

AEDC – For Early Childhood Educators



Fact Sheet

Australian Early Development Census

The Australian Early Development Census (AEDC) is a nationwide population survey of Australian children in their first year of full-time school to measure early childhood development. The AEDC highlights the areas in which populations of children are thriving and it also draws attention to the areas in which they could use additional support.

The census has been undertaken three times (or in three 'waves') in 2009, 2012 and 2015. By collecting the data at regular intervals, progress towards improving the development of Australian children can be tracked.

The AEDC is an initiative of the Australian Government in partnership with the Centre for Community Child Health, Royal Children's Hospital, Melbourne, and the Telethon Kids Institute, Perth. The information collected is used to inform policy, planning and practice in health, education and community sectors. Participation in the census is voluntary.

Data collection process

Teachers complete a questionnaire for each child in their first year of school, based on their knowledge and observations of the child (the child does not need to be present). If the teacher of an Aboriginal or Torres Strait Islander child is not Aboriginal or Torres Strait Islander themselves, it is recommended that the questionnaire be completed in consultation with an Indigenous Cultural Consultant (where available).

The questionnaire is made up of about 100 questions based on five key domains of early childhood development. These five domains have been shown by research to predict future health, wellbeing and academic success and include:

- Physical health and wellbeing;
- Social competence;
- Emotional maturity;
- Language and cognitive skills; and
- Communication skills and general knowledge.

The questionnaire takes around 20 minutes to complete for each child and schools are provided with funding for teacher relief time and online training.

The responses to the questionnaire are used to calculate an AEDC domain score, which then indicates whether a child can be classified as developmentally vulnerable, at risk or on track. Data are reported for groups of children at a school (shared directly with the school), community, state/territory or national level (publicly available).

Results of 2015 wave

Data was collected on 302,003 children during the 2015 data collection period. This represented approximately 96.7% of all Australian children starting school in 2015.

A significant proportion of these young children were found to be developmentally vulnerable:

- 1 in 5 (or 22%) of children were developmentally vulnerable on **one** or more domains;
- 15.5% of girls were developmentally vulnerable on **one** or more domains;
- 28.5% of boys were developmentally vulnerable on **one** or more domains;
- 1 in 10 (or 11.1%) of children were developmentally vulnerable on **two** or more domains; and
- 42.1% of Aboriginal and Torres Strait Islander children were vulnerable on **one** or more domains.

It was also determined that a number of factors are associated with development. These include:

- Where a child lives: geography – 47% of children in very remote areas were developmentally vulnerable compared to 21% of children living in major cities;
- Where a child lives: social-economic status – Nearly 33% of children living in the most disadvantaged communities were considered developmentally vulnerable on one or more of the AEDC domains,



compared to fewer than 16% of children in the least disadvantaged areas; and

- Aboriginal and Torres Strait Islander status – The percentage of Aboriginal and Torres Strait Islander children who were developmentally vulnerable was twice that of non-Indigenous children (42.1% to 20.8%).

Emerging trends

In comparing the data collected from the three waves, the proportion of children considered developmentally vulnerable improved from 2009 to 2012 (23.6% and 22% respectively), but remained the same from 2012 to 2015 (22%).

Of particular note, the percentage of Aboriginal and Torres Strait Islander children identified as developmentally vulnerable has decreased from 47% in 2009 to 42% in 2015, promising results that demonstrate the gap between Indigenous and non-Indigenous children is narrowing.

Emerging trends are presented in Figure 1.

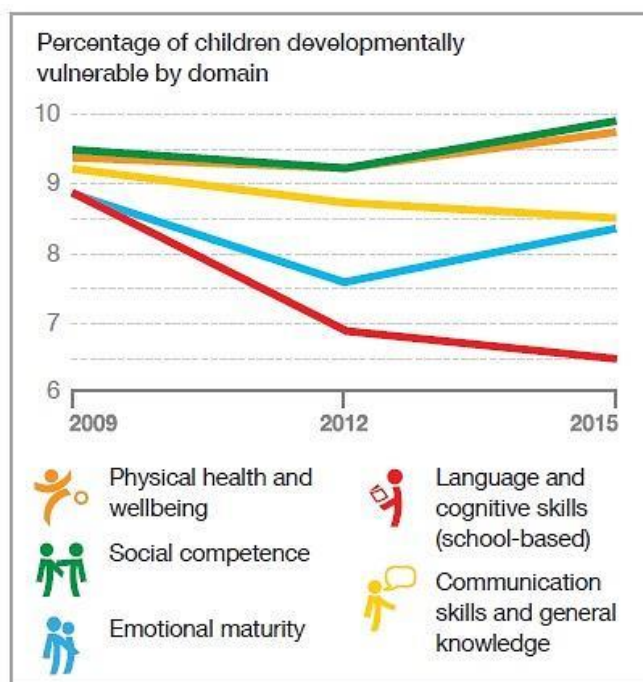


Figure 1: Percentage of children developmentally vulnerable by domain (AEDC, 2016b)

Developmentally vulnerable or at risk children

The two AEDC domains most relevant to social and emotional wellbeing are social competence and emotional maturity.

Social competence

According to AEDC definitions, children in their first year of school who are **developmentally on track** with their social competence:

- Almost never have problems getting along, working, or playing with other children;
- Are respectful to adults, are self-confident, and are able to follow class routines; and
- Are capable of helping others.

Children who are **developmentally at risk** experience some challenges in the following areas:

- Getting along with other children and teachers;
- Playing with a variety of children in a cooperative manner;
- Showing respect for others and for property;
- Following instructions and class routines;
- Taking responsibility for their actions;
- Working independently; and
- Exhibiting self-control and self-confidence.

Children who are classed as **developmentally vulnerable** on starting school experience a number of challenges with poor overall social skills. For example, they:

- Do not get along with other children on a regular basis;
- Do not accept responsibility for their own actions;
- Have difficulties following rules and class routines;
- Are disrespectful of adults, children, and others' property;
- Have low self-confidence and self-control;
- Do not adjust well to change; and
- Are usually unable to work independently.



Emotional maturity

According to the AEDC definitions, children who are **developmentally on track** with emotional maturity in their first year of school:

- Almost never show aggressive, anxious, or impulsive behaviour;
- Will have good concentration; and
- Will often help other children.

Children who are **developmentally at risk** experience some challenges in the following areas:

- Helping other children who are hurt, sick or upset;
- Inviting other children to join in activities;
- Being kind to other children; and
- Waiting their turn in activities.

They will sometimes experience problems with:

- Anxious behaviours;
- Aggressive behaviour;
- Temper tantrums; or
- Inattention or hyperactivity.

Children who are **developmentally vulnerable** in their emotional maturity:

- Experience a number of challenges related to emotional regulation, e.g. aggressive behaviour, being prone to disobedience, easily distracted, inattentive, and impulsive;
- Will usually not help others; and
- Are sometimes upset when left by their caregiver.

Retrieving the results of your area

1. Visit the AEDC website: www.aedc.gov.au/data;
2. Select the 'Data' tab from grey menu band across the top of the home page;
3. Enter your location in the 'Search for a location' box; and
4. Press 'Search.'

Supporting child social and emotional development

There are a number of things early childhood educators can do to support and promote social and emotional development focusing particularly on the areas of the social competence and emotional maturity domains of the AEDC. These are listed below under the Response Ability CHILD framework.

C - Creating caring and supportive environments for optimal wellbeing and development

- Make strong connections with children by learning about their strengths, interests and what is happening in their lives;
- Model sensitive and respectful behaviour towards others (children and adults);
- Respond promptly to children's physical and emotional needs;
- Help children feel a sense of belonging and inclusion, e.g. make sure all children have the chance to join in activities, display artwork by each and every child;
- Maintain a regular routine so children know what to expect; and
- Provide additional support to those who need it during periods of transition, e.g. give a child a particular job to prepare for the next activity.

H – Helping children to learn social and emotional skills and manage their own behaviour

- Provide activities that involve sharing, taking turns or working together, e.g. card games or large floor puzzles;
- Discuss behaviours and emotions using stories, songs or role playing with dolls or puppets;
- Give children the language and skills for dealing with strong or challenging feelings in a positive way, e.g. "I know it's frustrating having to wait your turn. Let's play with the ball while we wait;"
- Teach children the words or skills to use when communicating with their peers, e.g. "Can I have the blue paint please?" or "Stop, I don't like that;"



- Build a sense of competency by providing tasks that are seen as interesting, meaningful and achievable by children;
- Give children positive, as well as constructive, feedback; and
- Provide opportunities for children to demonstrate independence, while being available to help them problem-solve if needed.

I – Identifying babies, children and families who may be in need of additional support

- Monitor the mental health and wellbeing of all children at your service;
- Be aware of the signs of potential difficulties, such as sudden changes in behaviour that last more than a couple of weeks; and
- Ask about children’s feelings and experiences, use effective listening skills and positive verbal and non-verbal communication.

L - Linking families with support and information services for mental health and wellbeing

- If you are worried about a child, make an appointment to speak with their family. Talk about what you have observed and why this has concerned you;
- Recommend families make contact with services that can provide them with additional support, e.g. their general practitioner or paediatrician; and
- Follow up with the family a few weeks later to see how things are going, and to talk about how you can best support their child at your service.

D - Developing broader organisational and community strategies that support wellbeing

- Develop partnerships with parents, support services and professionals, and the community to actively promote and support children’s mental health;
- Create policies or procedures relating to social and emotional wellbeing including early intervention for children experiencing difficulties; and
- Reflect on practices that influence children’s wellbeing and development, and engage in professional development about mental health.

Sources and links

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