

## AEDC User Guide: Early Childhood Sector



This AEDC user guide leads the early childhood sector through the steps they might take when thinking about how to respond to AEDC data for their community. In order to illustrate how the concepts can be applied to real-world situations it provides an example of a community response. Before reading this guide, readers should be familiar with the AEDC and what it measures. For more information about what the AEDC measures visit [www.aedc.gov.au/about-the-aedc/about-the-aedc-domains](http://www.aedc.gov.au/about-the-aedc/about-the-aedc-domains)

A local not-for-profit organisation that provides four supported playgroups in Community X was interested in running activities to enhance children's developmental outcomes. To determine a plan, they looked at AEDC community results.

Community X is a large local government area that is made up of nine suburbs (AEDC local communities) and is located approximately 5km from the CBD in a capital city. The community can be described as a reasonably affluent residential area with a mix of household types (singles, couples, young families, families with older children, and empty nesters).

At first glance the AEDC data showed that children in the community were generally on track. Across the whole community, 19% of children were developmentally vulnerable on one or more domains of the AEDC (lower than the 24% who were vulnerable in the whole state). However the levels of vulnerability across the community were variable, with some suburbs having 25-39% of children vulnerable on one or more domains of the AEDC.

Closer examination of the data showed that in some suburbs children had average to low levels of developmental vulnerability for three of the five domains. However for two of the domains, social competence and physical health and wellbeing, children had higher than average levels of vulnerability. Between 20-25% of children were vulnerable on the social competence domain and between 18-20% of children were vulnerable on the physical health and wellbeing domain.

The playgroup provider thought that the level of vulnerability on the social competence domain was not an accurate reflection of the group of children attending playgroup as the focus in playgroups is on play and social interaction.

The provider decided to examine the data further. The first step was to consider the number of children who were included in the 2012 AEDC data collection, how many were identified as vulnerable and how many of these children might have attended the supported playgroups.

The AEDC data showed that around 660 five year olds in the community were included in the 2012 data collection and around 125 of those were considered to be vulnerable on one or more domains of the AEDC.

As this appeared to be a large number of vulnerable children, the provider examined the playgroup enrolment records and counted how many families attended the supported playgroups. The records showed that about 80 families, with a total of around 170 children aged 0-4, attended the four playgroups running in various locations across the community.

The ABS data for this area showed that there were around 3900 children aged 0 to 5 who lived in the community. The provider realised that only a small fraction of these children (4.4% or 170 children) were attending the supported playgroups.

Taking into consideration the other services available in the area, the provider estimated that around 3730 children were not attending playgroups in the area.

The playgroup provider found this number alarming. The provider's initial thoughts were that perhaps these families were participating in other early years activities.

### Tips for identifying the need

Think about what factors may be contributing to the proportion and number of children who are developmentally vulnerable in the community. These could include:

- there are limited services or supports available to families in the community
- many families face barriers to accessing any available services or supports
- parents are isolated and not well connected to family and friends locally
- a general lack of awareness around the importance of early childhood
- the community faces a large number of additional challenges that are preventing them from providing optimal environments for children
- there are service shortages – not all families are able to access services, there may be long waiting lists
- the mix of services and supports available may not be well suited to the needs of children and families
- some families in the community may face barriers to accessing services and supports
- any combination of the above.

It is important to note that these are not exhaustive possibilities. This list is intended as a starting point for thinking about the needs of a community.

The provider did an internet search of other services available to families in the area.

There were a few low cost activities, such as story time activities for babies and toddlers at the local library, and a few moderate to high cost activities, such as swimming lessons, music, dance and kinder gym groups advertised for the area. However, even if these activities were fully subscribed, there would still only be a small proportion of families accessing support in their child's early years.

The playgroup provider considered what might be preventing families from accessing these services.

Based on experience from working in the community, the provider knew that unemployment in the area was low and that there were high levels of people employed in the community in professional/high skill industries. The provider doubted that the low costs of the playgroups would be a barrier for this community and therefore considered the possibility that families didn't have time to access supports and services in the area.

The playgroup provider decided that it was important to conduct further investigation into what was happening for families in the community so that better supports could be made available to children and families.

### Tips for identifying stakeholders to respond to the AEDC

There are a number of ways data can be collected about what is already happening in the community. Information can be gathered by:

- listing and plotting community assets on a map (e.g. parks, recreation centres, libraries, early childhood services, schools)
- asking local council for a listing of services they provide for children and families
- making contact with the jurisdictional playgroup association
- internet search of early childhood services in the area.

There are a number of ways to identify factors that may be impacting on the ability of children and families to access and engage with services and supports. A good starting point is to speak with service provider networks about who is accessing services and who is underrepresented. As a guide, consider the following examples of barriers to accessing services:

- not knowing what services are available (lack of easily available information, no internet, inability to find information, new to the community)
- poor access to transport (no vehicle and lack of convenient public transport)
- inconvenient opening times or parent time pressures cost of the service is prohibitive
- language barriers (low literacy or English as a second language)
- chronic health conditions of parents
- chronic health conditions of children
- poor parental mental health (postnatal depression, anxiety disorders, etc)
- disability of parents (physical or intellectual)
- disability of children
- stigma associated with accessing help (e.g., young mums, generational cycles of disadvantage, etc.)
- domestic violence
- homelessness
- substance abuse
- service alienates a subgroup of parents or carers (dads, single parents, foster parents, grandparents, unemployed parents, unconventional families)

It was recognised that the involvement of a wider group of people in the community was needed to not only understand the barriers to accessing early childhood programmes within the community, but to also explore ways to improve access to these programmes for children and families.

The playgroups were run out of the local preschools/ kindergartens and therefore the playgroup provider was already familiar with these venues. The playgroup provider considered other organisations and services that could provide input, including community child health, who have knowledge about families and issues as they have contact with every family who has a baby born in the area. Child care centres were also approached due to the high number of working families residing in the area. Local businesses that provide programmes to families were also considered.

The playgroup provider invited all these groups to a meeting to talk about the needs of families and children in the community. The invitation outlined the AEDC data for the community calling for a joint approach to improving outcomes for children.

Stakeholders at the meeting indicated whether they were willing and able to make a time commitment to discussing a coordinated approach to improving outcomes for children. Most in attendance agreed to be either involved or to send an organisation representative. The community child health nurse was unable to make a time commitment to the planning process, however asked to be kept informed of progress so that community child health could better link families in with available services and supports.

### Tips for bringing together stakeholders

People in the community, who can play a role in improving outcomes for children come from a range of different professional backgrounds, have different approaches to working with children, may use different jargon/discipline specific language, and have different service directives. When the AEDC is used as a tool that highlights the factors that are important for children's health and development it provides a common language to describe the foundational skills children need for later health, wellbeing and life success. Through this common language stakeholders can identify shared goals for children, irrespective of the stakeholder's particular role or field of responsibility.

At the meeting the group identified that local government should also be involved in any response and future meetings.

Service providers who agreed to be part of a planned response, distributed tasks based on the capacity and expertise within the group. Before making an action plan

the group gathered more information from a range of sources including:

Speaking to families in the area about:

- the services they use or do not use
- the supports they feel they need
- things that prevent them from using available services

Speaking to service providers across the community about:

- how many children and families are using services?
- the demographic characteristics of families who are using the service?
- any reasons they are aware of about why some families may not be using their services?

Families said they didn't have much time to look into the services and supports available for children and that they would like to be able to spend more time doing things with their children that were easy and low stress. Families also said they wanted their children to be ready for school, so they tried to do structured activities on weekends with their children.

Service providers reported that those families who were attending either had only one parent working out of the home or one parent working full-time and the other parent working part-time. A number of service providers reported that single parent families were not participating in their service, and didn't think that many lived in the area. However, community child health reported seeing a mix of dual and single parent families.

The group identified that perhaps opening hours/hours of operation conflicted with families' work schedules. The group also considered that there may be additional challenges to accessing services by single parent families in the area.

Based on the types of services families were using, it was identified that children in the community had low opportunities for free play, exploration and peer interaction. Parks in the communities were not well utilised and children were not often seen in community spaces. This fit with parent reports that children were mostly engaged in structured activities during free time.

Given the numbers of children in the community and the scarcity of play opportunities for all, the group decided to focus on making early childhood services more accessible across the entire community rather than to only sections of the community.

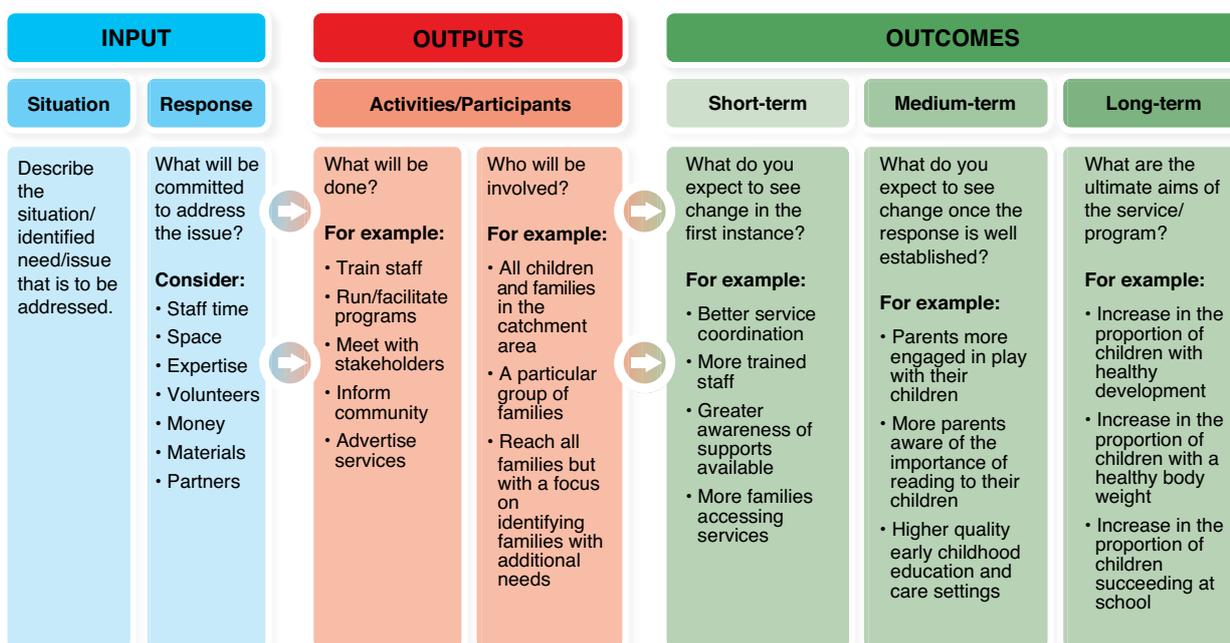
### Tips for planning a coordinated approach to service delivery

Think about who might miss out at every step of the way. Is the service or support you are planning something that should be available to all or is it specialised support for a subgroup within your community? If it is available to all, will your plan reach those people in the community who can really benefit and if so will they be willing to take part? If it is a service for only some people, how will you reach those people, are they likely to engage, what might be a barrier to engaging them?

They especially wanted to make these services available to working and single parent families and provide education to families about the importance of free play and peer play for developing children's social skills and physical development.

Feedback was sought from stakeholders in the community who may be able to link families into the play initiative and asked whether they saw any barriers to families engaging with the service. Feedback was also sought from families about whether they would like information about how

Figure 1: Programme logic figure.



play can benefit children and whether they would use play spaces and opportunities if these could better fit in with their schedules.

### Tips on documenting the service plan

You can use Programme Logic to document what resources you have available, what you will do with those resources, who will be involved and what you expect to change for children and families.

Local government agreed that it would be possible to offer additional spaces to services for use outside of the usual weekday business hours. The not-for-profit playgroup provider conducted information sessions for families about the importance of play and what play opportunities were available in the community. The group promoted these activities through Community Child Health Nurses, General Practitioner clinics, and local small businesses.

The group documented who would undertake each activity and where extra funds or support might be needed. Where extra funds or support was required, a member of the group was tasked with approaching other groups in the community who may be able to contribute time or resources (e.g. a local printer to help with printed materials).

Once all the resources were identified an action plan was developed. The action plan documented what would be done, when, by whom and at what cost.

A list of stakeholders that detailed who needed to be kept informed and what information they needed so that the play initiative would have the best chance of reaching as many families as possible was developed.

The group agreed on how they would measure whether the play initiative was working. They agreed to keep track of how many families were participating in the play initiative, the ages of the children, the suburb of residence of the families and the demographic characteristics of the families. An enrolment form was designed to help collect this information across the community and the group agreed to each enter the information into an excel database and then report the data back to the group.

Parents were surveyed before and after the play initiative was rolled out and afterwards to measure whether attitudes to play had changed in the community and whether the way in which children's time is utilised had changed.

The group looked forward to exploring the AEDC data for their community in 2015 and 2018 as one way to help monitor their progress.

### Tips for monitoring programme efficacy

Success can be measured in many ways, but at a minimum your evaluation should ask 'has this intervention made a positive difference in our community?'

## About the Australian Early Development Census

The Australian Early Development Census (AEDC) provides a national snapshot of child development for children in their first year of full time school. The AEDC is held every three years and measures five key areas or domains of development. The domains are: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; communication skills and general knowledge. Taken together, these domains provide a holistic picture of children's development and are important predictors of later health, wellbeing, and academic achievement. In 2012, 78% of children were assessed as being developmentally on track and one in five children across Australia were developmentally vulnerable on one or more domains of the AEDC.

The environments and experiences children are exposed to from pregnancy shape their development. Recognising the influences on children's development can provide communities with the opportunity to consider what is working well and what needs to be improved or developed to better support children and their families. Early childhood services play an important role in children's development. Investing time, effort and resources in children's early years - when their brains are developing rapidly - brings lifelong benefits to them and to the whole community. Children who are thriving when they start school are likely to continue to do well.

The right programmes at critical points in development are able to shape children's outcomes. Through programmes and services, every early childhood service provider impacts on the AEDC results and it is, therefore, important for each of us to critically evaluate the programmes and services provided to children and families; in line with national quality standards.

By providing a common ground on which people can work together, the AEDC can enable communities to form partnerships to plan and implement activities, programmes and services to help shape the future and wellbeing of children in Australia.

## Best practice

### Identify need

AEDC data can be explored for communities at [www.aedc.gov.au](http://www.aedc.gov.au)

When starting to explore a community's AEDC results, people often begin by looking at the proportion of children who are developmentally vulnerable and compare this to surrounding areas, their state, other demographically similar communities, or an earlier data collection. People also tend to look for higher levels of developmental vulnerability on particular domains. These are all reasonable steps to take when first exploring the data.

To get an indication of the scale of any issue, when looking at the data it is also important to consider the number of children who live in the community along with the number of children who are vulnerable..

Demographic data can tell you more about who lives in a community. Creating a profile of the community can be a useful way to add context to the AEDC results. Demographic data is freely available online from a number of sources. For example, the Social Health Atlas presents extensive data for every community in Australia via: [www.adelaide.edu.au/phidu/maps-data/maps/](http://www.adelaide.edu.au/phidu/maps-data/maps/)

### Examine support needs

To identify the support needs of children and families and any potential response it is important to gather information on:

- supports and services currently available
- broader factors impacting upon children and families ability to access available services and supports

To better understand who is and isn't accessing services, look back over the demographic data for your community. To enable a better understanding of who may not be attending services, this demographic data can be compared to the data on who is accessing services. Demographic data provides service providers with the necessary information to consider the ways in which they can extend the reach of services to all people in the community.

### Identify stakeholders to respond to the AEDC

In bringing together stakeholders to respond to the AEDC it is worth considering who in the community could or should be involved in bringing about better outcomes for children.

Deciding who needs to be involved can be based on the earlier identification of service providers in the area as well as the factors impacting service usage in the area.

Agencies who work directly with children may include:

- early childhood education and child care providers, public health units, child health nurses, schools, not-for profits, local businesses.

Agencies who do not work directly with children but who nonetheless support families include:

- transport providers, housing services, training and employment agencies, and local police.

### Bring together stakeholders

Bringing together stakeholders to respond to the AEDC is likely to generate a response that reaches more families. A collaborative approach is better placed to identify service gaps and barriers to access and address these than a single service provider might achieve working alone.

### Plan a coordinated approach to service delivery

A good plan starts with a clear and actionable set of objectives that are based on sound information about a situation.

### Document the service plan

A plan that is likely to succeed takes into account the resources available and the activities that will be conducted to achieve the objectives.

### Action planning

An action plan can support funding applications, it also clearly documents the steps agreed for implementation and is a useful tool to ensure that all collaborating stakeholders are working to the same information.

### Best practice for monitoring programme efficacy

A well thought out evaluation should form part of any implementation process. How to evaluate the intervention should be factored into each stage of the process.

What to include as measures of success should be a reflection of what you set about to change.

Many communities have used the AEDC data to inform what they do for children and families in the early years. To explore these community stories, visit <https://www.aedc.gov.au/resources/community-stories>

The Australian Government is working with State and Territory Governments to implement the Australian Early Development Census (AEDC). Since 2002, the Australian Government has worked in partnership with eminent child health research institutes: the Centre for Community Child Health; Royal Children's Hospital, Melbourne; and the Telethon Kids Institute, Perth, to deliver the AEDC to communities nationwide.