

# Research Snapshot

## Early childhood development and later social-emotional wellbeing and mental health outcomes



### Background

Optimal development during early childhood plays a key role in promoting good mental health and social-emotional wellbeing across childhood, adolescence, and adult life. However, research suggests that a substantial number of Australian children face developmental challenges when starting school, which may hinder these outcomes (1). Research has demonstrated pervasive impacts of poorer mental health and wellbeing during childhood on outcomes later in life (2-4). Using data from the Australian Early Development Census (AEDC), researchers are also seeking to understand how children's holistic development at school entry is related to their later mental health and wellbeing.

Research using the AEDC has demonstrated strong associations between development during early childhood and children's success throughout their schooling. However, most of this research has focused on the relationship that a child's development at school entry has with academic achievement (5). In recent years, growing emphasis has been placed on children's mental health and social-emotional wellbeing as key measures for a child's success across their school journey (6). As such, research has become increasingly focused on understanding how childhood development across domains of the AEDC is protective for or presents risk to future mental health and wellbeing.

### Aim

This research snapshot summarises findings of two recent research studies that have linked AEDC data with later health, education, and social services data to explore links between early development and later mental health and wellbeing (7-9).

### Key findings

Researchers in South Australia and New South Wales have been able to better understand the complex relationship between aspects of early childhood development and later social-emotional wellbeing and mental health outcomes. The studies provide promising evidence that aspects or patterns of development during early childhood can be used to identify which children are most likely to experience poor social-emotional wellbeing and mental-ill health throughout their schooling. In addition, this research can inform policy responses that aim to improve early childhood development outcomes and prevent poor mental health and wellbeing during the earliest life stages (3,4).

## Children’s development at school entry and social-emotional wellbeing in later childhood

Using data from the South Australian [Wellbeing and Engagement Collection \(WEC\)](#), researchers explored how children’s development measured by the AEDC is related to their future social-emotional wellbeing. The WEC is a population-level census which captures school children’s self-reported wellbeing. It measures a range of positive (life satisfaction, optimism) and negative (sadness, worries) aspects of wellbeing. The study combined data from the 2009 AEDC collection with the children’s WEC responses six years later when they were in Grade 6. The strongest relationships between later wellbeing and early development were for non-cognitive domains; that is, those domains measuring aspects of children’s development that were not related to their oral language or early literacy and numeracy abilities. Specifically, the research showed that children who were on track in their social, emotional, or physical development at school entry had better life satisfaction, were more optimistic, and had lower levels of sadness and worries in Grade 6 than their peers who were vulnerable or at risk in these areas of development (7). In contrast, children’s language and communication skills at school entry were related to some, but not all, indicators of social-emotional wellbeing in Grade 6. For example, children who were vulnerable in language and cognitive skills (school based) had higher levels of sadness and worries in Grade 6 than their peers

who were on track in this domain, while no differences were found for positive aspects of social-emotional wellbeing. These findings suggest that supporting children’s early social and emotional development has the potential to support their later positive wellbeing, and that children who face early challenges in any domain may need additional support. These supports may have benefits for their academic achievement but also help to reduce the likelihood that they will experience psychological distress later in life.

## Patterns of early childhood development and risk of later mental health conditions

In New South Wales, researchers explored how children’s development on the AEDC is related to later mental health conditions. The researchers combined AEDC data with data from health, corrections, and social services to explore how early patterns of behaviours are related to later mental illness diagnoses (8). The researchers used a statistical technique called latent class analysis, which looks for patterns in data that indicate there are distinct groups with different characteristics. These analyses used AEDC subdomain measures (specific aspects of each developmental domain) and found four groups of children who share similar developmental patterns at 5 years of age, as seen in Figure 2.

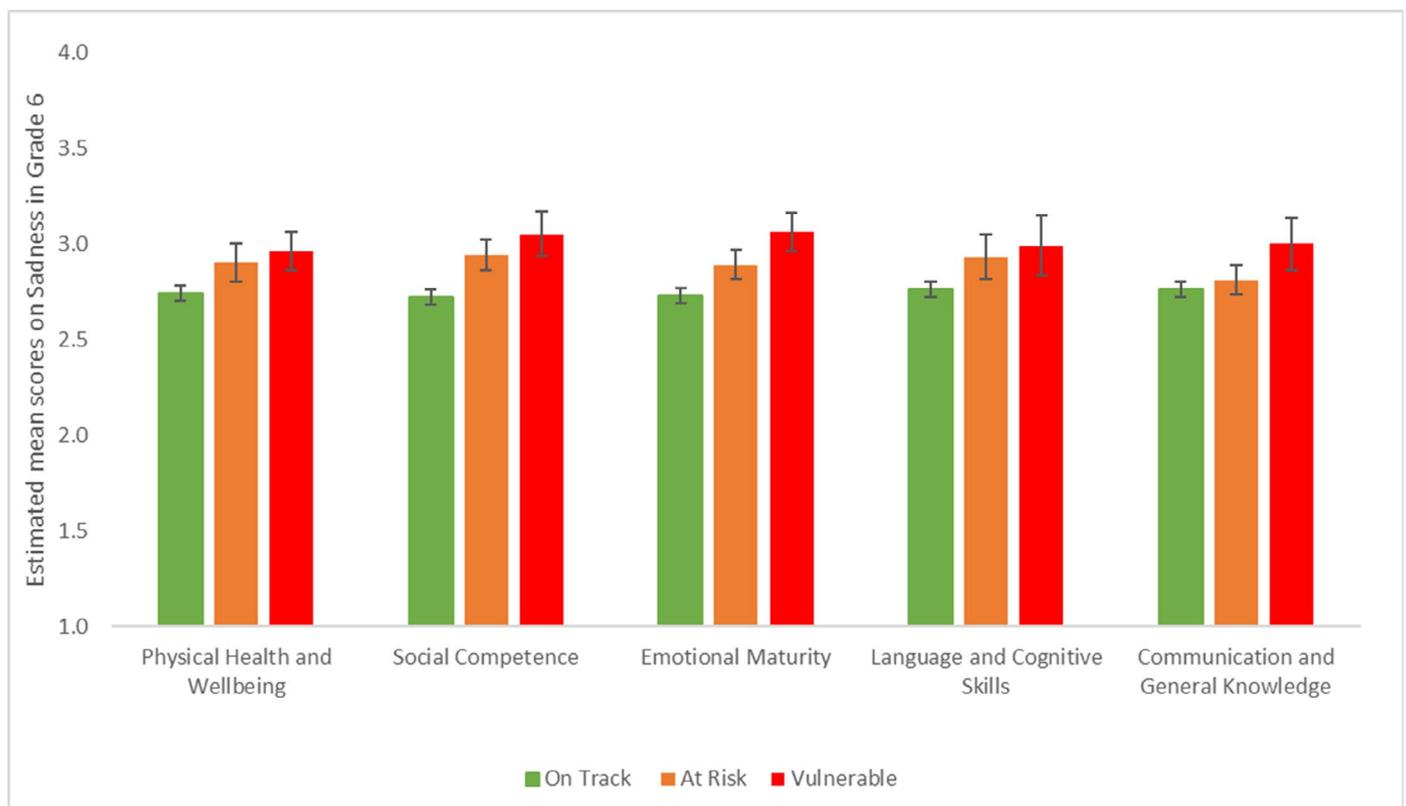


Figure 1. Association between development at school entry and social-emotional wellbeing (sadness) in Grade 6

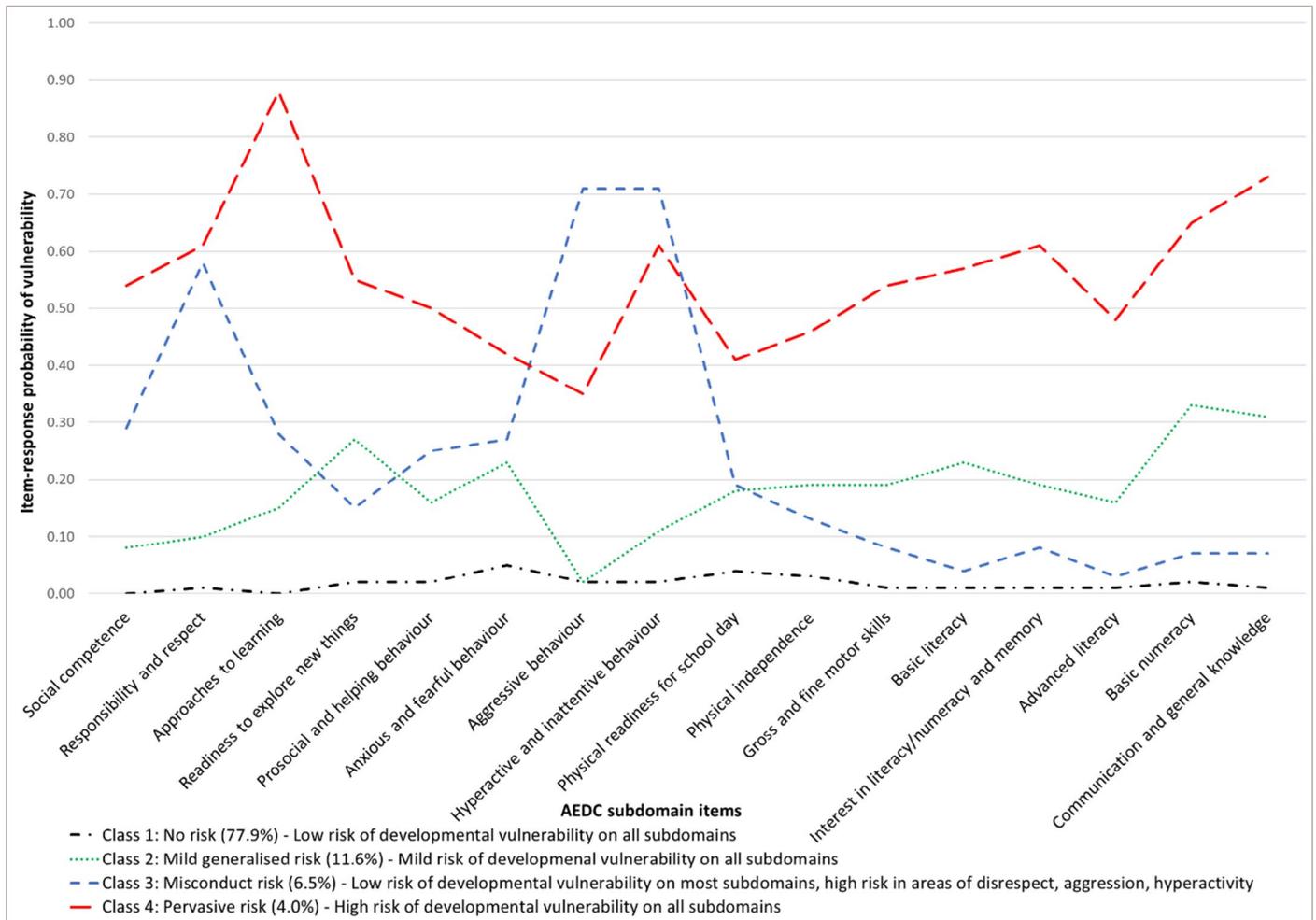


Figure 2. Four patterns of children’s developmental vulnerabilities across all AEDC subdomains, using latent class analysis

Note. Figure reproduced with permission of the authors. Green MJ, Tzoumakis S, Laurens KR, Dean K, Kariuki M, Harris F, et al. Latent profiles of early developmental vulnerabilities in a New South Wales child population at age 5 years. *Australian & New Zealand Journal of Psychiatry*. 2018;52(6):530-41. doi: 10.1177/0004867417740208

Researchers examined how these early patterns of development were associated with later diagnoses of mental illnesses when children were aged between 6 to 13 years (9). This research used a statistical measure called odds ratios which determines the likelihood that children from a given developmental group will be diagnosed with a mental illness, in comparison to their peers in the ‘No Risk’ group. Compared to children in the ‘No Risk’ group, children classified into the ‘Misconduct Risk’ and ‘Pervasive Risk’ groups were significantly more likely to be diagnosed with various mental illnesses between the ages of 6 to 13 years. For example, children in the ‘Misconduct Risk’ group were at a high risk of being diagnosed with later hyperkinetic disorders (e.g., Attention-Deficit Hyperactivity Disorder) having 7 times higher odds of a diagnosis of this type compared to their peers in the ‘No Risk’ group.

## Implications

### For policy and practice:

Taken together the South Australian and New South Wales research indicates that early development measured on the AEDC, is related to later wellbeing and mental health. For policy makers in Australia this provides an impetus to consider how children’s early social and emotional development is supported. The research suggests that improving early emotional and social development has the potential to improve later resilience and wellbeing as well as reduce the likelihood of developing mental health conditions. Moreover, the research indicates that alongside clinical responses for those diagnosed with mental health conditions it is important to have universal programs that support the emotional and social development of the whole population.

Children who start school with challenges in their social and emotional development are likely to require additional support to engage in both learning and social aspects of school life. In recent years there has been a shift in education sectors across Australia towards tiered, whole of school programs to support children's behaviour and wellbeing (10). These programs have been developed in response to reviews of exclusionary practices in schools that have found these inequitably impact children who have experienced a challenging start in life. Effective preventative approaches have the potential to divert students from suspension, exclusion, and expulsion. Research has shown that the universal delivery of school-based interventions designed to improve student's social-emotional wellbeing appear effective (11). However, further research is needed to understand the best timing to deliver these programs and how these are most effectively implemented. This can support schools, educators, and governments to optimise their resources in support of children's wellbeing.

### For research:

Building on previous research, these studies provide strong evidence that poorer development during the early years is associated with poorer outcomes for mental health and social-emotional wellbeing across future life stages. The linkage of population data presents an opportunity to better understand the factors that are particularly influential in this relationship. Future studies that follow cohorts of children through later life stages are likely to provide additional insight into the complex relationships between early childhood contexts and outcomes across the lifespan. Further research that follows children through to adolescence and adulthood is needed to track how these associations develop over time.

## For further information

### About AEDC 2021 Data Stories

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](http://www.aedc.gov.au).

### Suggested citation

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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 750 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.

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Since 2002, the Australian Government has worked in partnership with eminent child health research institutes, The Centre for Community Child Health at The Royal Children's Hospital, Melbourne, and the Murdoch Children's Research Institute, Melbourne, and the Telethon Kids Institute, Perth to deliver the Australian Early Development Census program to communities nationwide. The Australian Government continues to work with its partners, and with state and territory governments to implement the AEDC. This AEDC Research Snapshot was developed by the Telethon Kids Institute on behalf of the Australian Government Department of Education.