

# Royal Commission into Early Childhood Education and Care

Session 1 – Wednesday 25 January 2023

How are South Australia's children going overall?

How are they going in the early years?

#### Intended outcome:

Understand how South Australia's children are developing relative to other jurisdictions, especially in the early years; understand what South Australian cohorts are at risk of poorer development

Submission from the Child Development Council prior to the appearance as a witness by Adjunct Associate Professor Victoria Whitington,

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13 January 2023



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# Session 1: Royal Commission into Early Childhood Education and Care

The Royal Commission into Early Childhood Education and Care has posed the following two questions for consideration at session 1, Wednesday 25 January 2023:

# How are South Australia's children going overall? How are they going in the early years?

#### Intended outcome:

Understand how South Australia's children are developing relative to other jurisdictions, especially in the early years; understand what South Australian cohorts are at risk of poorer development

These key questions are supported by seven specific topic areas and/or questions that have been provided to the Child Development Council for consideration, namely:

- 1 Function of the Child Development Council
- 2 Process by which measures are developed and agreed
- 3 An overview of young South Australians
- 4 How do we know how South Australia's children are faring in the early years?
- 5 Gaps in our knowledge
- 6 South Australian early childhood development outcomes vs other jurisdictions
- 7 South Australian cohorts at risk of poorer development outcomes.

This submission from the Child Development Council responds to the above seven topic areas and/or questions for consideration by the Royal Commission into Early Childhood Education and Care.

Annexures to this submission are provided in a separate document.



### 1 Function of the Child Development Council

The Child Development Council (Council) is an independent statutory body, under Part 6 of the <u>Children and Young People (Oversight and Advocacy Bodies) Act 2016</u> (OAB Act). The OAB Act is committed to the Minister for Education, Training and Skills.

The Council operates in accordance with the provisions of the OAB Act and the <u>Children</u> and Young People (Oversight and Advocacy Bodies) Regulations 2017 (OAB Regulations).

The Council's key function is to establish and maintain SA's <u>Outcomes Framework for Children and Young People</u> (framework), to promote uptake of the framework and to report how children and young people are faring with the objective of improving outcomes for children and young people in SA.

Annually, the Council publishes a report card of population-level data outcomes for children and young people (birth to 18 years) in SA. This publication reports data in the five legislated dimensions of health, safety, wellbeing, education and citizenship. Other Council publications include policy briefs and dashboards. An annual report of the Council's operation in each financial year is submitted to the Minister for Education, Training and Skills by 31 October for tabling in Parliament.

#### Purpose of the framework

The purpose of the framework is to:

- help ensure that children and young children in SA experience a good life, now and into the future
- facilitate a whole-of-government approach to creating strategies, setting objectives and developing/implementing policies relating to children and young people
- report how children and young people are developing and progressing over time.

The framework guides all State authorities<sup>1</sup> in SA, individually and collectively, to improve outcomes for all children and young people in SA. Embedded in the framework, is the

State authorities are defined in the Act to include statutory officials, public sector agencies, the South Australia Police, local government ie, councils, incorporated or unincorporated bodies established for a public purpose by/under an Act (other than incorporated companies, associations, cooperatives, societies or other voluntary organisations) and established or subject to control or direction by the Government a Minister of the Crown or a local council (whether or not established under an Act) and any other person or body declared by the regulations to be a State authority.



Charter for Children and Young People (Charter) with 20 essential life conditions, that all children and young people can and should have to thrive and have opportunities.

The Council's mandate to establish and maintain the framework, the legislated provisions, and the intended purpose of the framework are depicted in Figure 1 below.

WHY? HOW? **FRAMEWORK** Provisions To keep children designed to and young people safe from harm ☑ Provide a common Prepare/revise basis across To ensure they are governments for cared for in a way creating strategies; that allows them to reach their full setting objectives; potential or developing or implementing To support their policies related to physical and (or affecting) mental health, and children and young emotional people wellbeing Provide evidence based annual report card and Promote Address the needs To maximise their Review policy briefs framework of children and participation in framework implementation educational and young people in Make key cross-sector vocational training recommendations relation to health, safety, wellbeing, To increase their education and participation in preparedness sporting; creative; for adulthood cultural; and other recreational ☑ Improve outcomes activities for Aboriginal and Torres Strait To ensure they are properly prepared Islander children report on for taking their framework's and young people positions in society effectiveness ☑ Enable outcomes as responsible to be measured citizens and reported on

Figure 1 Mapping the process followed by the Council in carrying out its functions

#### Annexures – refer to separate document

- Annex 1 Key messages about the Council, the framework including the Charter and the Charter Ambassador Program are attached.
- Annex 2 The relevant legislative provisions of the OAB Act are appended.



### 2 Process by which measures are developed and agreed

#### Inaugural Outcomes Framework for Children and Young People

Targeted consultation on preliminary indicators and indicative measures occurred from 12 December 2018 to 31 January 2019. This was followed by open consultation on revised indicators and measures from 5 April 2019 to 12 June 2019.

Specific consultation with prescribed government agencies on these revised indicators and measures occurred throughout August 2019, eg with the four chief executives of the Departments of Education, Health and Wellbeing, Human Services and Child Protection. The Council also consulted with the Senior Management Council, ie state government agency chief executives.

The Regulations contain additional consultation requirements with prescribed persons or bodies including the Guardian for Children and Young People (Guardian). The Guardian twice commented on the proposed indicators and indicative measures.

Stakeholder feedback resulted in changes to the framework, including, for example, the addition of disability-specific measures. Further information about refining the indicators and measures through consultation is in the separate Annexures document (Annex 3).

Children and young people informed the development of the indicators and measures through nine forums or focus groups, a short online survey from 5 April to 7 June 2019 and 660 postcards to the (then) Minister for Education (Minister) with messages and drawings about what makes 'a good life' in terms of health, safety, wellbeing, education and citizenship.

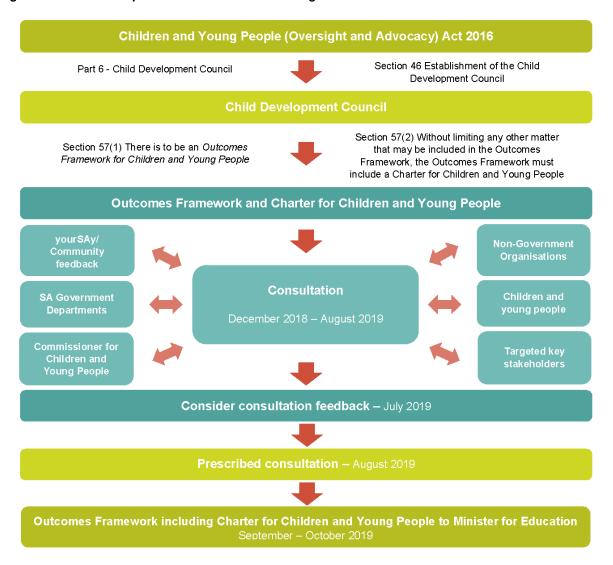
The consultation requirements in the OAB Act and the Regulations for the development of the framework are extensive. More detail about the targeted, open, specific and prescribed consultation undertaken for the development of the inaugural framework is provided in the Annexures document (Annex 4).

The process by which indicators and measures were developed for the inaugural framework in 2018-19, prior to the establishment in the OAB Act of the Commissioner for Aboriginal Children and Young People, are depicted in Figure 2 below.<sup>2</sup>

The Commissioner for Aboriginal Children and Young People (CACYP) was appointed in late 2018 and based in the office of the Commissioner for Children and Young People (CCYP) until mid-2022. The CACYP was established under the OAB Act in late 2021. In 2018-19, the OAB Act required consultation with the CCYP and the Regulations required consultation with the Guardian for Children and Young People. Nevertheless, the Council specifically consulted the CACYP.



Figure 2 Consultation process in 2018-19 for the inaugural framework indicators and measures



#### **Outcomes Framework Data and Technical Report**

The *Outcomes Framework Data and Technical Report* (technical report) was published in February 2020. The technical report sets out the detailed specifications for the measures in the framework and captures the latest available data from a variety of state, national and international sources to monitor, track and report the outcomes of children and young people under 18 years.

The specifications form the basis for reporting the evidence and include information and definitions for the measures. Each specification states the data availability and, where possible, the disaggregation for the identified sub-categories. This is done to inform, and promote greater equality of outcomes for all children and young people and to identify any limitations, such as a lack of accessible, current data that are valid and reliable. Refer to the Annexures for the technical specification for the measures (Annex 5).



#### First mandated review of the Outcomes Framework for Children and Young People

The Act provides that the framework must be reviewed at least once in each three-year period. The first review of the framework commenced in early 2022, with open consultation from 1 February to 30 June 2022. A total of 33 online surveys were completed and 12 formal submissions were received until late July 2022.

The OAB Regulations specify that the framework should contain provisions designed to improve outcomes for Aboriginal children and young people in each of the five dimensions (reg 12(2)(d)). Targeted consultation with Aboriginal stakeholders and communities in regional and remote SA occurred from 1 June to 31 August 2022 in Port Lincoln, Port Augusta, Adelaide, Mt Gambier, Riverland, Point Pearce and with the Ngaanyatjara, Pitjantjatjara Yankunytjatjara (NPY) Women's Council directors in Alice Springs. In total, more than 80 people engaged in the targeted consultation for the review. More details about the consultation are provided in the Annexures document (Annex 6).

The Council partnered with the Youth Affairs Council of South Australia to deliver two youth forums in SA. This was an opportunity for children and young people (12 to 18 years) to have input into the framework review. The first forum was held in Whyalla during the school holidays, hosted by Plaza Youth. Nine children and young people participated, five were 11 years of age or under and four were 12-18 years of age. All of these children and young people identified as Aboriginal. The second forum was held at Salisbury High School. A total of 19 students aged 12-18 years participated. Three of these students identified as Aboriginal.

The children and young people were asked a series of questions to find out what they considered made a good life. They were also asked to advise if/how areas of the framework could be improved, from their lived experience and perspectives.

In summary, the things that children and young people said they would like included:

- better access to free physical and mental health care services
- more affordable housing and safe places for them to go
- more supports to feel connected and cared for at home and school
- more learning support and better relationships with teachers
- more people who care about, support and understand children and young people.

At the time of writing this submission, December 2022, the Council is in the process of working through the framework review feedback.



### 3 An overview of young South Australians

How are they faring? South Australia's 2022 Report Card for Children and Young People (SA's 2022 Report Card) includes similar infographics to these below.

#### South Australia's children (birth to four years) - infographics





During Census 2021, there were 94,200 children **under five years** estimated to be living in SA.

Census 2021 indicates children **under five years** made up 26% of SA's population **under 18 years**; slightly more than half (51%) were male and 49% were female.

Source: Census of Population and Housing, 2021, TableBuilder

#### Location

The latest available data:

- 2021, indicate that 79.0% of children under five years in SA were living in the Adelaide metropolitan areas (ie, Greater Adelaide) and less than one quarter (21.0%) were living in rural and regional areas
- 2016, indicate that more than half (53%) of Aboriginal children under five years were living in major cities in SA.

Sources: Australian Bureau of Statistics, cat no. 3235.0 Regional Population by Age and Sex, Australia, June 2021; Australian Bureau of Statistics 3238.0.55.001 Estimated resident Aboriginal and Torres Strait Islander and non-Indigenous population, states and territories, Remoteness Areas - 30 June 2016.

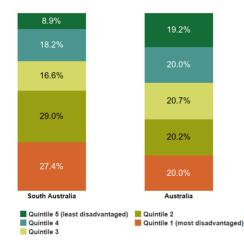


In 2021, national comparison shows that of all children under five years in SA:

- 8.9% were estimated to be living in the *least* disadvantaged socio-economic circumstances (19.2% nationally)
- **56.4**% (more than half) lived in disadvantaged socio-economic circumstances, compared to **40.2**% nationally
- 27.4% lived with the *most* disadvantage (20.0% nationally).



#### Socioeconomic level (IRSD)



The latest available data, 2021, for children and under five years in SA indicate that:

- 27.4% (25,800), (more than one quarter) were estimated to be living in the most disadvantaged socio-economic circumstances (20% nationally)
- 63.8%, more than six in 10, were estimated to be living in the three middle quintiles (60.9% nationally)
- 8.9% (8,300) were estimated to be living in the least disadvantaged socio-economic circumstances (19.2% nationally).

Sources: Australian Bureau of Statistics, cat no. 3235.0 Regional Population by Age and Sex, Australia, June 2021 and Australian Bureau of Statistics, cat no. 2033.0.55.001 Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016.

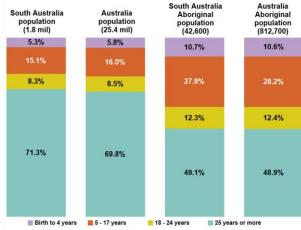
Notes: Due to rounding the proportions may not add up exactly. IRSD cuts are based on ranking within Australia, and it excludes Unknown IRSD.

#### South Australia's population by age groups

Census 2021 indicates that:

- children under five years made up 5.3% of SA's population (1.8 million)
- Aboriginal children under five years made up 10.7% of SA's Aboriginal population (42,600)
- 20.4% of SA's population were **under 18 years**
- 38.6% of SA's Aboriginal population were under 18 years.

Sources: Census of Population and Housing, 2021, TableBuilder Note: Due to rounding the proportions may not add up exactly.



#### Children under five years by age



The Census data disaggregated by age for children in SA indicate that in 2021:

- 19,100 (20.3%) were three-year-olds
- 19,400 (20.6%) were four-year-olds.

Source: Census of Population and Housing, 2016 and 2021, TableBuilder Note: Due to rounding the proportions may not add up exactly.



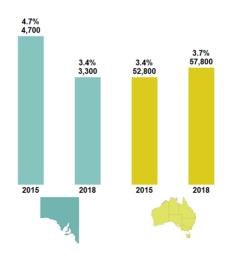
#### In out-of-home care



The latest available data, 30 June 2021, indicate that 1,100 (1.14%) of all children **under five years** in SA were in out-of-home care (0.67% nationally).

Source: AIHW Child Protection Collections 2018-19 and 2020-2021

#### **Disability**



The latest data, 2018, indicate there were 3,300 children **under five years** with disability in SA.

The prevalence of disability among children **under five years** is 3.4% in SA in 2018.

Nationally, children with disability made up 3.7% of children **under five years** in Australia in 2018.

Source: Australian Bureau of Statistics (ABS), Survey of Disability, Ageing and Carers, Australia, 2018, cat. no. 4430.0

Note: The data have a high relative standard error and therefore should be used with caution.

The latest data, 2021, estimated approximately 97.5% children **under five years** living in SA were born in Australia.

Of children **under five years** born overseas, and living in SA, the top five countries of birth were India, England, Pakistan, United States of America and China (excludes SARs and Taiwan).



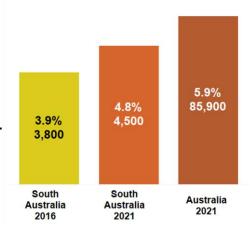
#### South Australia's Aboriginal children (birth to four years) - infographics

#### Aboriginal children - numbers and proportions

The 2021 Census data indicate that:

- 4,500 Aboriginal children under five years were estimated to be living in SA, making up 4.8% of all children under five years in SA
- Nationally, Aboriginal children under five years comprised 5.9% of all children and under five years.

Source: Census of Population and Housing, 2016 and 2021, TableBuilder



#### Aboriginal children under five years by age

The 2021 Census data, disaggregated by age for Aboriginal children **under five years** in SA indicated that there are approximately 4,500 Aboriginal children in this age group:

- 930 (20.5%) were three-year-olds
- 930 (20.5%) were four-year-olds.

Source: Sources: Census of Population and Housing, 2016 and 2021, TableBuilder

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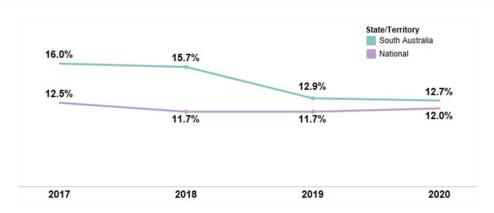
Note: Due to rounding the proportions may not add up exactly.





## Framework measures relevant to the National Closing the Gap Agreement targets for Aboriginal children under five years

#### **Proportion of Aboriginal babies born with low birthweight**



#### **Profile of Aboriginal mothers**



The proportion of Aboriginal mothers **under 20 years** when giving birth declined from 15% in 2015 to **9%** in 2019 (11% nationally in 2019).



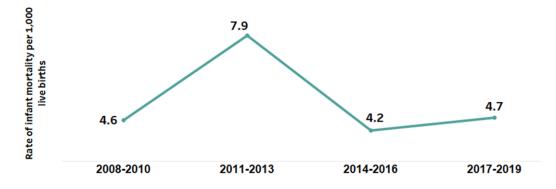
45% of Aboriginal women smoked in the first 20 weeks of pregnancy in 2019.



An increasing proportion of Aboriginal women attended a first **antenatal visit** in the first 14 weeks of pregnancy in 2019, still significantly lower than the proportion for all women in South Australia.

Data are available for all women in South Australia for 2020; however, not for Aboriginal women in South Australia.

#### South Australia's infant mortality rate for Aboriginal babies under 12 months



The mortality rate for Aboriginal infants under 12 months per 1,000 live births, fluctuated widely between 2008-10 to 2017-19.



## How are they faring? South Australia's 2022 Report Card for children and young people

The third report card under the framework, SA's 2022 Report Card, provides population-level outcomes for children and young people (birth to 18 years).

Part A reports for all children and young people<sup>3</sup> and Part B reports for Aboriginal children and young people. The data in both parts are reported for the framework's five legislated dimensions – health, safety, wellbeing, education and citizenship – to provide an evidence-base that informs strategies, objectives, policies and funding decisions.

The data indicate that *most* children and young people in SA appear to:

- be in good health
- be safe from preventable abuse and neglect
- be happy, inspired and engaged,
- have positive experiences of learning
- be preparing for adult life.

A summary of SA's 2022 Report Card is provided in the separate Annexures (Annex 7).

References to 'all children and young people' are inclusive of Aboriginal children and young people.



## 4 How do we know how South Australia's children are faring in the early years?

#### **Enrolment in preschool**

In 2021, the enrolment rate in SA4 for:

- all four-year-olds was 84.1% (85.1% nationally)
- Aboriginal four-year-olds was 90.4% (comparable to the national average)
- all three-year olds was 63.7% (65.9% nationally)
- Aboriginal three-year-olds was 81.5% (54.9% nationally).

The universal preschool *enrolment age* in SA is four years of age, however, in comparison to other states and/or territories, the four-year-old enrolment rate was lower in SA than in the Australian Capital Territory (ACT), Western Australia (WA) and the Northern Territory (NT). See Tables 1 and 2 for more information.

Table 1 Children's preschool enrolment statistics, by selected ages – 2021

Age	Measure	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory	Australian Capital Territory	Total
Three-	Number of children	70,487	48,055	42,246	12,259	20,205	3,011	1,823	4,195	202,277
year- olds	As a proportion of the population	72.3%	61.0%	67.3%	63.7%	58.9%	54.0%	53.4%	77.9%	65.9%
Four- year- olds	Number of children	81,550	66,512	54,736	16,735	33,950	4,736	3,116	5,765	267,106
	As a proportion of the population	82.2%	83.0%	85.2%	84.1%	96.3%	80.1%	88.9%	101.9%	85.1%

Source: RoGS report on Early childhood education and care 2022 (Table 3A.18)

#### Notes:

(a) Proportion calculated as the number of enrolments (from the August National Early Childhood Education and Care Collection:) divided by the number of children in each jurisdiction (using ABS ERP at 30 June 2021), by age

(b) A child may attend both a preschool and a separate or adjoined child care facility, such as family day care, outside school hours care, vacation care, in-home care and occasional care services. Participation in preschool is not compulsory and is influenced by parental preference and other factors, such as school starting age in the particular jurisdiction

The ABS definition of a preschool program: A preschool program is defined as a structured, play-based learning program, delivered by an [early childhood] degree qualified teacher, aimed primarily at children in the year or two before they commence full-time schooling. A preschool program can be delivered in a variety of settings such as stand-alone preschools, preschools co-located as part of a school (both government and non-government), and centre-based day care (CBDC) services. A child may attend both a preschool and a separate or adjoined childcare facility, such as family day care, outside school hours care, vacation care, in-home care and occasional care services. Participation in preschool is not compulsory and is influenced by parental preference and other factors, such as school starting age in the particular jurisdiction. (Preschool Collection 2021).



- (c) Data are not fully comparable over time, or across jurisdictions, due to differences and changes in coverage and methodologies. Refer to the methodology section of Preschool Education, Australia on the ABS website and the ECEC National Minimum Data Set specifications on the AIHW website for more information
- (d) Data are perturbed and data discrepancies may occur between sums of the component items and totals.
- May includes data for children in receipt of a preschool program across both preschool and centre-based day care settings
- (f) A preschool program can be delivered in a variety of settings such as stand-alone preschools, preschools co-located as part of a school (both government and non-government), and centre-based day care (CBDC) services.

Table 2 Aboriginal children's preschool enrolment statistics, by selected ages - 2021

Age	Measure	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory	Australian Capital Territory	Total
	Number of children Estimated and	4,280	1,122	2,859	830	718	245	374	123	10,559
Three- year- olds	projected Aboriginal and Torres Strait Islander population, Series B, Single year of age, at 30 June 2021	6,581	1,473	5,639	1,018	2,307	634	1,411	178	19,247
	As a proportion of the population	65.0%	76.2%	50.7%	81.5%	31.1%	38.6%	26.5%	69.1%	54.9%
	Number of children	5,190	1,370	5,202	902	2,419	486	1,094	225	16,894
Four- year- olds	Estimated and projected Aboriginal and Torres Strait Islander population, Series B, Single year of age, at 30 June 2021	6,405	1,425	5,509	998	2,276	622	1,407	169	18,815
	As a proportion of the population	81.0%	96.1%	94.4%	90.4%	>100%	78.1%	77.8%	>100%	89.8%

Source: ABS Table Builder, Preschool Education 2021; 3238.0 Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031

#### Notes:

- (a) A child may attend both a preschool and a separate or adjoined child care facility, such as family day care, outside school hours care, vacation care, in-home care and occasional care services. Participation in preschool is not compulsory and is influenced by parental preference and other factors, such as school starting age in the particular jurisdiction
- (b) Data are not fully comparable over time, or across jurisdictions, due to differences and changes in coverage and methodologies. Refer to the methodology section of Preschool Education, Australia on the ABS website and the ECEC National Minimum Data Set specifications on the AIHW website for more information
- (c) Data are perturbed and data discrepancies may occur between sums of the component items and totals.
- (d) May include data for children receiving a preschool program across both preschool & centre-based day care settings
- (e) A preschool program can be delivered in a variety of settings such as stand-alone preschools, preschools co-located as part of a school (both government and non-government), and centre-based day care (CBDC) services.

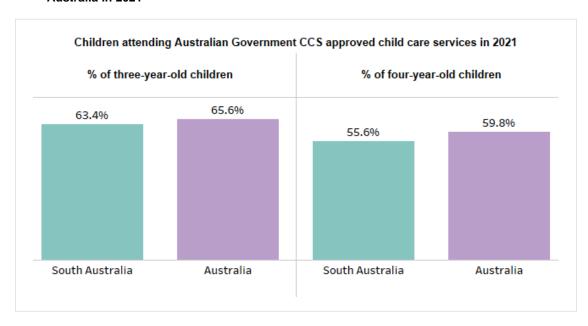


#### Attendance at approved childcare services

#### In 2021:

- 63.4% of three-year-olds were attending an approved childcare service in SA, a rate slightly lower than the national average of 65.6% (see Figure 3). New South Wales (NSW), Queensland (QLD) and the ACT had much higher proportions than SA.
- 55.6% of four-year-olds were attending an approved childcare service in SA, a rate slightly lower than the national average of 59.8% (see Figure 3). New South Wales (NSW), Queensland (QLD) and the ACT had much higher proportions than SA.

Figure 3 Participation in early childhood education and care by three- and four-year-old children in South
Australia in 2021



Source: Report on Government Services (RoGS) Early childhood education and care 2022 (Table 3A.14) Notes from RoGS:

- a) Data are drawn from the Child Care Subsidy System (CCSS)
- b) Attendance data relate to the March quarter
- c) Children can use more than one type of care. Children attending approved services may be counted more than once if attending more than one service during the reference period but are counted only once in the total. Also, data for Australia may not equal the sum of states and territories because children are included only once in the Australia total but may be captured attending services in more than one jurisdiction
- d) Children from Aboriginal and Torres Strait Islander play groups and enrichment programs were not included because ages are not collected for these children
- Proportion calculated using ABS estimated resident population (ERP) as at 31 December of the previous calendar year. Population data for 31 December 2016 onwards are the first preliminary ERP.



### 5 Gaps in our knowledge

#### **Developmental milestone data**

A Council policy brief in August 2020, <u>South Australia's surprising .downward trend in AEDC results</u> highlighted a lack of population wide data on child development in SA prior to the federally implemented triennial AEDC. The AEDC data indicate that a large number of children were developmentally vulnerable across the entire socio-economic distribution upon starting school. The policy brief is included in the Annexures (Annex 8).

On 22 June 2021, new funding of \$50.1 million for an *Early Learning Strategy* was announced in SA's State Budget, including funding for two additional universal checks at key stages between birth and school age. The existing checks are available soon after birth, at 6 to 9 months, 18 to 24 months and preschool. These two new universal checks when added would be at 12 month and 3 years, increasing the total number of universal checks between birth and 5 years to six. The Council welcomed news of this addition because accessing help and services in the early years, eg for disability or developmental delay, can significantly improve a child's outcomes at every stage of life.

A key goal of Education's new *Early Learning Strategy 2021 to 2031: All young children thriving and learning* is 'to increase the number of South Australian children who are developmentally on track when they start school' (p.16). Planned activities include expanding the reach, frequency and number of child development checks and equipping parents and families to support their children's development. The Year 1 highlights of the Office for the Early Years 'Early Learning Strategy Report Card' included:

- June 2021 A two-year grant funding agreement with Playgroups SA to deliver new universal, not targeted, community playgroups
- June 2021 A two-year grant funding agreement with Raising Literacy Australia to build a coalition of non-government and government partners to develop and disseminate clear and consistent early childhood development messages and resources to families with children (birth – three years)
- June 2022 Development and launch of a new Children's Centres outcomes framework.

On 2 August 2022, the Head of the Office for the Early Years, Early Years Division, Education, advised the Council that the funding for additional developmental milestone checks pilots will be in addition to, and separate from, existing checks offered by Child and Family Health Service (CAFHS) and use a different modality. These pilots will be tested over 18 months and provide 'moment in time' checks and not track children.



South Australia's surprising downward trend in AEDC results had recommended that the development of all children in SA from birth to school age be monitored proactively and regularly and that universally applied checks be delivered in the first two weeks after birth, at 8 weeks, 12 months, 2 years and 3 years at a minimum. It would appear that these pilots will not address the Council's recommendations nor provide population wide data on child development prior to commencing school.

#### **Early intervention**

Early identification of, and support for, children with developmental delays and disability is essential to children gaining the skills needed to thrive.xviii

The National Disability Insurance Scheme (NDIS) early childhood intervention approach aims to support children with a developmental delay or disability to develop the skills they need to take part in daily activities and achieve the best possible outcomes. In quarter 4, 2020-21, the numbers of children under six years receiving early childhood early intervention (ECEI) supports and children with an approved NDIS plan before entering school were:

- 680 children under six years received ECEI supports through the NDIS
- 5,651 children under six years had an approved NDIS plan.

The Council welcomes the <u>Words Grow Minds</u> campaign launched on 24 October 2022, aimed at bringing together early years services from across SA.xix The campaign is being piloted with families and early years services in Mount Gambier and Whyalla.

The Early Years Taskforce, set up in 2021, is charged with improving early childhood developmental outcomes for children in SA. Members include government and non-government services working with young children and their families. Taskforce members are working to improve developmental outcomes by:

- increasing collaboration across services
- forming clear and consistent messaging for parents and caregivers on the importance of brain development in the early years
- showing families simple things they can do in their child's very early years to help strengthen their brain architecture, positively impacting on their lives in the future.

The Early Years Taskforce and Words Grow Minds campaign are funded by the Department for Education.



#### Addressing data gaps and data quality

Good quality data are fundamental to government and policy makers for creating strategies, setting objectives or developing and implementing policies. Data gaps inhibit SA's decision-makers from making informed decisions to improve the outcomes of children and young people (birth to 18 years).

South Australia's framework exists to improve the outcomes of children and young people in five specified dimensions. For the framework to be effective in improving outcomes, the data reported under the framework should be used to evaluate proposed policies and funding allocation in SA, eg using a set of agreed principles.

Measures with known data gaps were included in the inaugural framework because they were considered fundamental to outcomes. These measures are 'placeholders' to highlight where data are needed. South Australia's 2022 Report Card highlights the data gaps in all five dimensions. the current lack of developmental milestone data for children under five years remains of grave concern and means that SA has no information regarding how many children in this age range are developmentally on track.

Some of the available data are too old for a contemporary evidence-base to inform decision-making, eg the *National Oral Health Plan 2015-2024* calls for a population-based epidemiological study of the oral health of children and young people to be conducted every 10 years. Oral health is important to overall health, development, wellbeing and social inclusion and it is concerning that current data are not available.

Measurement and reporting is a means to an end and to be effective in improving outcomes, data must be timely, able to be disaggregated, have some consistency of indicators and measures and reflect data gaps with placeholder measures.<sup>ii</sup>

At a population level, most children and young people in SA appear to be doing well, however, SA's 2022 Report Card highlights areas of concern that should be prioritised, eg data limitations are more pronounced for Aboriginal children and young people.

The 2020 National Agreement on Closing the Gap (National Agreement) was developed in partnership with the Coalition of Peaks. The National Agreement has 17 targets for eight subject areas (health and wellbeing, education and employment, justice, safety, housing, land and waters, languages and digital inclusion).



The National Agreement targets include all Aboriginal four-year-olds being enrolled in early childhood education by 2025 and, that by 2028:

- 90-92% of babies born to Aboriginal mothers have a healthy birthweight
- 45% of Aboriginal children are assessed as developmentally on track in all five domains of the AEDC
- the rate of Aboriginal children and young people in detention has reduced by 11-19%.

Since the framework commenced in 2019, yearly report cards have shown how children and young people under 18 years are faring in the five dimensions. Wherever possible, data disaggregated for Aboriginal children and young people have also been reported. Specific areas of concern for Aboriginal children under five years that have been highlighted in report cards in 2020 and 2021, and that are of some relevance to the National Agreement targets, have included:

- babies born with low bodyweight
- infant mortality rate for infants under 12 months
- mother's age at birth; smoking and seeking antenatal care in pregnancy
- rates of apprehension, arrest and reporting by police
- rates of children and young people (birth to 18 years) being in OOHC
- school attendance rates for students in Year 1 to Year 10.

The Council is raising awareness of the data gaps with SA's decision makers and data custodians. To comply with the statutory duty of State authorities regarding the framework, the Chief Executives and leadership teams of state government agencies and councils should lead their organisations and staff in:

- 1 Endorsing the framework in high-level planning and strategy processes and documentation, thereby publicly committing to improving agreed outcomes for children and young people. It is important that all governments work towards this shared set of outcomes as legislated and gazetted.
- 2 Applying the framework and proactively:
  - determining how the organisation's policies, programs and services align with the five dimensions and outcome statements
  - embedding the dimensions and outcome statements in the organisation's policies,
     programs and services ie, into all existing aspects and mechanisms to give effect to
     the framework
  - considering the indicators and the outcomes statements and asking: Are we collecting and/or reporting data that provide evidence of how children and young people are doing?



## 6 South Australian early childhood development outcomes vs other jurisdictions

In 2022, Victoria (VIC) has become the first Australian state to roll out universal access to kindergarten for three-year-old children.

A lack of data<sup>5</sup> prompted the Victorian Department of Education and Training to commission '*The Educational and Developmental Gains in Early Childhood (EDGE)* study'<sup>6</sup>, a five-year research project to evaluate the roll out.

The EDGE study is being carried out by the University of Melbourne in partnership with The Front Project. The EDGE study aims to provide evidence by:

- measuring the impact of two years of universal kindergarten on children's learning and development and, in doing so, contribute to an international and Australian evidence base for early childhood education
- evaluating the effectiveness of implementing universal three-year-old kindergarten across Victoria and opportunities to improve/revise implementation at each stage
- highlighting insights for policymakers and decision-makers, reflecting the cycle of policy design, implementation and the evaluation of outcomes, with a focus on equity and quality
- providing practical information to the early childhood sector teachers, educators,
   centre leaders and providers on the programs, practices and learning experiences
   that encompass three-year-old kindergarten programs across Victoria
- demonstrating the return on investment of two years of early childhood education, taking into account the educational, social and economic benefits of the policy, and building a case for future investment in children – particularly children experiencing disadvantage – and society as a whole.

The EDGE study will run from 2022 to 2026.

Information sourced from https://education.unimelb.edu.au/REEaCh/assets/the-edge-study. Accessed 2/12/2022.



Professor Tricia Eadie, Director of Research in Effective Education in Early Childhood, Melbourne Graduate School of Education reportedly said: 'Currently, there is limited Australian evidence on the impact of three-year-old kindergarten on children's outcomes, and on how to best achieve an equitable and impactful early years' experience that narrows the disadvantage gap and sets children up for future educational and life success.' <a href="https://www.thefrontproject.org.au/news-and-events/media-releases/143-evidence-base-vital-to-inform-three-year-old-kindergarten-programs-in-victoria-and-beyond">https://www.thefrontproject.org.au/news-and-events/media-releases/143-evidence-base-vital-to-inform-three-year-old-kindergarten-programs-in-victoria-and-beyond</a>.

Accessed 13/12/22.

#### What is the Australian Early Development Census telling us?

Minor movements occurred in the SA's AEDC results between 2018 and 2021.

The 2021 AEDC results indicated that a quarter (23.8%) of children in SA were developmentally vulnerable in one or more domains in their first year of full-time schooling. As shown in Figure 4 below, this is a one percentage point increase from 2009.

Queensland has continued to show improvement from 2009 to 2021. Western Australia's results showed improvement from 2009 to 2018 (inc), however, 2021 saw a slight increase in developmental vulnerability in that state in one or more domains.

Australian Capital Territory New South Wales Victoria Queensland South Australia Western Australia Northern Territory 40.0 Developmentally vulnerable on one or more domain(s) 35.0 30.0 26.1 25.9 22.2 22.0 22.5 21.8 21.5 21.0 21.5 20.0 10.0

Figure 4 AEDC results regarding developmental vulnerability by year of collection, states and territories, 2009 - 2021

Source: Australian Early Development Census (AEDC), 2021 results

Table 3 below indicates that, in 2021, there were proportional more children developmentally vulnerable across all five domains in SA, than the national average.

National comparison indicates that SA has significant higher proportions of children developmental vulnerability in the following domains:

- emotional maturity domain (10.3% vs 8.5%)
- physical health and wellbeing (10.7% vs 9.8%)
- social competence (11.2% vs 9.6%).



Table 3 Percentage of children developmentally vulnerable in 2021

#### **AEDC** domains

State / territory	Physical	Social	Emotional	Language	Communication	Developmentally vulnerable in one or more domains
New South Wales	9.4%	9.4%	7.3%	6.2%	8.4%	21.2%
Victoria	8.1%	9.0%	7.7%	7.2%	7.4%	19.9%
Queensland	11.6%	10.6%	10.0%	8.4%	9.1%	24.7%
South Australia	10.7%	11.2%	10.3%	7.9%	8.6%	23.8%
Western Australia	9.4%	7.6%	7.8%	7.2%	8%	20.3%
Tasmania	11.1%	9.3%	10.3%	9.2%	6.6%	23.2%
Northern Territory	18.3%	21.7%	17.7%	21.2%	16.8%	39.2%
Australian Capital Territory	12.8%	12.2%	10.6%	6.5%	9.2%	26.7%
Total	9.8%	9.6%	8.5%	7.3%	8.4%	22.0%

Source: Australian Early Development Census (AEDC), 2021 results

The data indicate that children in SA who received some ECEC were less likely to be developmentally vulnerable in one or more domains of the AEDC (22.9%), compared to children who did not receive any ECEC (45.6%). While data may appear to show a positive correlation between ECEC participation and development outcomes, it is yet to demonstrate a cause-and-effect relationship regarding ECEC on development outcomes. Research to date has demonstrated that factors such as the amount of time young children spend in quality educational settings, the level of staff qualifications and the quality of staff-child interactions have an impact on their development.<sup>7, 8, 9</sup>

To understand the causal effect, if any, of children attending ECEC on development outcomes, a more detailed statistical analysis is required. *Propensity Score Matching* is appropriate in this context. Such statistical matching exercises are commonly used to estimate the effects of programs or interventions by considering the child's characteristics (eg, gender, disability status, Aboriginal status, SEIFA, ECEC location and/or level of contact with the child

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004). The Effective Provision of Pre-school Education (EPPE) Project: Findings from pre-school to end of key stage 1. Nottingham, United Kingdom: Department for Education and Skills. https://ro.uow.edu.au/cgi/viewcontent.cgi?article=3155&context=sspapers. Accessed 21/12/22.



Melbourne Graduate School of Education (2016). The E4Kids study: Assessing the effectiveness of Australian early childhood education and care programs. Overview of findings at 2016. Final report to the Partner Organisations of the Effective Early Educational Experiences (E4Kids) study. <u>E4Kids-Report-3.0 WEB.pdf</u> (unimelb.edu.au). Accessed 21/12/22.

New South Wales Government (2018). A review of the effects of early childhood education. Literature review. Department for Education Centre for Education Statistics and Evaluation (6 March 2018). <a href="https://education.nsw.gov.au/content/dam/main-education/about-us/educational-data/cese/2018-effects-of-early-childhood-education.pdf">https://education.nsw.gov.au/content/dam/main-education/about-us/educational-data/cese/2018-effects-of-early-childhood-education.pdf</a>. Accessed 21/12/22.

protection system) within the sample population. Without randomisation of groups, an imbalance of sample characteristics is likely to occur. Applying this statistical method, essentially removes/neutralises the influence of any observable confounders.<sup>10</sup>

Table 4 below shows the proportions of children developmentally vulnerable in one or more domains of the AEDC, by ECEC experience.

Table 4 Children developmentally vulnerable in one or more domains of the Australian Early Development Census by ECEC experience

	All children			Received some ECEC		Did not receive any ECEC			Unknown ECEC experience			
	2015	2018	2021	2015	2018	2021	2015	2018	2021	2015	2018	2021
New South Wales	20.2%	19.9%	21.2%	18.0%	18.0%	19.2%	35.3%	37.4%	38.6%	27.6%	27.1%	28.0%
Victoria	19.9%	19.9%	19.9%	18.2%	18.3%	18.4%	44.2%	43.9%	40.6%	34.0%	31.0%	29.9%
Queensland	26.1%	25.9%	24.7%	22.7%	23.0%	22.1%	40.6%	41.3%	42.4%	34.2%	33.9%	32.5%
South Australia	23.5%	23.9%	23.8%	22.5%	23.1%	22.9%	41.6%	41.1%	45.6%	34.1%	31.9%	32.9%
Western Australia	21.3%	19.4%	20.3%	20.3%	18.3%	19.4%	39.6%	37.5%	39.8%	33.3%	33.5%	29.7%
Tasmania	21.0%	21.5%	23.2%	20.2%	21.2%	22.9%	46.2%	35.2%	33.8%	30.6%	30.9%	29.4%
Northern Territory	37.2%	35.8%	39.2%	34.5%	35.0%	38.4%	66.9%	62.2%	70.8%	46.0%	36.0%	35.6%
Australian Capital Territory	22.5%	24.6%	26.7%	21.2%	23.9%	26.1%	49.2%	56.1%	45.1%	31.2%	29.0%	32.4%
Australia	22.0%	21.7%	22.0%	19.9%	19.8%	20.3%	38.9%	39.8%	40.7%	32.0%	30.9%	30.2%

Source: Report on Government Services (RoGS) Early childhood education and care 2022

#### Notes:

- (a) Children classified as developmentally vulnerable score below the 10th percentile (in the lowest 10 per cent) of the national AEDC population for an AEDC domain
- (b) Received some ECEC includes any formal childcare or preschool. Family day care and informal care are not included
- (c) Data are reported by school teachers and are therefore, dependent on the teacher's knowledge of the child's ECEC experience
- (d) ECEC experience is just one factor contributing to development. A range of other factors also influence development outcomes, including parental and family circumstances and other services such as health and parenting support
- (e) The data do not include how much ECEC children received (eg, hours per week)
- (f) Not all children in the dataset have a complete response for if they attended ECEC.

Confounders have the potential to change the results of research because they can influence the outcomes that the researchers are measuring. Research that concludes that there is an association or a 'correlation' between a factor and an outcome (for example high alcohol consumption and liver disease) should also consider whether there might be any confounding factors. If researchers do not consider confounders, the results of their research might not be valid. <a href="https://www.understandinghealthresearch.org/useful-information/confounders-17">https://www.understandinghealthresearch.org/useful-information/confounders-17</a>.



## 7 South Australian cohorts at risk of poorer development outcomes

#### Profile of SA children (birth to four years)

Census 2021 reported that there were 94,200 children under five years living in SA, including 4,500 Aboriginal children (4.8%).

At 30 June 2021, more than half of all children under five years in SA were from low socioeconomic communities with 27% living in the most disadvantaged socio-economic conditions (Table 5 below).

Compared to the national average, SA had a higher proportion of children living in the most disadvantaged socio-economic conditions than NSW, VIC, QLD, WA and the ACT.

Table 5 Percentage of children (birth to four years) by socioeconomic level (IRSD), 30 June 2021

State / territory	Quintile 1 (Most disadvantaged)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (Least disadvantaged)	Total
New South Wales	24.3%	24.3%	19.1%	12.6%	19.7%	100%
Victoria	13.3%	18.5%	21.7%	23.6%	22.9%	100%
Queensland	21.9%	16.7%	22.3%	23.8%	15.3%	100%
South Australia	27.4%	29.0%	16.6%	18.2%	8.9%	100%
Western Australia	11.3%	19.5%	25.1%	24.2%	19.8%	100%
Tasmania	44.3%	18.3%	18.3%	16.2%	3.0%	100%
Northern Territory	28.1%	7.5%	22.1%	17.3%	25.0%	100%
Australian Capital Territory	0.1%	0.9%	5.2%	33.4%	60.4%	100%
Australia	20.0%	20.2%	20.7%	20.0%	19.2%	100%

Source: Australian Bureau of Statistics, cat no. 3235.0 Regional Population by Age and Sex, Australia, June 2021 and Australian Bureau of Statistics, cat no. 2033.0.55.001 Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016.

#### Notes:

- (a) Due to rounding the row percent may not add up exactly to 100%. IRSD cuts are based on ranking within Australia. Excludes Unknown classification of IRSD.
- (b) Quintiles are used for the Socio-Economic Indexes for Areas (SEIFA). The lowest quintile (Quintile 1) represents the most socio-economically disadvantaged areas; the highest quintile (Quintile 5) represents the least socioeconomically disadvantaged areas.



Table 6 Number of children developmentally vulnerable in one or more domains by socioeconomic quintiles, 2021

State / territory	Quintile 1 <sup>(a)</sup> (Most disadvantaged)	Quintile 2	Quintile 3 <sup>(b)</sup>	Quintile 4	Quintile 5 (Least disadvantaged)
New South Wales <sup>(c)</sup>	5,808	3,963	3,075	2,946	3,191
Victoria <sup>(c)</sup>	3,444	2,941	2,967	2,732	1,669
Queensland <sup>(c)</sup>	4,153	3,585	3,029	2,660	1,653
South Australia (b)	1,663	1,067	779	646	335
Western Australia <sup>(c)</sup>	1,386	1,380	1,509	1,573	989
Tasmania <sup>(b)</sup>	602	312	236	102	45
Northern Territory <sup>(c)</sup>	482	157	165	176	164
Australian Capital Territory <sup>(b)</sup>	16	104	302	424	628

Source: Australian Early Development Census (AEDC), 2021 results

#### Notes:

#### Children who are developmentally vulnerable in South Australia

Regarding children's developmental vulnerability in one or more domains in SA by socioeconomic quintiles across the five AEDC data collection periods, it is evident that since 2009 there has been an increase in vulnerability in all quintiles except quintile 3 where the decrease is slight (see Figure 6).



<sup>(</sup>a) Quintiles are used for the Socio-Economic Indexes for Areas (SEIFA). The lowest quintile (Quintile 1) represents the most socio-economically disadvantaged areas; the highest quintile (Quintile 5) represents the least socioeconomically disadvantaged areas

<sup>(</sup>b) Data from missing / unclassified SEFIA are added into the Quintile 3

<sup>(</sup>c) Data from missing / unclassified SEFIA are not shown in the table.

Figure 6 Change in developmental vulnerability in one or more domains in SA by socioeconomic quintiles, 2009 - 2021



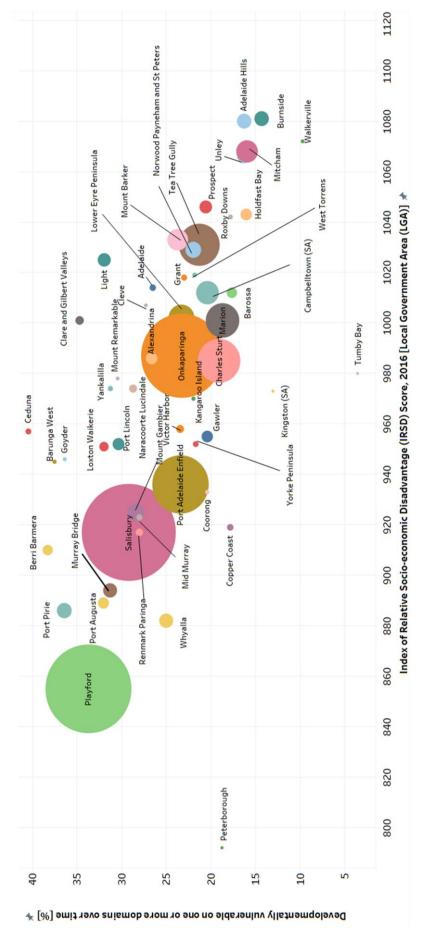
Source: Australian Early Development Census (AEDC), 2021 results

Note: Unclassified socioeconomic quintiles are reported Quintile 3 as one category 'Quintile 3/Missing'



(Note: The size of the bubble represents the number of children developmentally vulnerable, while the placement of the bubble shows the percentage school, presented by local government areas indicate highest numbers in northern Adelaide and some regional and rural council areas. AEDC cross-sectional results for the proportion of children with developmental vulnerability in one or more domains when commencing of children developmentally vulnerable, in the local government areas, by socioeconomic status.)

Figure 7 SA's 2021 AEDC results for the proportion of children with developmental vulnerability in one or more domains, by local government areas



Source: Australian Early Development Census (AEDC), 2021 results; ABS Local Government Area, Indexes, SEIFA 2016 - Index of Relative Socio-economic Disadvantage (IRSDNotes: Excludes data with unclassified IRSD. Unreported AEDC results due to suppression rules are not reflected in the chart. Of the 71 LGAs, only 59 LGAs shown in this chart



#### Key takeaways from the 2021 AEDC results for South Australia

The main messages from the AEDC results in 2021 are that:

- there are vulnerable children at every socioeconomic level of the whole population in SA (Figures 6 and 7)
- the largest numbers of children developmentally vulnerable in SA live in quintiles 2, 3 and 4. In fact, three-fifths (56%) of all children (birth to five years) who are developmentally vulnerable live in the three middle socioeconomic quintiles (2,492 out of 4,490) (Table 6)
- from 2009 to 2021, the proportions of children developmentally vulnerable in one or more domains are from the lowest socioeconomic quintiles (Figure 6)<sup>11</sup>
- since 2015, there has been a steady rise in the proportion of children (birth to five years) who are developmentally vulnerable in one or more domains living in the two *least disadvantaged* circumstances, ie quintiles 4 and 5 (Figure 6)<sup>12</sup>
- the proportion of children developmentally vulnerable in one or more domains in socioeconomic quintile 4 was 1.2 percentage points higher in 2021 than in 2018. There were also minor changes for the other socioeconomic quintiles (Figure 6).

<sup>(1,663)</sup> and 2 (1,067) (Table 6).

Smaller proportions of children who are developmentally vulnerable in one or more domains are associated with higher socioeconomic levels (Figures 6 and 7).



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In 2021, the highest numbers of children who were developmentally vulnerable in one or more domains were in quintiles 1 (1.663) and 2 (1.067) (Table 6).



### Royal Commission into Early Childhood Education and Care

Session 1 – Wednesday 25 January 2023

# How are South Australia's children going overall? How are they going in the early years?

#### Intended outcome:

Understand how South Australia's children are developing relative to other jurisdictions, especially in the early years; understand what South Australian cohorts are at risk of poorer development

Annexures for the submission from the Child Development Council prior to the appearance as a witness by Adjunct Associate Professor Victoria Whitington,

Presiding Member, Child Development Council

13 January 2023



# Session 1: Royal Commission into Early Childhood Education and Care

The Royal Commission into Early Childhood Education and Care has posed the following two questions for consideration at session 1, Wednesday 25 January 2023:

# How are South Australia's children going overall? How are they going in the early years?

#### Intended outcome:

Understand how South Australia's children are developing relative to other jurisdictions, especially in the early years; understand what South Australian cohorts are at risk of poorer development

Annexures for the seven specific topic areas and/or questions that the Child Development Council has responded to in a submission regarding:

- 1 Function of the Child Development Council
- 2 Process by which measures are developed and agreed
- 3 An overview of young South Australians
- 4 How do we know how South Australia's children are faring in the early years?
- 5 Gaps in our knowledge
- 6 South Australian early childhood development outcomes vs other jurisdictions
- 7 South Australian cohorts at risk of poorer development outcomes.



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# Annex 1: Child Development Council, Outcomes Framework for Children and Young People, Charter for Children and Young People and Charter Ambassador Program

#### Child Development Council - key messages

- is an independent statutory body with a key role in monitoring and reporting how children and young people (birth to 18 years) are faring in SA
- advises and reports to the Government of South Australia on the outcomes for young
   South Australians, highlighting areas of excellence and where greater effort is needed
- has a legislated function under the Act to prepare and maintain SA's framework, which guides State authorities to work individually and collectively to improve outcomes for young South Australians
- seeks to works collaboratively with the four other oversight and advocacy bodies
   established under the Act, namely the Commissioner for Children and Young People,
   Commissioner for Aboriginal Children and Young People, Guardian for Children and
   Young People and the Child Death and Serious Injury Review Committee.

To Council works to fulfil its legislated mandate to improve the outcomes of all young South Australians by:

- raising awareness of the framework
- encouraging State authorities to give effect to the framework
- reporting population-level outcomes in five legislated dimensions
- advising the Government of SA how children and young people are faring overall at a systemic level in SA.

#### Outcomes Framework for Children and Young People – key messages

#### The framework:

- facilitates reporting of systemic outcomes in five legislated areas, namely; health, education, safety, wellbeing and citizenship
- provides a common basis across state and local governments for creating strategies, setting objectives or developing or implementing policies related to, or affecting, children and young people



- supports the development and wellbeing of young South Australians
- adopts a long-term focus to track and improve the outcomes of all children and young people in SA by monitoring how well they are faring in terms of having 'a good life' as presented in its charter of conditions.
- aims to ensure young South Australians are physically, mentally and emotionally healthy; safe and nurtured; happy, inspired and engaged; successful learners and actively participating in society
- is leading the way nationally with a legislated framework specifically for children and young people; the first framework was gazetted on 14 November 2019; the legislation requires review of the framework once in each three-year period with open consultation for the first review from 1 February to 30 June 2022 and targeted community consultation with Aboriginal stakeholders in June, July and August 2022.

## The framework identifies agreed outcomes and:

- sets out in 20 conditions for all children and young people to thrive in SA's Charter for Children and Young People (Charter)
- provides a systemic mechanism to track, monitor and report on outcomes in accordance with stated indicators
- provides evidence of inequalities for specific communities of children and young people to identify where improvements are needed
- identifies emerging trends, and current and potential challenges
- provides evidence for decision-making for policies, strategies and other interventions to improve the lives of South Australia's youngest citizens
- requires the cooperation and collaboration of state and local government authorities.



## Charter for Children and Young People - key messages

- At the core of the framework is SA's Charter for Children and Young People<sup>1</sup> (Charter).
- The Charter consists of 20 conditions that all children and young people in South Australia can and should have for a good life now and in the future.
- The development of the Charter was informed by children and young people in 2019
- The Charter was launched with children and young people in 2021
- Her Excellency the Honourable Frances Adamson AC, Governor of South Australia, is SA's Charter Patron.

## **Charter Ambassador Program – key messages**

- The Charter is being promoted by children and young people through the Charter Ambassador Program (CAP) which was launched on 10 May 2022 at a Government House reception hosted by SA's Charter Patron
- The CAP:
  - seeks to 'give life' to the Charter by giving children and young people who are Charter Ambassadors a venue to raise awareness of the Charter conditions with their peers
  - promotes the notion that children and young people should be safe, happy and well
    and have a democratic right to be involved in decisions that impact them.
- Through the CAP the Charter Ambassadors develop a better understanding of the notion of citizenship and the role of children and young people in shaping the future.
- The CAP aims to grow the Charter Ambassadors' sense of connectedness with society and community.
- Involvement in the CAP is facilitated by voluntary CAP Facilitators (eg, teachers) at primary and secondary schools from all school sectors in SA.
- A handful of honorary CAP Sponsors are on board to promote the Charter and have occasional involvement in CAP events.

On 5 June 2019, a diverse group of more than 120 children and young people (7-18 years) attended a Charter Summit. They considered the five dimensions and identified what was important to them to have a good life. Their views informed the development of the Charter.



# Annex 2: Excerpts of the Children and Young People (Oversight and Advocacy Bodies) Act 2016 and of the Children and Young People (Oversight and Advocacy Bodies) Regulations 2017

## Children and Young People (Oversight and Advocacy Bodies) Act 2016

## Part 6, Division 1—Child Development Council

## 55—Functions and powers of Council

- (1) The primary function of the Council is to prepare and maintain the Outcomes Framework for Children and Young People.
- (2) The Council has the following additional functions:
  - (a) to advise and report to the Government on the effectiveness of the Outcomes Framework in-
    - (i) keeping children and young people safe from harm; and
    - (ii) ensuring that children and young people are cared for in a way that allows them to realise their potential; and
    - (iii) improving the physical and mental health, and the emotional wellbeing, of children and young people; and
    - (iv) improving the participation of children and young people in educational and vocational training; and
    - (v) improving the participation of children and young people in sporting, creative, cultural and other recreational activities; and
    - (vi) ensuring that children and young people are properly prepared for taking their position in society as responsible citizens; and
    - (vii) maintaining the cultural identity of children and young people;
  - (b) to promote the implementation of the Outcomes Framework in respect of matters affecting children and young people under the laws of the State;
  - (c) such other functions as may be assigned to the Council under this or any other Act or by the Minister.
- (3) In performing the functions under this section, the Council should, as far as is reasonably practicable, seek to work collaboratively with
  - (a) State authorities and Commonwealth agencies that have functions that are relevant to those of the Council; and
  - (b) relevant industry, professional and community groups and organisations.
- (4) Subject to this Act, the Council has such powers as may be necessary or expedient for the performance of the Council's functions.



## Part 6, Division 2—Outcomes Framework for Children and Young People

## 57—Outcomes Framework for Children and Young People

- (1) There is to be an Outcomes Framework for Children and Young People.
- (2) Without limiting any other matter that may be included in the Outcomes Framework, the Outcomes Framework must include a Charter for Children and Young People.
- (3) The Outcomes Framework is to be prepared by the Child Development Council.
- (4) The Council must, in preparing the Outcomes Framework
  - (a) act in accordance with any instructions of the Minister; and
  - (b) consult with -
    - (i) the CCYP and the CACYP; and
    - (ii) any other person or body prescribed by the regulations, and may consult with any other person or body that the Council thinks appropriate; and
  - (c) engage children and young people, and their parents, carers and families; and
  - (d) ensure an appropriate focus on the needs of priority population groups; and
  - (e) develop performance indicators against which progress in relation to the development and wellbeing of children and young people in the State can be tracked over time.
- (5) The regulations may make further provisions with regard to the Outcomes Framework including, without limiting the generality of this subsection, provisions relating to
  - (a) how the Outcomes Framework is to be prepared; and
  - (b) the form of the Outcomes Framework and any variation of the Outcomes Framework; and
  - (c) the kinds of information to be included in the Outcomes Framework; and
  - (d) consultation requirements relating to the Outcomes Framework; and
  - (e) consideration and approval of the Outcomes Framework by the Minister; and
  - (f) requirements as to the ongoing review of the Outcomes Framework; and
  - (g) variation or substitution of the Outcomes Framework, including provisions limiting a matter referred to in a preceding paragraph.
- (6) The Outcomes Framework, and any variation or substitution of the Outcomes Framework, has effect from the time it is approved by the Minister.
- (7) The Council must, on the Outcomes Framework or a variation of the Outcomes Framework being approved by the Minister
  - (a) cause the Outcomes Framework or variation to be published in the Gazette; and
- (b) cause the Outcomes Framework to be published on a website determined by the Minister.



## Children and Young People (Oversight and Advocacy Bodies) Regulations 2017

## 12—Outcomes Framework for Children and Young People

- (1) For the purposes of section 57(4)(b)(ii) of the Act, the following persons and bodies are prescribed:
  - (a) the Minister to whom the administration of the Children and Young People (Safety) Act 2017 is committed;
  - (b) the Department (within the meaning of the Children and Young People (Safety) Act 2017);
  - (c) the Minister to whom the administration of the Education Act 1972 is committed;
  - (d) the administrative unit of the Public Service assisting a Minister with the administration of the Education Act 1972:
  - (e) the Minister to whom the administration of the Health Care Act 2008 is committed;
  - (f) the administrative unit of the Public Service assisting a Minister with the administration of the Health Care Act 2008:
  - (g) the Guardian for Children and Young People.
- (2) Pursuant to section 57(5) of the Act, the Outcomes Framework must contain provisions of the following kinds:
  - (a) provisions designed to provide a common basis across the whole of government for creating strategies, setting objectives or developing or implementing policies related to or affecting children and young people;
  - (b) provisions addressing the needs of children and young people in each of the following areas:
    - (i) health;
    - (ii) safety;
    - (iii) wellbeing;
    - (iv) education;
    - (v) preparedness for adulthood;
  - (c) provisions requiring cooperation and, where appropriate, collaboration between State authorities and other persons or bodies performing functions and duties that relate to or affect children and young people;
  - (d) provisions designed to improve outcomes for Aboriginal and Torres Strait Islander children and young people in each of the areas referred to in paragraph (b), as well as any other areas particularly affecting Aboriginal and Torres Strait Islander children and young people;
- (e) provisions designed to enable outcomes for children and young people in the State to be measured and reported on (including provisions requiring the collection of



- specified data relating to performance indicators referred to in section 57(4)(e) of the Act), and may contain such other provisions as the Council or Minister thinks fit.
- (3) Pursuant to section 57(5) of the Act, the Council must (in addition to the consultation required under section 57(4)(b) of the Act) undertake additional consultation in respect of the preparation of the Outcomes Framework as follows:
  - (a) consultation with such persons or bodies as may be specified by the Minister;
  - (b) such other consultation (including, without limiting the generality of this paragraph, community consultation) as may be required by the Minister.
- (4) Pursuant to section 57(5) of the Act, the Child Development Council may, with the approval of the Minister, vary or substitute the Outcomes Framework.
- (5) Subject to this regulation, in preparing a variation or substitution of the Outcomes Framework, the Council must undertake the following consultation:
  - (a) in the case of a variation determined by the Minister to be a minor variation—
    - (i) consultation with the Commissioner; and
    - (ii) such other consultation as may be required by the Minister;
  - (b) in any other case—the consultation required by section 57(4)(b) of the Act and subregulation (3) in the preparation of the Outcomes Framework.
- (6) Pursuant to section 57(5) of the Act, the Child Development Council must review the Outcomes Framework at least once in each 3 year period.



## Annex 3: Refining the indicators and measures for the inaugural Outcomes Framework for Children and Young People through consultation

In response to the consultation feedback, the Council:

- removed age ranges from measures, unless deemed appropriate
- removed specific time frames from the measures (eg, 'in the previous 12 months')
   unless appropriate
- added 'Children and young people live in safe housing' to the safety dimension
- added a behaviour management measure to the education dimension
- moved the measure regarding suicide from the health to the wellbeing dimension.

The following general recommendations were accepted:

- removing ages or age ranges from the measures, except where the Council deemed it necessary to report on a specific age or age range
- removing references to time periods in the measures (eg, 'in the previous month').

Recommendations accepted for the health dimension included:

- creating a new measure 'Proportion of children and young people who have dental decay' (replacing the following three dental measures):
  - Number of children 5 years and under with tooth decay, number of children 2 years and under requiring a general anaesthetic linked to tooth decay and the proportion of 12-year-olds who had experienced some tooth decay in their permanent teeth
- renaming the indicator 'Children have a healthy start to life' to 'Children have a healthy early life'
- moving the measure 'Rate of suicide for children and young people' from the health dimension to the wellbeing dimension.

Recommendations accepted for the safety dimension included:

- creating a new indicator 'Children and young people live in safe housing'
- creating the measure 'Proportion of children and young people living in households with housing stress' (households that spend more than 30% of their income on housing costs)



- deleting the indicator 'Children and young people are nurtured'
- moving these measures from the safety dimension to the wellbeing dimension:
  - Proportion of children and young people connected to adults in their home
  - Proportion of children and young people connected to adults in their school
  - Proportion of children and young people connected to adults in their community
- deleting the measure 'Proportion of children and young people who know how to get help'.

Recommendations accepted for the wellbeing dimension included:

- including 'friendship' in the indicator 'Children and young people are connected to family, friends and culture'
- adding the measure 'Proportion of children and young people who have one or more friends in whom they can confide'
- renaming two measures 'Proportion of children and young people participating in cultural
  activities' and 'Proportion of children and young people attending cultural venues and
  events' (by removing the word 'selected')
- moving the measure 'Rate of suicide for children and young people' from the health dimension to the wellbeing dimension.

Recommendations accepted for the education dimension include:

- adding the word 'work' and removing the words 'according to their capabilities' from the indicator 'Children and young people are engaged in school, further education, training or work'
- adding a behaviour management incident measure 'Rate of attendance for students enrolled in school'.

Recommendations accepted for the citizenship dimension included:

- rewording all three indicators and re-allocating measures to the revised indicators
  - Children and young people develop skills for an independent life
  - Children and young people participate in decisions that affect them directly and wider society
  - Children and young people are engaged in community activities.



## Annex 4: Consultation for the development of the inaugural Outcomes Framework for Children and Young People

## **Targeted consultation**

In December 2018 and January 2019, the Council invited 40 key stakeholders to advise regarding proposed indicators and measures; 14 submissions were received.

The Council's Presiding Member, Council members and staff consulted face-to-face with individuals and organisations, and have continued to do so, and presented to the (then) Social Affairs Cabinet Committee about proposed indicators and measures. SACC indicated that there should not be too many measures (eg, the framework should not aim to replace the (then) obsolete SA's Strategic Plan.

## **Open consultation**

The Council's open consultation was held in April and May 2019 with the (then) Minister for Education launching the consultation with a media release on 5 April 2019. The closing date was 31 May 2019 however; late submissions were accepted in June 2019.

The open consultation regarding indicators and measures occurred by means of:

- YourSAy and advertisements in 16 country newspapers
- email invitations to 378 Aboriginal and non-Aboriginal individuals and organisations (with a request to on-forward the invitation leading to an 'open' rate of 6,103)
- face to face meetings, eg with the South Australian Aboriginal Advisory Committee, the
   Commissioner for Aboriginal Children and Young People (CACYP) and others
- Council Facebook page <a href="https://www.facebook.com/CDCChildDevelopmentCouncil/">https://www.facebook.com/CDCChildDevelopmentCouncil/</a> and website www.childrensa.sa.gov.au
- an online survey for children and young people and face-to-face forums and/or focus groups with children and young people.

Stakeholders were invited to review the proposed indicators and measures for the framework and to submit feedback, using either a template (that allowed for comments on one or more of the indicators and measures and/or for general comment) or by writing a submission. Thirty-one submissions were received (20 on the template and 10 written submissions).



In May 2019, the Council consulted face-to-face in Roxby Downs, primarily with up to 600 students and their teachers at the Roxby Downs Area School (RDAS).

## **Prescribed consultation**

The Regulations contain additional consultation requirements with prescribed persons or bodies including the Guardian for Children and Young People (Guardian). The Guardian commented twice on the proposed indicators and indicative measures. Consultation with other prescribed government agencies occurred throughout August 2019.

## Children and young people

Feedback from children and young people was obtained through focus groups, forums and a short online survey (open from 5 April to 7 June 2019). The online survey content was developed with the Youth Affairs Council of South Australia and was widely promoted as part of the open consultation including via YourSAy. Participation in the online survey was promoted in all face-to-face consultation with children and young people (resulting in a high response rate from RDAS students).

Face-to-face consultation with children and young people included three focus groups; Services to Youth Council (n19), Women's and Children's Health Network Youth Advisory Group (n18) and Student leaders (Years 3-12, RDAS) and members of the Roxby Downs Youth Advisory Council (n24).

The Council also partnered with YACSA to consult young people (12-18 years). YACSA held four forums across the metropolitan area and the Adelaide Hills, and two in Whyalla. In total, YACSA consulted 78 young people as follows; Adelaide (n16), Adelaide Hills (n6), North (n17), South (n7) and Whyalla (n32).

The 78 young people that participated in the YACSA forums identified themselves as representing one or more of the following 'lived experience' categories:

Aboriginal Mental health issues LGBTIQ

Disability Homeless/at risk of homelessness Mainstream

Education (preschool, primary, secondary, home)

Education (alternative, eg flexible learning options)

Education (college, TAFE, university)



## Annex 5: Outcomes Framework Data and Technical Report specifications and definitions for framework measures

The specifications template and definitions are shown in figure 1 below.

Figure 1 Specifications template and definitions for framework measures

Dimension:	Indicator: Both as stated in the Outcomes Framework.			
Measure	The measure as stated in the Outcomes Framework.			
Rationale	The reason for inclusion based on up to date and best available data & evidence.			
Reporting	Reporting for this measure based on the data that are available.			
Definition	Numerator	The number of children and young people that satisfy the measure in the sample population.  Total number of children and young people in the sample population.		
	Denominator			
	Time period	What time period the data is collected in (eg calendar year or financial year).		
	Mode	Relative frequency (proportion, percentage, rate etc.)		
Data source	Main dataset	Link to main dataset.		
	Alternatives	Link to alternative dataset.		
Data availability	Baseline year	Annual data – 5 years previous to the current year (currently 2014).  Non-annual data – The data directly preceding the current release.  Census data – 2011.  How often new data are released.  Age range of children and young people reported in the measure.  The next most likely year for which the data will be reported.  When the next data might be published (based on the release dates of previous data).		
	Frequency			
	Age			
	Next data			
	Release date			
Breakdown Data availability for the following sub-categories.	Age	Sex	Aboriginal	
	Geography	Socioeconomic	Disability	
Maps	The geography classification of the maps.			
Comparability State, national and international benchmarking.	State/territory	National	International	
Further information	Any further info	rmation or explanation regarding	the data.	



## Annex 6: Face-to-face community consultation with Aboriginal community stakeholders for the first review of the Outcomes Framework for Children and Young People

A key finding from the consultation was that the Council and the framework are not well known. Time was spent explaining the role of the Council and the framework and how influential it can be for communities to be a part of the review process. The framework can be used as a tool in planning and reporting on programs for children and young people and advocating for increased funding and service provision. With this context, community members were generous with their time and engagement in the workshops.

There was a clear message from participants, that the Council's work is important and that there should be ongoing engagement with stakeholders and community members across regional and remote SA to inform the framework and the work of the Council.

Five community consultation events were held, four in regional SA and one in Adelaide. Meetings were also held with individual organisations across SA throughout the face-to-face consultation period from June to August 2022. During the workshops participants found out about the Council and the framework and were then asked two questions:

- Do the measures tell us enough about the children and young people in this community?
- Is the government getting the right information about children and young people in South Australia?

The lived experience of participants who attended and participated in the face-to-face community consultation sessions in 2022 for the inaugural, mandated, review of the framework is shown in the table 1 below.



Table 1 Lived experience of Aboriginal people involved in face-to-face consultation for the framework review in 2022

	Geographical location	
Lived experience (alphabetical) profile of participants	Urban	Rural
	Adult	Adult
Apprentice or trainee		
Aboriginal	10	23
Chronic illness	2	4
Disability		1
Education (preschool, primary, secondary, home)	2	10
Education (college, TAFE, university)	6	13
Education (alternative eg flexible learning options)		
Homeless/at risk of homelessness		11
LGBTIQ		1
Mainstream		
Mental health issues		2
Migrant/refugee/new arrival/CALD		1
Out of home care		1
Young carers	1	1
Youth justice (contact)		
Working	11	33

## Annex 7: How are they faring? South Australia's 2022 Report Card for children and young people – excerpt of information relevant to children (birth to five years)

## **Health dimension**

Most children and young people, including Aboriginal children and young people in SA are in **good health**.

## Positive trends include:

- a high proportion of women attending a first antenatal visit in the first 14 weeks of pregnancy and declining smoking rates in pregnancy
- viewed in the national context, SA's infant mortality rate is low and childhood immunisation rates are high
- the proportion of Aboriginal women under 20 years of age at the time of giving birth is lower than the national proportion
- the mortality rate for Aboriginal infants in the first year after birth is lower than the national rate.<sup>2</sup>

## Concerning trends include:

- that more than 95% of children and young people (2-17 years) in SA don't meet national guidelines for vegetable consumption
- the proportion of Aboriginal women in SA attending a first antenatal visit in the first 14 weeks of pregnancy is lower than the national rate (2019)
- fewer Aboriginal two-year-old children in SA are fully immunised than nationally.

## Safety dimension

Most children and young people in SA, including Aboriginal children and young people, are **safe** from preventable injury, abuse and neglect.

Positive trends include:

<sup>&</sup>lt;sup>2</sup> These data for state and national comparison are four to five years old (2017-18).



- a reduction in the proportion of children and young people presenting to public hospital emergency departments whose presentations are classified as 'potentially preventable hospitalisations'
- a significant reduction in police cautions or fines to drivers for passengers under 16 years not being safely restrained
- a lower rate of deaths for Aboriginal children and young people, classified as preventable deaths
- the proportion of presentations by Aboriginal children and young people under 18 years to public hospital emergency departments, whose presentations are classified as 'potentially preventable hospitalisations', was lower in 2021 than 2017.

### Of the utmost concern is that:

- increasing numbers of children and young people have contact with the child protection and youth justice systems, eg:
  - more children and young people are *in* out-of-home care (OOHC) and substantiated notifications for infants and children (birth to nine years) have increased significantly
  - an increase in children and young people under 18 years being victims of *offences* against the person reported to the police.
- second highest rate of all Australian jurisdictions for Aboriginal children and young people *entering* OOHC during 2020-21 and being *in* OOHC at 30 June 2021
- substantiation rate of 169.2 per 1,000 population for Aboriginal infants (birth to 12 months) was almost double the national rate (85.6 per 1,000 population in 2020-21)
- the rate of Aboriginal children and young people under 18 years who were victims of offences reported to the police was 104.7 per 10,000 population in 2021 (up from 91.3 in 2019).

## Wellbeing dimension

Most children and young people in SA, including Aboriginal children and young people, appear to be **happy, inspired and engaged**, however, without data for Aboriginal children and young people or delayed publication of data it is difficult to be certain.

Positive trends include:



- more children (birth to five years) attend an approved childcare service in regional and remote areas<sup>3</sup>
- Aboriginal three-year-old children are more likely to be enrolled in a quality preschool program in SA than in other Australian jurisdictions
- enrolments of Aboriginal four-year-old children increased slightly from 2017 to 2021.

## Of concern is that:

- the proportion of four-year-old children enrolled in a quality preschool program in the year before attending fulltime school has reduced
- the rate of Aboriginal children (birth to five years) attending an approved childcare service (58% in 2021) was lower than the national rate (68.3% in 2021). Importantly, however, it was a significant increase from 36.4% in 2017.

## **Education dimension**

Most children and young people in SA, including Aboriginal children and young people, appear to have **positive experiences of learning**.

## Positive trends include:

 a substantial improvement in the proportion of Year 1 students in government schools reading at an age-appropriate level.

Faring less well, when compared nationally, include:

- the proportion of children developmentally vulnerable in one or more of five domains
  of the AEDC when they start school was above the national average.
- a higher proportion of Aboriginal children developmentally vulnerable in one or more of five domains under the AEDC when they enter school than the national proportion in 2018
- school attendance by Aboriginal students in Years 1-10, who were enrolled in school, was below the national attendance rate (77.3% vs 79.4%) in 2021.

Of all children (birth to five years) in SA attending an approved childcare service, approximately 9,700 were in regional areas in 2021 (9,000 in 2017) and approximately 1,300 were in remote areas in 2021 (120 in 2017). Source: Report on Government Services (RoGS) Early childhood education and care 2022



## Citizenship dimension

• The data reported under the framework for the Citizenship dimension are for young people (15 to 19 years). Indications of young people being prepared for adult life may include being financially literate, working and/or studying and voting. Most Aboriginal young people appear to be preparing for adult life, however, without recent, disaggregated data being available, it is difficult to state categorically that they have opportunities to prepare and that their preparations are on track.

The three data tables annexed to SA's 2022 Report Card are:

- Data for all children and young people, including Aboriginal children and young people
- Data for Aboriginal children and young people
- Data gaps: All children and young people, including Aboriginal children and young people.



## Annex 8: South Australia's surprising downward trend in AEDC results



## Policy Brief 1: South Australia's surprising downward trend in AEDC results

The Australian Early
Development Census (AEDC)
is a nationwide data
collection of early childhood
development at the time
children commence their
first year of full-time school.
The Instrument collects data
relating to five key areas of
early childhood
development referred to as
'domains':

- Physical health and wellbeing
- · Social competence
- · Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge.

Data from the AEDC provides crucial evidence to guide decision-making and planning and ensure resources and services are better targeted towards supporting the future and wellbeing of children and families across Australia. Importantly, the AEDC has been shown to strongly predict later health, wellbeing and academic success.

The AEDC is held every three years, with the 2018 AEDC data collection being the fourth collection, allowing communities and jurisdictions to track child development over time.

Unfortunately, unlike most other jurisdictions, **South Australia has shown a small**  but steady decline in results since the first AEDC in 2009. By comparison, Western Australia in particular but other jurisdictions also, have shown a marked improvement in child development over this same time period (refer to Figure 1).

These results cannot be accounted for by changing socio-economics and, interestingly, the communities within South Australia showing the greatest decline in results over time are the upper and middle socio-economic communities (refer to Figure 2).

As many children live in the middle and upper socioeconomic quintiles these changes

of South Australia

equate to



many more children entering the school system with less capacity to take advantage of the school learning environment. Figure 3 depicts both the percentage and the number at the same time using a bubble chart.

represents the number of children developmentally vulnerable, whereas the placement of the bubble shows the percentage of children developmentally vulnerable within the local government area by socioeconomic position. What is very clear is that there is a large number of children developmentally vulnerable across the entire socioeconomic distribution within South Australia.

The size of the bubble

Though the social gradient in child development seems to suggest that we should focus our efforts on children in low SES families, and those who have been identified as 'at-risk', this is not the case. There are vulnerable children at every SES level of our society. It is true that, if you look at the lowest SES ranges, a much higher proportion of children in these groups are vulnerable. But the largest number of vulnerable children is in the middle class SES ranges. This is because the greatest number of children can be found in these groups.

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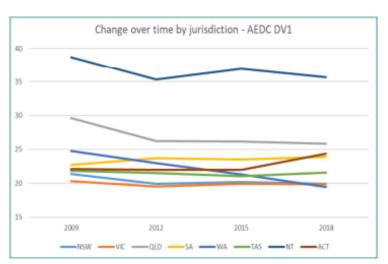


Figure 1: Jurisdiction specific changes in children developmentally vulnerable on one or more of the five AEDC domains over time.

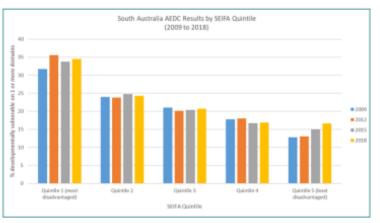


Figure 2: Change in developmental vulnerability within South Australia by socioeconomic quintile.

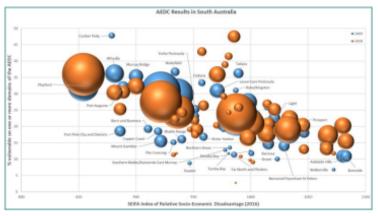


Figure 3: Bubble plot depicting the number of children developmentally vulnerable (size of the bubble) and the proportion of children vulnerable by socioeconomics for each Local Government Area in South Australia.

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So, as we search for ways of reducing inequality and flattening the social gradient in child development, we need to develop strategies that reach all children. In practice, this requires tailoring strategies to reach children in all walks of life and addressing the barriers to access that some children experience.

## A universal approach

Australia's major policy platforms such as health and education are generally universal and incorporate some element of targeting to reach vulnerable populations.

However, particularly in maternal and child health services, different jurisdictions have a different service delivery mix, with some having a stronger universal base and others putting a greater emphasis on targeted strategies.

A universal approach has the potential to improve things for children in all SES ranges.

In practice, children in higher SES ranges tend to benefit more than those in lower SES ranges. This is because lower SES families are more likely to face obstacles to accessing services – these might be physical, cultural, or social.

Using a universal approach without addressing barriers to access, one that provides the same service to all, can actually steepen the gradient, and create greater differences in child outcomes between SES ranges. The AEDC data in South Australia would indicate that this is not the case.

Targeting programs toward children who are most vulnerable has the potential to reach children in the greatest need. However, targeting also has substantial challenges.

First, targeted solutions can reach the most vulnerable children in low SES ranges in a more intensive way, and so possibly improve outcomes for these children. As the largest number of vulnerable children are in the middle SES bands and many still in the upper SES, the majority of vulnerable children are

Second, targeting programs in itself does not eliminate barriers to access – barriers such as the stigma associated with some programs continue to affect families.

Additionally, targeting poor communities may miss children in key population groups such as Aboriginal children, who are likely to face many barriers to access independent of the

geographical region in which they live.

Targeting alone then, does not flatten the social gradient overall and improve child outcomes across the whole population.

The AEDC data in South
Australia indicate that perhaps
services in the early years are
too targeted and thus missing
many vulnerable children, and
that this targeted approach is
not resulting in large
improvements in child
vulnerability for those living in
the poorest communities.

Key to reducing vulnerability in the early years is a strong universal platform of supports and services available to all children, with a targeted strategy on top of this base.

## AEDC results and implications for service provision

In South Australia, over many years, the child health nurse schedule has become increasingly targeted.

Unfortunately, without an increase in budget, these enhanced targeted services have come at the expense of undermining the universal services that were originally the foundation of the service.

Currently, on the basis of a universally offered check in the

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first few weeks after birth, families are screened into a comprehensive schedule of ongoing support. The criteria to receive this enhanced support are stringent.

Based on this first assessment, if a family is not screened in to these enhanced targeted services then no further service is proactively provided by Child and Family Health Services (CAFHS)<sup>1</sup> to the family.

Formerly CAFHS nurses proactively provided developmental screening and surveillance from birth to school age, and CAFHS doctors were trained and available to provide free standardised developmental assessments. Referral and assessment data were collected on a universal information system.

Being the one universal service system provided to families in South Australia prior to school age, the changes in AEDC results over the last 10 years may be in part a reflection of the changes to CAFHS.

Ideally, universally applied checks, rather than a passive offering, would occur not only in the first two weeks after birth, but additionally at 8 weeks (when likely indications of postnatal depression can be identified), 12 months, 2 years and 3 years.

Such a service allows for early identification of child disabilities and vulnerability thus maximising the benefit of early intervention and reducing the burden on later health, education and social services.

Ideally, CAFHS would provide the essential supports that families and young children need for optimal development and learning and be a regular, welcoming touchpoint for families.

## Monitoring all children

Importantly, child health services<sup>2</sup> should collectively provide a way of *monitoring all children*.

Currently, South Australia has no population wide data on child development prior to the federally implemented triennial AEDC, meaning we are blind to the developmental health and wellbeing of children living in our state.

As such, many children are entering the education system with unidentified disabilities and developmental delays at an age where the greatest opportunity for early intervention is already past.

## Recommendations

- That the development of all children in South Australia from birth to school age is monitored proactively and regularly.
- That universally applied checks are delivered in the first two weeks after birth, at 8 weeks, 12 months, 2 years and 3 years at a minimum.
  - CAFHS is a key state-wide service and requires adequate funding for universal, targeted and statutory child health and development services to provide key backbone services
  - Critical child development services are situated in three local health networks (North, South and Central). These services require close linkage and models that support and enhance children's development.

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