

AEDC User Guide: Local Government



This AEDC user guide leads local government through the steps they might take when thinking about how to respond to AEDC data for their community. It provides an example of a local government response to illustrate how conceptual thinking can be applied to real-world situations. Before reading this guide, readers should be familiar with the AEDC and what it measures. For more information about what the AEDC measures visit www.aedc.gov.au/about-the-aedc/about-the-aedc-domains

A local government decided to review its strategic plan as the region had been attracting more young families. The local government realised that a strong strategic plan was required to address the needs of children and families in the area. The AEDC was considered to be a good starting point for identifying the needs of children and families.

The local government area is made up of nine suburbs (AEDC local communities) and is located approximately 5 km from the CBD in a capital city. The community can be described as a reasonably affluent residential area with a mix of household types (singles, couples, young families, families with older children, and empty nesters).

At first glance the AEDC data showed that children in the community were generally on track. Across the whole community, 19% of children were developmentally vulnerable on one or more domains of the AEDC (lower than the 24% who were vulnerable in the whole state). However the levels of vulnerability across the community were variable, with some suburbs having 25-39% of children vulnerable on one or more domains of the AEDC.

The local government was concerned at the level of vulnerability across some areas and decided to gather information about the services and supports available in the community and whether these were well placed to meet the needs of children and families.

Tips for identifying the need

Think about what factors may be contributing to the proportion and number of children who are developmentally vulnerable in the community. These could include:

- limited services or supports available to families in the community
- many families face barriers to accessing any available services or supports
- parents are isolated and not well connected to family and friends locally
- a general lack of awareness around the importance of early childhood
- the community faces a large number of additional challenges that are preventing them from providing optimal environments for children
- service shortages – not all families are able to access services, there may be long waiting lists
- the mix of services and supports available may not be well suited to the needs of children and families
- some families in the community may face barriers to accessing services and supports
- any combination of the above.

It is important to note that these are not exhaustive possibilities. This list is intended as a starting point for thinking about the needs of a community.

The first step was to consider the number of children who were included in the 2012 AEDC data collection, how many were identified as vulnerable and how many of these children might have accessed services and supports.

The AEDC data showed that around 660 five year olds in the community were included in the 2012 data collection and around 125 of those were considered to be vulnerable on one or more domains of the AEDC.

To understand more about children and families in the area, the local government examined the demographic data about the community to help them identify potential difficulties that families might be facing.

The ABS data for this area showed that labour force participation was high and that there were high levels of people employed in the community in professional/ high skill industries. The data also showed that there were around 3900 children aged 0 to 5 who lived in the community.

The local government decided it was important to conduct further investigation to find out how many children were engaged with services and supports. In particular, they felt it was important to know what it was like for children to grow up in the community and for parents who were likely balancing work with raising children.

The local government reviewed literature about what children need before school and found a wealth of information about the importance of early childhood environments and how to support parents to provide optimal environments. The local government considered that there were opportunities to share information with families about children's development and to connect families with one another to build community and social support networks.

Following this, the local government decided to review the range of services and supports available in the area and to see how many families were accessing them. They mapped services that were available for children and families, including:

- child health nurse clinics
- general practitioners
- allied health services (speech pathology, occupational therapy, psychology)
- child care
- preschools
- playgroups
- community groups
- local businesses offering activities for children

The local government also mapped its assets, including public transport, parks and libraries.

The local government found that there were a few low cost activities, such as community playgroups, story time activities for babies and toddlers at the local library, and a larger number of moderate to high cost activities, such as swimming lessons, music, dance and kinder gym groups advertised for the area. Looking at the capacity of the

Tips for examining support needs

There are a number of ways data about what is already happening in the community can be collected. Information can be gathered by:

- listing and plotting community assets on a map (e.g., parks, recreation centres, libraries, early childhood services, schools)
- asking local council for a listing of services they provide for children and families
- making contact with the jurisdictional playgroup association
- internet search of early childhood services in the area.

There are a number of ways to identify factors that may be impacting on the ability of children and families to access and engage with services and supports. A good starting point is to speak with service provider networks about what groups are accessing services and what groups are underrepresented. As a guide, consider the following examples of barriers to accessing services:

- not knowing what services are available (lack of easily available information, no internet, inability to find information, new to the community)
- poor access to transport (no vehicle and lack of convenient public transport)
- inconvenient opening times or parent time pressures
- cost of the service is prohibitive
- language barriers (low literacy or English as a second language)
- chronic health conditions of parents
- chronic health conditions of children
- poor parental mental health (postnatal depression, anxiety disorders, etc.)
- disability of parents (physical or intellectual)
- disability of children
- stigma associated with accessing help (e.g., young mums, generational cycles of disadvantage, etc.)
- domestic violence
- homelessness
- substance abuse
- service alienates a subgroup of parents or carers (dads, single parents, foster parents, grandparents, unemployed parents, unconventional families).

activities, it was evident that even if these activities were fully subscribed, there would only be a small proportion of families accessing support in their child's early years. The local government estimated that only 15% of the 0-5 year olds in the community were likely to be accessing services and supports. A major concern to the local government was the lack of opportunities for families to connect to each other in the community as this may indicate that many families lacked social and community support networks.

Barriers to utilising services were considered and it found that time pressures, lack of knowledge about available services, inconvenient operating hours of services, as well as service shortages were all considered to be barriers that might be preventing families from accessing supports and services in the area. Based on the ABS census data, cost was not considered to be a barrier to accessing services.

It was recognised that the involvement across the branches within local government but also of a wider group of people in the community was needed to not only understand the barriers to accessing early childhood programmes within the community, but to also explore ways to improve access to these programmes for children and families and promote community and social support networks.

The community development team in the local government connected with the infrastructure and open space planners. Together, they considered other organisations and services that could provide input, including community child health, which have knowledge about families and issues as they have contact with every family who has a baby born in the area. Child care centres were also

Tips for identifying stakeholders to respond to the AEDC

Stakeholders may have varying degrees of involvement in planning and implementing a response to the AEDC. This will depend largely on the desired outcome and the potential role of the stakeholder.

Degrees of stakeholder involvement might be:

- being informed about what is happening as the plan is developed and then implemented
- being consulted about what could be done and then kept informed as the plan is implemented
- collaborating in the development and implementation of a plan

A lead agency may seek to consult with other stakeholders to decide who in the area needs to be involved and to what degree. Mostly this will take into account what contribution the stakeholders may be able to make to any plan and its implementation. However, consideration should also be given to the available resources (space, time, funding) to support a collaborative approach and the resources (time, staff, money) that each agency is able to contribute.

approached due to the high number of working families residing in the area. The Playgroup Association and local businesses that provide programmes to families were also considered.

The local government invited all these groups to a meeting to talk about the needs of families and children in the community. The invitation outlined the AEDC data for the community calling for a joint approach to improving outcomes for children through connecting families to valuable information and also to each other.

Tips for bringing together stakeholders

People in the community who can play a role in improving outcomes for children come from a range of different professional backgrounds, have different approaches to working with children, may use different jargon/discipline specific language, and have different service directives. When the AEDC is used as a tool that highlights the factors that are important for children's health and development it provides a common language to describe the foundational skills children need for later health, wellbeing and life success. Through this common language stakeholders can identify shared goals for children, irrespective of the stakeholders' particular role or field of responsibility.

Creating publicly accessible profiles of the community and the challenges it faces can help to galvanise stakeholders around the needs of children and families. There are a number of ways to document the needs of children and families in the community and a range of data sources available to inform the report. Consider the following examples:

State of Bendigo's Children Report

<http://www.childfriendlycity.com.au/File.axd?id=a933f130-0c16-47d0-a473-2062dff69400>

Victorian community profiles

<http://www.education.vic.gov.au/about/research/Pages/reportdataec.aspx#1>

AIHW Headline Indicators report

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419586>

Outcomes in the early years: the state of Tasmania's young children

http://www.earlyyears.org.au/_data/assets/pdf_file/0008/83096/TEYF_Research_Report_-_Reprint-Aug_09.PDF

Stakeholders at the meeting indicated whether they were willing and able to make a time commitment to discussing a coordinated approach to improving outcomes for children. Most in attendance agreed to be either involved or to send an organisation representative. The community child health nurse was unable to make a time commitment to the planning process, however asked to be kept informed of progress so that community child health could better link families in with available services and supports.

In order to establish broad engagement at the community level, the local government compiled a report about children and families in the community. The report drew together multiple data sources, identified areas for improvement and formed a basis for action in the community. The local government committed to reviewing the report every three years to track progress and to ensure community level planning remained inclusive of children's needs.

Service providers who agreed to be part of a planned response formed a local action group. The group distributed tasks based on capacity and expertise. Before drafting an action plan the group gathered more information from a range of sources including:

speaking to families in the area about:

- the services they use or do not use
- the supports they feel they need
- things that prevent them from using available services
- the degree to which they are connected with other families in the community

speaking to service providers across the community about:

- how many children and families are using services?
- the demographic characteristics of families who are using the service
- any reasons they are aware of about why some families may not be using their services?

Families said they did not have much time to look into the services and supports available for children and that they would like to be able to spend more time doing things with their children that were easy and low stress. Families also said they wanted their children to be ready for school, so they tried to do structured activities on weekends with their children. Families also noted that they did not know many people in their community; they thought it would benefit their children if they could get to know other children they may eventually go to kindy/preschool and school with.

Service providers reported that those families who were attending activities either had only one parent working out of the home or one parent working full-time and the other parent working part-time. A number of service providers reported that single parent families comprised a small proportion of those participating in their service, and didn't think that many lived in the area. However, community child health reported seeing a mix of dual and single parent families.

The local action group identified that perhaps opening hours/hours of operation conflicted with families' work schedules. The group also considered that there may be additional challenges to accessing services by single parent families in the area.

Based on the types of services families were using, it was identified that children in the community had low opportunities for free play, exploration and peer interaction and that parents were not well connected to each other. Parks in the communities were not well utilised and families were not often seen in community spaces. This fit with parent reports that children were mostly engaged in structured activities during free time.

Given the numbers of children in the community and the scarcity of play opportunities, the group decided to focus on making early childhood services more accessible across the entire community rather than to sections of the community.

Playgroups were considered to be a great way to support parents to learn about children’s development and the importance of their early experiences. They are also a way of informally linking parents to each other to enhance social and community networks.

The local action group especially wanted to ensure playgroups were available to dual parent working and single parent families.

Feedback was sought from stakeholders within the community who may be able to link families into the play initiative and asked whether they knew of any barriers to families engaging with the playgroups. Feedback was also sought from families about whether they would like information about how play can benefit children and whether they would use play spaces and opportunities if these could better fit in with their schedules.

The local government offered additional spaces to services for use outside of the usual weekday business hours. A not-for-profit playgroup provider conducted information sessions for families about the importance of play and what play opportunities were available in the community. The local action group promoted these activities through Community Child Health Nurses, General Practitioner clinics, and local small businesses.

Tips for planning a coordinated approach to service delivery

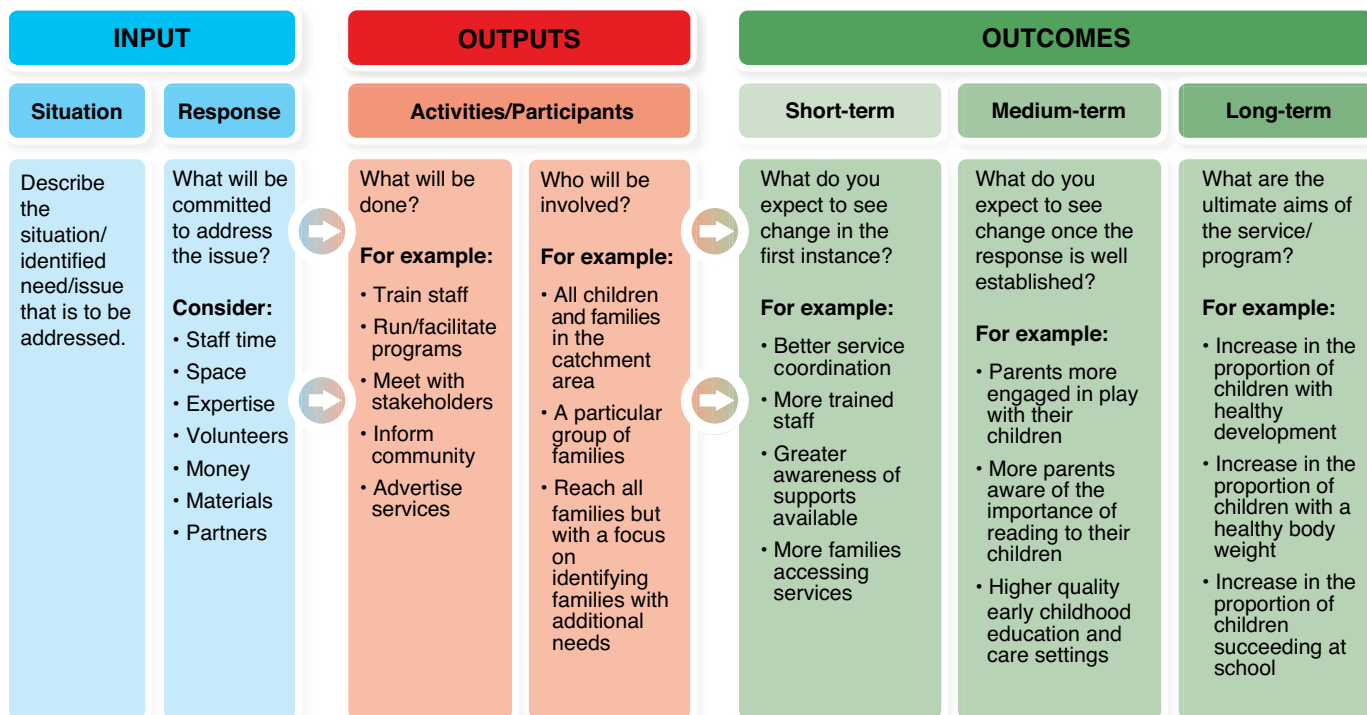
At every step of the way, think about who might miss out. Is the service or support you are planning something that should be available to all or is it specialised support for a subgroup within your community? If it is available to all, will your plan reach those people in the community who can really benefit and if so will they be willing to take part? If it is a service for only some people, how will you reach those people, are they likely to engage, what might be a barrier to engaging them?

The local action group documented who would undertake each activity and where extra funds or support might be needed. Where extra funds or support was required, a member of the group was tasked with approaching other groups in the community who may be able to contribute time or resources (e.g., a local printer to help with printed materials).

Tips for documenting the service plan

You can use Programme Logic to document what resources you have available, what you will do with those resources, who will be involved and what you expect to change for children and families.

Figure 1: Programme logic example.



Once all the resources were identified an action plan was developed. The action plan documented what would be done, when, by whom and at what cost.

A list of stakeholders was developed that detailed who needed to be kept informed and what information they needed so that the play initiative would have the best chance of reaching as many families as possible.

The local action group agreed how they would measure how well the play initiative was working. They agreed to keep track of how many families were participating in the play initiative, the ages of the children, the suburb of residence of the families and the demographic characteristics of the families. An enrolment form was designed to help collect this information across the community and the group agreed to each enter the information into an excel database and then report the data back to the group.

Parents were surveyed before the play initiative was rolled out and afterwards to measure whether attitudes to play had changed in the community, whether the way in which children's time is utilised had changed and whether they felt more socially connected to their community.

The group looked forward to exploring the AEDC data for their community in 2015 and 2018 as one way to help monitor their progress.

Tips for monitoring programme efficacy

Success can be measured in many ways, but at a minimum your evaluation should ask 'has this intervention made a positive difference in our community?'



About the Australian Early Development Census

The Australian Early Development Census (AEDC) provides a national snapshot of child development for children in their first year of full time school. The AEDC is held every three years and measures five key areas or domains. The domains are: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; communication skills and general knowledge. Taken together, these domains provide a holistic picture of children's development and are important predictors of later health, wellbeing, and academic achievement. In 2012, 78% of children were assessed as being developmentally on track and one in five children were assessed as being developmentally vulnerable on one or more domains of the AEDC.

The environments and experiences children are exposed to from pregnancy shape their development. Understanding the influences on children's development provides communities with greater opportunity to consider what is working well and what needs to be improved. It informs service planners and policy makers and helps them to better support children and their families. Investing time, effort and resources in children's early years - when their brains are developing rapidly - brings lifelong benefits to them and to the whole community. Children who are thriving when they start school are more likely to continue to do well. As children get older, it becomes increasingly difficult to change their trajectories. Investing in the early years helps reduce social inequality; it has long lasting impact on children's outcomes, communities and national productivity. When we invest early we create skilled workforce, reduce disadvantage and strengthen our economy in the global market.

Local governments play an important role in the future health and prosperity of their citizens. The AEDC provides important data for local governments; it identifies the needs of their children and families, barriers that families may face in accessing services and support and how community assets can be maximised. Forward thinking local governments are using the AEDC as an outcome measure to inform their strategic plan. By providing a common ground, the AEDC can enable local governments to bring together key stakeholders in the community to respond to local challenges.

Best practice

Identify need

AEDC data can be explored for communities at www.aedc.gov.au

When starting to explore a community's AEDC results, people often begin by looking at the proportion of children who are developmentally vulnerable and compare this to surrounding areas, their state, other demographically similar communities, or an earlier data collection. People also tend to look for higher levels of developmental vulnerability on particular domains. These are all reasonable steps to take when first exploring the data.

To get an indication of the scale of any issue, when looking at the data it is also important to consider the number of children who live in the community along with the number of children who are vulnerable.

Demographic data can tell you more about who lives in a community. Creating a profile of the community can be a useful way to add context to the AEDC results. Demographic data is freely available online from a number of sources. For example, the Social Health Atlas presents extensive data for every community in Australia via: www.adelaide.edu.au/phidu/maps-data/maps/

Examine support needs

To identify the support needs of children and families and any potential response it is important to gather information on:

- supports and services currently available
- broader factors impacting upon children and families ability to access available services and supports.

To better understand who is and isn't accessing services, look back over the demographic data for your community. To enable a better understanding of who may not be attending services, this demographic data can be compared to the data on who is accessing services.

Demographic data provides service providers with the necessary information to consider the ways in which they can extend the reach of services to all people in the community.

Identify stakeholders to respond to the AEDC

In bringing together stakeholders to respond to the AEDC it is worth considering which services in the community could or should be involved in bringing about better outcomes for children.

Deciding what services need to be involved can be

based on the earlier identification of service providers in the area as well as the factors impacting service usage in the area.

Agencies who work directly with children may include:

- early childhood education and child care providers
- public health units
- child health nurses
- schools
- not-for profits
- local businesses.

Agencies who do not work directly with children but who nonetheless support families include:

- transport providers
- housing services
- training and employment agencies
- local police.

Bring together stakeholders

Bringing together stakeholders to respond to the AEDC is likely to generate a response that reaches more families. A collaborative approach is better placed to identify service gaps and barriers to access and address these than a single service provider might achieve working alone.

Plan a coordinated approach to service delivery

A good plan starts with a clear and actionable set of objectives that are based on sound information about a situation.

Document the service plan

A plan that is likely to succeed takes into account the resources available and the activities that will be conducted to achieve the objectives.

Action planning

An action plan can support funding applications, it also clearly documents the steps agreed for implementation and is a useful tool to ensure that all collaborating stakeholders are working to the same information.

Best practice for monitoring programme efficacy

A well thought out evaluation should form part of any implementation process. How to evaluate the intervention should be factored into each stage of the process.

What to include as measures of success should be a reflection of what you set about to change.