

AEDI Frequently Asked Questions

What is the AEDI?

The AEDI is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas of early childhood development:

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

A population measure is used to report on all individuals within a defined population. In the case of the AEDI, the defined population is all children in the first year of full-time schooling within a community or a geographic area.

How many communities have completed the AEDI?

Between 2004 and 2007, 60 geographic areas across all Australian states and territories (with the exception of the Northern Territory) have been involved in the AEDI. Within these AEDI communities 2,157 teachers from 1,012 schools (both government and non-government) completed the AEDI checklist for 37,420 children in the first year of full-time school.

Who is running the Australian Early Development Index?

The AEDI is conducted by the Centre for Community Child Health (at The Royal Children's Hospital Melbourne, and a key research centre of the Murdoch Childrens Research Institute) in partnership with the Telethon Institute for Child Health Research, Perth. The national implementation of the AEDI is funded by the Australian Government Department of Education, Employment and Workplace Relations.

What is national implementation of the AEDI?

In recognition of the need for all communities to have data on early childhood development, and the national and international work completed to date, the Australian Government has provided \$15.9 million for the national implementation of the AEDI commencing in 2009. The Council of Australian Governments (COAG) has also endorsed the AEDI as a national progress measure of early childhood development in Australia.

The Australian Government (Department of Education, Employment and Workplace Relations) funding for the national implementation of the AEDI includes teacher backfill (based on 30 mins per child and one hour of teacher training). To further assist with the national implementation, the Australian Government has also provided additional funding to every state and territory government for State and Territory AEDI Coordinators. These Coordinators will work closely with the AEDI National Support Centre so local communities; schools and teachers are supported to successfully implement the AEDI.

The national implementation of the AEDI provides an opportunity for every community across Australia to obtain a comprehensive picture of the early childhood development outcomes of children in their community.

Why is the AEDI important for communities?

The purpose of the AEDI is to measure the health and development of populations of children to help communities assess how well they are doing in supporting young children and their families. Previously there has been no way to monitor early child development at a community level or to understand how local circumstances might be changed to improve children's life chances.

By using the AEDI to map children's development it is possible to begin to identify and understand the influence of socio-economic and community factors on children's development. The AEDI can also be used to monitor changes over time.

How was the AEDI checklist developed?

The EDI checklist was originally developed in Canada where it has undergone extensive pilot testing and has been compared with direct assessment results and with parent reports. It has also been repeated on the same group of children within a short space of time. It has demonstrated reliability in all these tests. In the process of the development, the EDI checklist has also been refined using detailed input from teachers. In Australia, the EDI checklist was first successfully used in the Northern Metropolitan area of Perth in 2003, with around 4,300 children.

A national Technical Advisory Group consisting of leading experts, researchers and government policy makers was formed to advise on the development of the AEDI Checklist. The AEDI checklist has been further adapted and validated for Australia.

Why use a population measure?

A population measure places the focus on the population as well as the individual. Individual children are part of societies, communities and populations. The AEDI examines early childhood development across the whole community. It is now known that moving the focus of effort from the individual child to all children in the community can make a bigger difference in supporting efforts to create optimal early childhood development. The AEDI can be used by communities, schools and policy makers in conjunction with other resources (such as state and national statistics) to plan and evaluate efforts to create optimal early childhood development.

How does the AEDI help children, families and communities?

Supporting children in the years before school greatly increases their chances of a successful transition to school and better learning outcomes whilst at school. The AEDI provides community members and families with the opportunity to understand the health and development of local children, and facilitates increased collaboration between schools, early childhood services, and local agencies supporting children and families.

The AEDI data and maps can help identify:

- Where the children who are developmentally vulnerable live.
- Variations in child development within different parts of the community.

- Where the strengths and vulnerabilities lie across the domains of child development.
- The influence of socio-economic and community factors on child development.
- How well the community is supporting young children and their families.
- Where there have been successful early childhood programs.
- Where change is still needed.

How does the AEDI influence planning and policy?

The AEDI can influence planning and policy by:

- Providing an evidence base for the development of community initiatives that support healthy child development.
- Supporting more effective allocation of existing resources.
- Encouraging schools, early childhood services and local agencies to explore new ways in of working together to ensure children get the best possible start.
- Providing schools with the opportunity to reflect on the development of children in the community as they enter school and to consider and plan for optimal school transition.
- Providing teachers with the opportunity to reflect on all aspects of children's development in the first year of school.
- Supporting efforts to reorient community services and systems towards children.
- Increasing awareness of the crucial importance of the early years for children.
- Facilitating the development and evaluation of effective community-based responses.

How are the AEDI data reported?

AEDI Community Profile reports present the AEDI results in tables and maps. The tables show average scores and percentage of children developmentally vulnerable or performing well. The AEDI results are geographically mapped to illustrate patterns of strengths and vulnerabilities of children on each of the five developmental domains. Other helpful statistical data including ABS census information are also mapped.

AEDI School Profiles can be requested by schools, however these reports do not identify individual children. Data analysis at the school level is not publicly released.

Why map the AEDI results?

Geographic maps are a very powerful way of displaying child development information. Mapping child development helps “put children on the map”. The AEDI results are mapped alongside other socio-demographic information (such as the SEIFA Index of Disadvantage and a range of other health and social data about families). Mapping makes it easy to see areas where children are doing better or worse than expected compared to socio-demographic indicators.

How do the AEDI data get collected?

School entry is the first time point where data can be systematically collected on all children in a population. Teachers complete the AEDI checklist for each eligible child using a simple and secure web-based data entry system. Schools are provided with funding for teacher relief time as it takes teachers on average 20 minutes per child to complete the AEDI Checklists. Teachers complete the AEDI Checklists based on their knowledge and observations of the children in their class. Children are not required to be present.

How reliable is teacher reporting?

Teachers are provided with a detailed guide on how to accurately complete the AEDI Checklists for their children. Studies in Canada have confirmed the reliability of teacher report by using different teachers to report on the same children.

How is permission granted for children to be included in the project and their privacy protected?

In each school, parents are advised by writing that the school is participating in the AEDI. Parents can then freely choose not to allow their child to be included in the study. Individual children cannot be identified in the AEDI results.

Privacy is very important and is protected in a number of ways:

- The names of individual children are not recorded in the data sent to the AEDI National Support Centre.
- The web-based data entry system is a secure site for data entry.

Examples of how the AEDI has been used.

It has been shown in Canada where the EDI has been used for many years and in the National Evaluation of the AEDI conducted by the Centre for Community Child Health between 2004 and 2006 that there are many significant benefits for the community.

These include:

- Providing a common language for the community when discussing and planning for optimal early childhood development.
- Strengthening the relationships among services.
- The AEDI mapping can promote other community mapping exercises, for example locations of local programs, resources and assets.
- Providing an evidence base for the development of community initiatives in a range of fields such as parent support, family and pre-school literacy, and nutrition.
- Supporting funding applications.
- Supporting organisational change to address children's outcomes.

Contact us

The AEDI National Support Centre, based at the Centre for Community Child Health at The Royal Children's Hospital Melbourne will, with the assistance of State and Territory AEDI Coordinators, facilitate the national implementation of the AEDI. To contact the AEDI National Support Centre call **1300 558 422** or email australian.edi@rch.org.au.