

Research snapshot

Jurisdictional differences in child development at school entry: trends over time from 2009 to 2018



Background

Children need a range of skills and capacities to succeed at school and to achieve positive outcomes later into adult life. However, by the time children reach school we observe differences in these capacities between children who live in socio-economically disadvantaged communities and those who live in more affluent communities. These gaps are referred to as socio-economic inequalities in child development and they are present in all Australian states and territories. Socio-economic inequalities in children's early development continue into adolescence and adulthood, resulting in social disparities in adulthood.

Reducing these early inequalities requires equitable service provision; where all families have access to high quality universal services and support and those facing additional challenges have access to further targeted support relative to their needs. This can contribute to closing early gaps in developmental vulnerability, resulting in a fairer distribution of opportunities later in life. Early childhood education, care and health are key policy areas in which high quality universal

services with targeted support play a crucial role in decreasing inequalities early in life and improving child development across the population.

These services are implemented at a state or territory level in Australia, meaning that variations in how these are delivered are likely to contribute to differences in child development inequalities observed across the country. Exploration of jurisdictional differences in developmental vulnerability and socio-economic inequalities in child development can help to understand the mix of universal and targeted services that best support children's development.

Aim

This research project explored how developmental vulnerability and socio-economic inequality differed across Australia's states and territories. Using data from four Australian Early Development Census (AEDC) collections (2009, 2012, 2015 and 2018), the study was able to explore how vulnerability and socioeconomic inequality in child development has changed over time.

Key findings

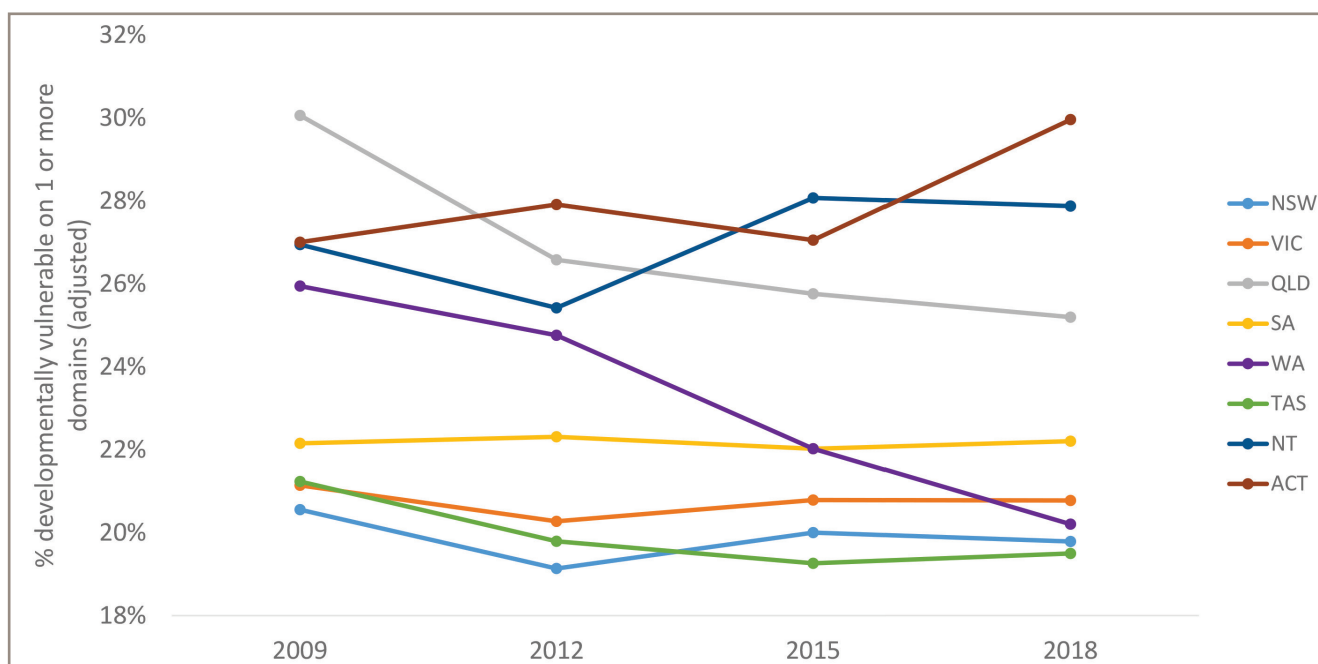
Considerable variation was found in the levels of developmental vulnerability both across the jurisdictions of Australia and over time. Comparisons between jurisdictions took into account socio-demographic differences between states and territories. For example, the Northern Territory has a greater proportion of communities living with high levels of socio-economic disadvantage than Queensland, and these types of differences were accounted for when calculating jurisdictional rates of developmental vulnerability. This produced 'adjusted' rates of developmental vulnerability, as shown in Figure 1. In 2009, Queensland had the highest percentage of children being developmentally vulnerable on one or more domains of the AEDC, and New South Wales, Victoria and Tasmania had the lowest. Between 2009 and 2018, large reductions in adjusted rates of developmental vulnerability were observed in Western Australia (26% to 20%) and Queensland (30% to 25%). Conversely, the Australian Capital Territory showed increases in their adjusted level of developmental vulnerability (27% to 30%) from 2009 to 2018. Most other jurisdictions had small or no change in their level of developmental vulnerability over time.

Results also showed that the difference in child development between the most disadvantaged and most affluent communities was not the same across all jurisdictions and that it changed over time. In 2009, South Australia had the highest level of inequality in child development (i.e., the largest gaps in developmental vulnerability for children living in the most disadvantaged communities compared with the most affluent

communities). Queensland and Tasmania also had high levels of inequalities in child development, with lower levels of inequality observed in other jurisdictions. Over time, results indicated that the Northern Territory underwent a 12 percentage point increase in inequality in developmental vulnerability between 2009 and 2018, with increases also observed in the Australian Capital Territory (+6 percentage points) and Tasmania (+4 percentage points). Most other jurisdictions in Australia underwent relatively small changes in their level of inequality in developmental vulnerability in the same period.

The study explored some of the key early childhood education, care and health policies that may have contributed to changes in developmental vulnerability over time. One example is the provision of universal access to 600 hours of preschool, which was scaled up across Australia between 2009 and 2012. Queensland had very low preschool attendance prior to the introduction of the policy (29% in 2008 and 100% in 2013), and experienced the largest reduction in state-wide developmental vulnerability over the same period. As such, increased preschool attendance in the year prior to school is likely to be one of the key policy changes that contributed to the reductions in developmental vulnerability from 2009 to 2012 in Queensland. The policy changes that have contributed to the sustained improvements over time in Western Australia are less clear. This study provides valuable information that state and territory governments can use to help understand the mix of universal and targeted services to best support children's development across the population.

Figure 1. Adjusted percentage of children developmentally vulnerable on 1 or more domains for each jurisdiction and AEDC collection cycle



Implications

For policy and practice:

It is likely that differences in socio-economic inequalities in child development across Australia are related to differences in access and availability of services across the socio-economic distribution, in addition to the degree to which jurisdictions offer a consistent mix of universal and targeted services to children and their families. The AEDC data provides policy makers with reliable data that can be used to monitor and evaluate policy impacts on child development and track progress towards reducing inequalities over time.

For research:

The ongoing nature of the triennial AEDC collection provides an important data resource for researchers to use in evaluating the impact of policies and programs on children's development. The census nature of the AEDC facilitates the linkage of countless administrative data sources to provide an additional breadth of information on children's education, health, child protection and socio-economic outcomes. These linkages have increasing potential to be used in research alongside quasi-experimental approaches to investigate the factors that may be driving jurisdictional and population level changes in child development over time.

Study details

Collier, L. R., Gregory, T., Harman-Smith, Y., Gialamas, A., & Brinkman, S. A. (2020). Inequalities in child development at school entry: A repeated cross-sectional analysis of the Australian Early Development Census 2009 - 2018. *The Lancet Regional Health – Western Pacific*, 4, 100057, doi.org/10.1016/j.lanwpc.2020.100057

A full manuscript of the study can be found online at here. [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(20\)30057-2/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(20)30057-2/fulltext)

For further information

About research snapshots

AEDC Research Snapshots provide a brief and accessible overview of research being undertaken in relation to the AEDC. The AEDC programme is funded by the Australian Government. For further up-to-date information consult the AEDC website and its many resources: www.aedc.gov.au.

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About the Telethon Kids Institute

The Telethon Kids Institute is one of the largest, and most successful medical research institutes in Australia, comprising a dedicated and diverse team of more than 1000 staff and students. Our vision is simple – happy healthy kids. We bring together community, researchers, practitioners, policy makers and funders, who share our mission to improve the health, development and lives of children and young people through excellence in research. Importantly, we want knowledge applied so it makes a difference. Our goal is to build on our success and create a research institute that makes a real difference in our community, which will benefit children and families everywhere.