Australian Early Development Index

Turning the data into action

Cathie Nolan

Victorian AEDI Coordinator

Department of Education and Early Childhood Development
An Australian government initiative

- Australian Government is investing $24.5 million to 30 June 2011 for national implementation.

- **The AEDI national support centre**

  A partnership between the Centre for Community Child Health at the Royal Children’s Hospital and a key centre of the Murdoch Children’s Research Centre and the Telethon Institute for Child Health Research Perth

  The AEDI developed at the Offord Centre for Child Studies at McMaster University Ontario
The Australian Early Development Index

- The AEDI is an Australian adaptation of the Canadian Early Development Instrument (EDI)
- It is a population measure of how young children are developing in different Australian Communities.
- The AEDI has been completed nationally for the first time between 2009 and 2010.
- For the first time, Australia has a national snapshot of young children’s health and development.
The AEDI domains

- **Physical health and well-being.** Child is healthy, independent, ready each day
- **Social competence.** Child plays, gets along with others and shares, is self-confident
- **Emotional maturity.** Child is able to concentrate, help others, is patient, not aggressive or angry
- **Language and cognitive development.** Child is interested in reading and writing, can count and recognise numbers, shapes
- **Communication skills and general knowledge.** Child can tell a story, communicate with adults and children, articulate themselves
2009 snapshot of Australia's children:
a developmental census of five year-olds

Total = 261,203 children (97.5% of estimated population)

Estimated population=estimated 5 year old population
Australian snapshot:
Demographic information

- Number of children surveyed 261,203
- Aboriginal and Torres Strait Islander 4.8%
- Language Background other than English 18.0%
- Children with special need status 4.4%
- Children identified by teachers as requiring further assessment 10.5%
Australian snapshot:
Key Findings

- Percentage of children developmentally vulnerable across Australia by jurisdiction

<table>
<thead>
<tr>
<th></th>
<th>Developmentally vulnerable on one or more domains (%)</th>
<th>Developmentally vulnerable of two or more domains (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>23.5</td>
<td>11.8</td>
</tr>
<tr>
<td>New South Wales</td>
<td>21.3</td>
<td>10.3</td>
</tr>
<tr>
<td>Victoria</td>
<td>20.2</td>
<td>10.0</td>
</tr>
<tr>
<td>Queensland</td>
<td>29.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Western Australia</td>
<td>24.6</td>
<td>12.2</td>
</tr>
<tr>
<td>South Australia</td>
<td>22.7</td>
<td>11.5</td>
</tr>
<tr>
<td>Tasmania</td>
<td>21.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>38.6</td>
<td>23.4</td>
</tr>
<tr>
<td>ACT</td>
<td>22.1</td>
<td>10.8</td>
</tr>
</tbody>
</table>

These are some initial key findings. The majority of children are doing well.

This chart shows that relative to children in other jurisdictions, Victoria’s children are faring well.

The vast majority of Australian children are are developmentally on track on each of the domains.

Aboriginal children are not doing as well as non-Indigenous

Language diversity also has an impact

Geographic location plays a part
### AEDI data collection 2009:
#### Victorian characteristics

<table>
<thead>
<tr>
<th>Selected characteristic</th>
<th>Victoria</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children surveyed</td>
<td>61,187</td>
<td>261,203</td>
</tr>
<tr>
<td>Proportion of estimated resident population (per cent)</td>
<td>94.2</td>
<td>97.5</td>
</tr>
<tr>
<td>Number of children included in AEDI analyses</td>
<td>57,492</td>
<td>245,380</td>
</tr>
<tr>
<td>Number of teachers involved in completing checklists</td>
<td>3,783</td>
<td>15,528</td>
</tr>
<tr>
<td>Number of schools where checklists were completed</td>
<td>1,765</td>
<td>7,423</td>
</tr>
<tr>
<td>Percent of children who are Aboriginal</td>
<td>1.1</td>
<td>4.8</td>
</tr>
<tr>
<td>Percent of children with a language background other than English</td>
<td>19.6</td>
<td>18.0</td>
</tr>
</tbody>
</table>
Victorian children faring better than national average across all domains
20.2 per cent of Victorian children vulnerable on one or more domains
10.0 per cent of Victorian children vulnerable on two or more domains
Vast majority of Victorian children are developmentally on track
AEDI results for population groups

- **Children overall**: 20.2% one or more domains, 10.0% two or more domains
- **Children in the most socio-economic disadvantaged communities**: 31.6% one or more domains, 17.1% two or more domains
- **Aboriginal children**: 42.5% one or more domains, 26.5% two or more domains
- **LBOTE - children assessed as proficient in English**: 19.6% one or more domains, 8.7% two or more domains
- **LBOTE - children assessed as not proficient in English**: 93.5% one or more domains, 54.3% two or more domains
Vulnerability within SEIFA quintiles

![Bar chart showing vulnerability percentages within SEIFA quintiles](chart.png)

**One-or-more domains**
- Most disadvantaged: 31.6%
- 2: 23.4%
- 3: 20.5%
- 4: 16.1%
- Least disadvantaged: 13.7%

**Two-or-more domains**
- Most disadvantaged: 17.1%
- 2: 12.3%
- 3: 10.0%
- 4: 7.2%
- Least disadvantaged: 5.9%
Vulnerability across SEIFA quintiles:

- Most disadvantaged: 24.5% 26.9%
- 2: 23.0% 24.6%
- 3: 18.8% 18.6%
- 4: 16.3% 14.9%
- Least disadvantaged: 17.3% 15.0%

1 in 3 vulnerable children live here.
## Pilot sites 2004 - 2008 in Victoria

<table>
<thead>
<tr>
<th>Brimbank</th>
<th>Broadmeadows &amp; surrounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Goldfields</td>
<td>City of Bayside</td>
</tr>
<tr>
<td>City of Darebin</td>
<td>City of Greater Geelong</td>
</tr>
<tr>
<td>Colac Otway</td>
<td>East Gippsland</td>
</tr>
<tr>
<td>Frankston Municipality</td>
<td>Greater Shepparton</td>
</tr>
<tr>
<td>Hume City</td>
<td>Maribynong City Council</td>
</tr>
<tr>
<td>Mornington Peninsula Shire</td>
<td>Shire of Melton</td>
</tr>
<tr>
<td>Shire of Wellington</td>
<td></td>
</tr>
<tr>
<td>South Gippsland and Bass Coast Shires</td>
<td></td>
</tr>
<tr>
<td>Wyndham City Council</td>
<td>Yarra Ranges</td>
</tr>
</tbody>
</table>
Platform for Community Change and Action on Children

The Municipal Early Years Plan is designed to provide a strategic direction for the development and coordination of early education, care, and health programs, activities and service developments for children across local government municipalities.
MEYP Strategic Goals and Objectives

- Facilitate partnerships with the community to improve health and wellbeing outcomes for young children.
- Improve coordination and integration between local services.
- Promote family-friendly community planning and development.
- Enhance early infant health and wellbeing.
- Reduce risk factors that negatively impact on children and families.
- Enhance family relationships and community participation.
- Promote the importance of children’s early development.
- Encourage high quality early learning and education.
Key challenges

- Social planning framework for children
- Lack of coherent & available data
- Need for clear evidence and measures
- Understanding the critical issues
- Community diversity
- Creating new partnerships
- Generate local support
Who has AEDI maps and who doesn’t?

- Maps are provided at LGA level
- Where possible maps are provided at a lower level and these are known as local communities

How are we going to build a map for those communities who do not have a map?

- Maps will be provided at SLA level (to follow)
- Regional Community Engagement Managers to assist
- Local knowledge from local providers
- Collect more data – survey or not to survey?
Supporting the use of Victorian AEDI data:
The Victorian Child and Adolescent Outcomes Framework
Early childhood community profiles – local level data on outcomes for children and families
Community profiles – making local level VCAMS data available

- Infants exposed to tobacco while in utero
- Infants exposed to alcohol while in utero
- Infants breastfed
- Breast feeding rates
- Children who eat the recommended serves of fruit and vegetables everyday
- Children fully immunised
- Developmentally Vulnerable on the ALDI
- Parental Evaluation of Development Status (PEDS) from SEQH
- Healthy teeth and gums
- Children and young people with special health care needs
- Children and young people with current asthma (SEQH)
- Children and young people with a written asthma plan (SEQH)
- Hospital admissions for asthma
- Leading cause of hospitalisation
The School Entrant Health Questionnaire

- A universal tool
  - A workforce to respond to need – 100m school nurses throughout the state
  - An opportunity for the nurses to assist families by facilitating discussion with schools and health and other support services
  - A monitoring and surveillance tool providing rich and current Victorian data
- Parents concerns
- Complimentary data
- Voluntarily completed by 90% of parents since 1997 – Longitudinal analysis
- Includes the Parents Evaluation of Developmental Status (PEDS)
- The Strengths and Difficulties Questionnaire (SDQ)
- Identifies priority populations
Growing the Evidence Base

- Continuing to grow the evidence base
- Integrating new data - AEDI and SEHQ
- Working with communities
  - To understand their data needs and build capacity
  - To provide a comprehensive picture of how children and families in the area are faring
- Using the best available technologies
- Enhanced Victorian community profiles

Whilst we have made significant achievements to date in reporting on outcomes for children, we are committed to working with local government areas to ensure that what we provide meets expectations of local communities.
Education pathway strategy - learning for life

<table>
<thead>
<tr>
<th>% of women receiving antenatal care 1st trimester</th>
<th>Participation of 4 year old at Kindergarten</th>
<th>School Entrant Health Questionnaire</th>
<th>Literacy and numeracy in years 3, 5 &amp; 7</th>
<th>Qualification levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Children fully immunised @ 12, 24 &amp; 72 months</td>
<td>Readiness to start school measured through literacy and numeracy</td>
<td>Student attendance</td>
<td>Completion rates of year 12 or equivalent</td>
<td>Completion rates post school education</td>
</tr>
<tr>
<td>Rates Low Birth Weight babies</td>
<td>Hospital separations 0 – 8 year olds</td>
<td>Student retention</td>
<td>Connectedness to school</td>
<td>Destination upon exit from school, TAFE, ACFE, higher education</td>
</tr>
<tr>
<td>Utilisation of MCH Breastfeeding rates</td>
<td>AEDI</td>
<td>Assessment of English Prep to Year 2</td>
<td>Age left school</td>
<td>Labour force participation</td>
</tr>
</tbody>
</table>

An example of data sets you might consider when looking at ‘local community picture’
Improving Outcomes for Children:
Turning the AEDI data into action

Next Steps

• 2010 AEDI Data Collection from schools who did not participate in 2009 – working with schools
• Aggregation of ‘local communities’ with < 15 children and 2 teachers – working with local communities and Department of Planning and Community Development
• Working with Data Outcomes and Evaluation to ensure that resources cater for different audiences to support planning and policy
• Continue to work closely with early childhood partners and schools to ensure that the data can be turned into action
PLEASE NOTE:

Data slides on individual OLSEL schools, used for this presentation, have been removed for privacy reasons.
Improving Outcomes for Children: Turning the AEDI data into action
To download your school profile or To see your local community results go to:
www.aedi.org.au

For further information:
Cathie Nolan
AEDI Victorian State Coordinator
nolan.catherine.m@edumail.vic.gov.au
Phone: (03) 9651 3539

For further information, please contact Cathie Nolan, the AEDI Victorian state coordinator – details as per this slide.

I would now like to call on Clare Hargreaves from the Municipal Association of Victoria, to say a few words and to close today’s briefing.

Thank you.