high well-being. On the other hand, of a group of 100 children reporting zero or one asset present in their lives, only 30% will report experiencing moderate or very high well-being. (Schonert-Reichl et al., 2012).

Assets & Well-Being
As the number of assets in children's environments increase, so to does their well-being.
MOVING TO ACTION WITH YOUR MDI RESULTS

MDI results can support planning and initiate action within schools, organizations, and communities. There are many opportunities for working with your MDI results and there are examples of successful initiatives from across the province to learn from.

Here, we provide suggestions to help you get started. In addition, HELP staff and researchers are also available to provide support to MDI initiatives. HELP is gathering information from schools and communities to capture stories about using MDI results.

If you would like to request support or tell us about your experiences using MDI data please contact our MDI team: mdi@help.ubc.ca

1. **ENGAGE IN CONVERSATIONS**
   Review your MDI report with as many people as possible: children, parents, teachers, school administrators, after-school program staff, local early/middle childhood committees, librarians, parks and recreation staff, local government and other community stakeholders. You may notice surprises in the results! Start by highlighting 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. **THINK BIG, START SMALL**
   The MDI provides a lot of rich data. It is easy to feel overwhelmed by all of the potential ways that schools, communities and governments could begin using the data to improve child well-being. Moving to action will be more successful if you are able to focus your efforts on 1 or 2 areas for improvement, expanding to more over time.

3. **LEARN FROM THE SUCCESS OF OTHERS**
   Review the data from other neighbourhoods within your school district. Do you see examples of success that you would like to replicate? Arrange to meet with local champions to discuss the specific actions they have taken to improve child well-being in their schools and neighbourhoods. Likewise, you may want to consider sharing local initiatives with nearby schools and neighbourhoods.

4. **INVOLVE CHILDREN**
   The results from the MDI survey should be shared with children. Involve them as much as possible in the interpretation of the data. Get their feedback on how both the school and community can better serve their needs. Ask children of all ages for suggestions on how to improve their school climate and after-school experiences. Teachers may wish to incorporate the interpretation of MDI data into their classes. Children tend to offer surprisingly creative solutions that can often be implemented easily and at no cost.

5. **CHECK OUT THE ON-LINE TOOLKIT**
   The Human Early Learning Partnership has created a Tools for Action webpage. It is an online resource that will help schools and communities interpret and act upon the data included in the Middle Years Development Instrument (MDI) reports. You will find videos, worksheets, print resources and examples of how other communities have used their MDI data to move to action.

   www.earlylearning.ubc.ca mdi/tools
WHY THE MIDDLE YEARS MATTER


DEVELOPMENT AND VALIDITY OF THE MDI


CHILDREN’S VOICES


RELATED RESEARCH & REFERENCES

SOCIAL AND EMOTIONAL DEVELOPMENT


HAPPINESS


LIFE SATISFACTION


NUTRITION AND FAMILY MEALS


SLEEP


CONNECTEDNESS


VOLUNTEERING


USE OF AFTER-SCHOOL TIME


SCHOOL EXPERIENCES:
VICTIMIZATION AND BULLYING AT SCHOOL


ASSETS


ADDITIONAL RESOURCES

BRITISH COLUMBIA
BC Mental Health Plan, http://www.health.gov.bc.ca/healthy-minds/
ACE BC, http://www.acebc.org/
Safe, Caring and Orderly Schools, http://www.bced.gov.bc.ca/sco/resources.htm

CANADA
Promoting Relationships and Eliminating Violence Network (PREVNet), http://www.prevnet.ca
Dalai Lama Center for Peace + Education, http://dalailamacenter.org/
Canadian Association for School Health, http://www.cash-aces.ca/

UNITED STATES
Collaborative for Academic, Social, and Emotional Learning (CASEL), http://www.casel.org/
Edutopia (Lessons and videos on Social and Emotional Learning), http://www.edutopia.org/
The Search Institute, http://www.search-institute.org/
Morningside Center for Teaching Social Responsibility, http://www.morningsidecenter.org/
Education.com, http://www.education.com