



## **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.

## Contents

Annex 1: Child Development Council, Outcomes Framework for Children and Young People, Charter for Children and Young People and Charter Ambassador Program.....	5
Child Development Council – key messages .....	5
Outcomes Framework for Children and Young People – key messages.....	5
Charter for Children and Young People - key messages .....	7
Charter Ambassador Program – key messages .....	7
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 .....	8
Children and Young People (Oversight and Advocacy Bodies) Act 2016.....	8
Children and Young People (Oversight and Advocacy Bodies) Regulations 2017 .....	9
Annex 3: Refining the indicators and measures for the inaugural Outcomes Framework for Children and Young People through consultation.....	12
Annex 4: Consultation for the development of the inaugural Outcomes Framework for Children and Young People .....	14
Targeted consultation .....	14
Open consultation .....	14
Prescribed consultation .....	15
Children and young people.....	15
Annex 5: Outcomes Framework Data and Technical Report specifications and definitions for framework measures .....	16
Figure 1 Specifications template and definitions for framework measures .....	16
Annex 6: Face-to-face community consultation with Aboriginal community stakeholders for the first review of the Outcomes Framework for Children and Young People .....	17

Table 1 Lived experience of Aboriginal people involved in face-to-face consultation for the framework review in 2022.....	18
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) .....	19
Health dimension.....	19
Safety dimension.....	19
Wellbeing dimension .....	20
Education dimension .....	21
Citizenship dimension.....	22
Annex 8: South Australia’s surprising downward trend in AEDC results .....	23

## **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 work 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.

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<sup>1</sup> 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 <https://www.facebook.com/CDCChildDevelopmentCouncil/> and website [www.childrensa.sa.gov.au](http://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

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



## 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**

Lived experience (alphabetical) profile of participants	Geographical location	
	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:

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<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.

<sup>3</sup> 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

Issue 1 August 2020



# EvidenceMatters

Every young South Australian Counts!



### 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



1



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.

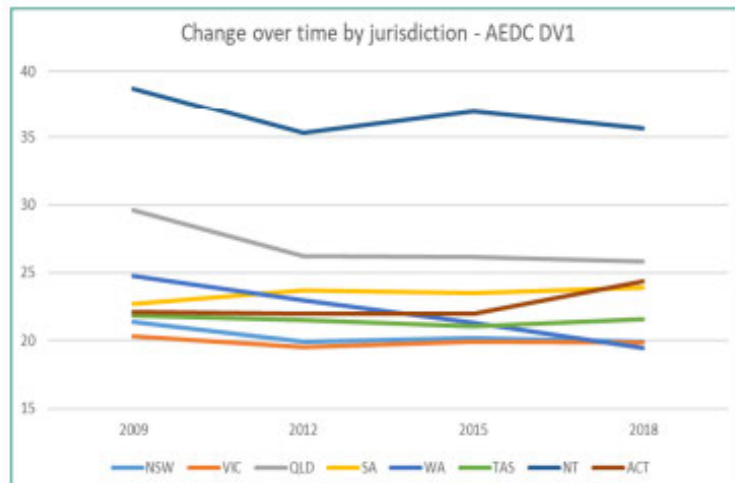


Figure 1: Jurisdiction specific changes in children developmentally vulnerable on one or more of the five AEDC domains over time.

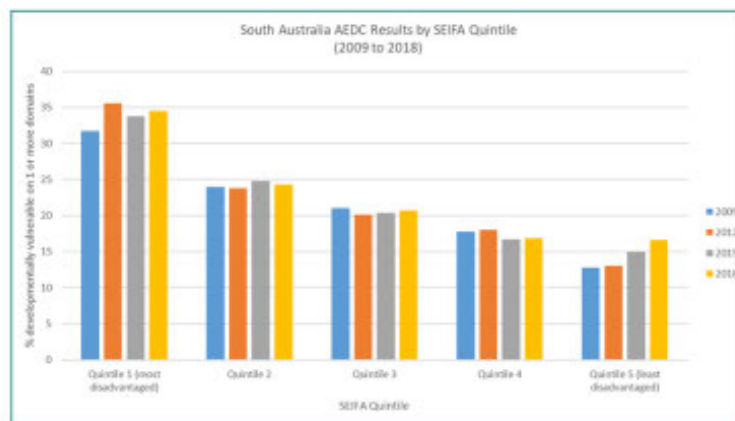


Figure 2: Change in developmental vulnerability within South Australia by socioeconomic quintile.

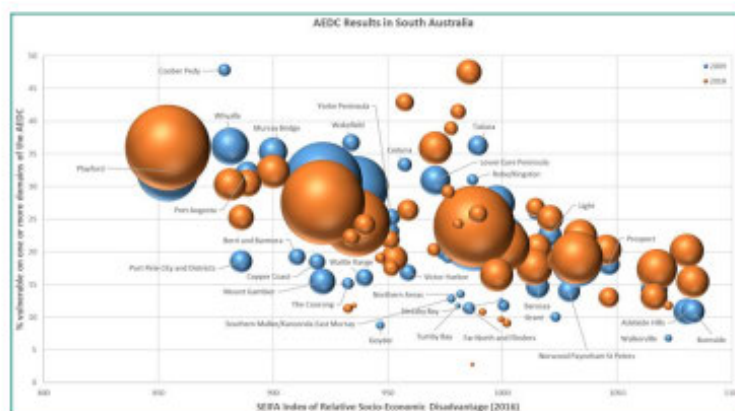


Figure 3: Bubble plot depicting the number of children developmentally vulnerable (size of the bubble) and the proportion of children vulnerable by socioeconomic for each Local Government Area in South Australia.



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)<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.*

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.*