Issue 1 August 2020

EvidenceMatters

Every young South Australian Counts!

Child Development Council

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 equate to

Government of South Australia

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.

The size of the bubble 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**.

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.

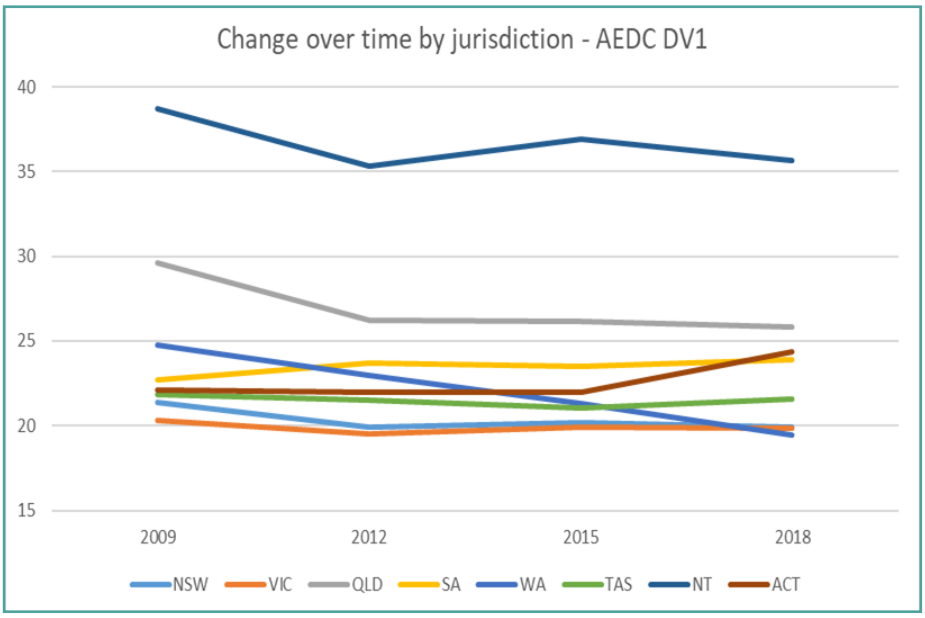

Figure 1: Jurisdiction specific changes in children developmentally vulnerable on one or more of the five AEDC domains over time.

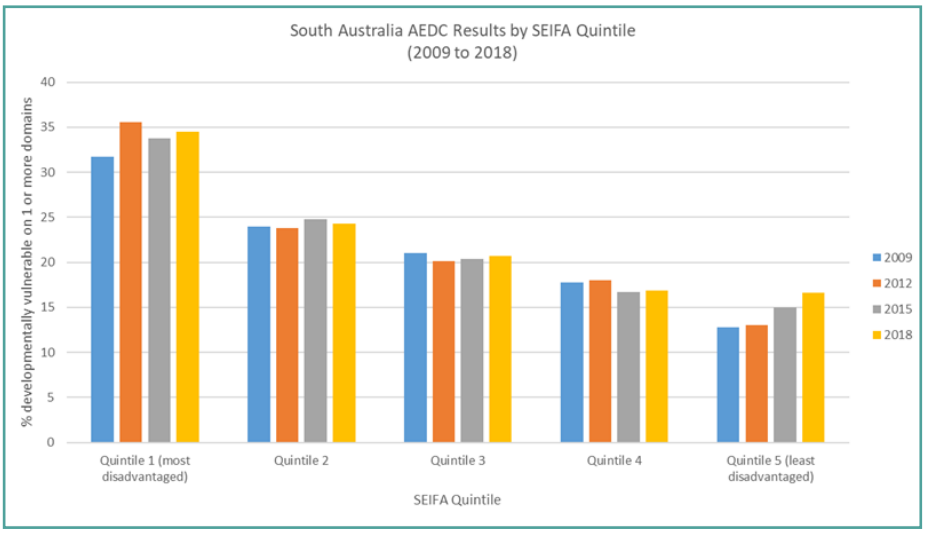

Figure 2: Change in developmental vulnerability within South Australia by socioeconomic quintile.

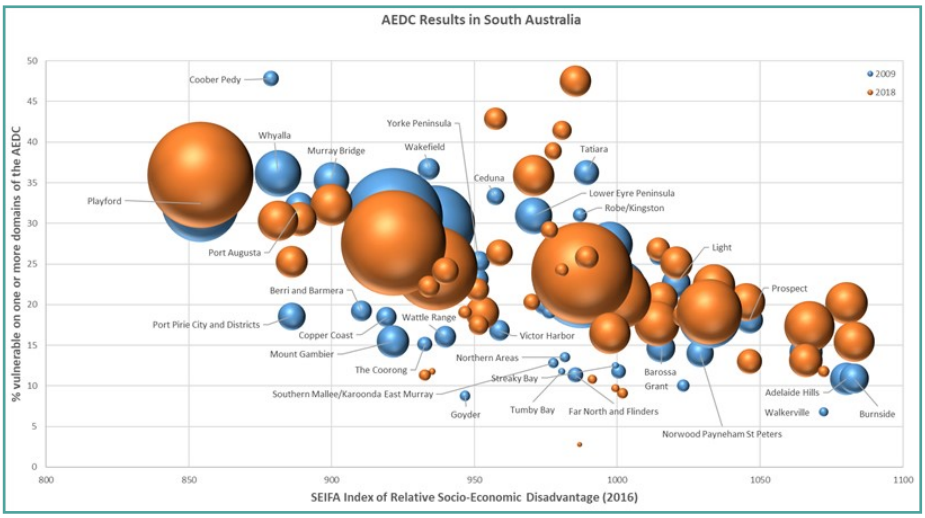

Figure 3: Bubble plot depicting the number of children developmentally vulnerable (size of the bubble) and the proportion of children vulnerable by socioeconomics for each Local Government Area in South Australia.

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 missed.

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

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)[1] 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[2] 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.*

1. *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*
2. *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.*