



Australian Early Development Index: Building Better Communities for Children

Final Evaluation Report

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Prepared for:

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By the Centre for Community Child Health

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Acknowledgments

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Executive Summary

Alongside the national implementation of the *Australian Early Development Index: Building Better Communities for Children* (AEDI) project a comprehensive evaluation strategy has been undertaken by the Centre for Community Child Health. The broad purpose of the evaluation has been to: monitor the implementation of the project; investigate the effectiveness and utility of the AEDI as a community-planning tool to support children's health, development and wellbeing; ascertain any barriers the project encounters and suggest possible solutions; document exemplary or innovative practice related to the AEDI that could be transferred to other sites; and, make recommendations regarding the further support and implementation of the AEDI. The evaluation incorporated both a process and an impact evaluation.

Method

The evaluation model adopted was an action research methodology, with the learnings of each year of implementation adopted in the subsequent years of implementation. Action research can be defined simply as "learning by doing". Action research aims to contribute both to the process of the project being undertaken and to ensure that the aims of the project are being met simultaneously. Thus, there is a dual commitment in action research to study a system (or project) and concurrently to collaborate with members of the system (or project) in changing it in what is together regarded as a desirable direction. Accomplishing the twin goal for this evaluation required the active collaboration of researcher and project team, and thus it stressed the importance of co-learning as a primary aspect of the research process.

The outcome evaluation was developed through the use of a program logic matrix for each objective. Each matrix showed the hierarchy or performance indicators related for each objective, the success criteria, factors affecting success both within and outside project control, and the required evaluation procedures.

Evaluation data was gathered through the use of several techniques, mainly written surveys completed at key time points, and interviews/focus groups with key people in the community.

The evaluation base line measurement was incorporated into the *Expression of Interest* and the *Selection Application*. There were a further four surveys; one completed just prior to implementation of the teachers completing the AEDI checklist, and one approximately 10 weeks after the results from the AEDI were provided back to communities. A final follow up with communities one year later was conducted.

All communities that participated in the AEDI project were invited to take part in the evaluation.

Evaluation Findings

Pre-implementation

Pre-implementation (from the time communities selected to implement the AEDI until they enter the AEDI data)

Enablers to community AEDI implementation are:

- Existence of early childhood initiatives in the community that fosters the work of the AEDI
- Availability of a local leader
- Cooperation from schools to complete the AEDI
- An easily identifiable geographic location making identification of key players more straightforward
- Support provided by the AEDI National Support Centre
- State based champions of the AEDI
- Encouragement for the project by other external bodies such as state government and regional educational bodies

Barriers to community AEDI implementation are:

- Engaging schools in the project
- Accessing funding for teacher relief
- These two tasks were seen as pivotal for successful AEDI implementation

In overcoming the barriers, communities reported using multimodal methods to engage schools, and many communities were successful in obtaining the teacher relief funding. Examples of funding included state and federal government community capacity building funding, local businesses and in-kind support from regional educational authorities

Implementation (completing AEDI checklists in schools)

The results from the teacher survey at the end of the web-based data entry indicate they that do not have difficulty completing the AEDI on-line and that they can see the benefits for their own work in the classroom and for the wider community in promoting a better understanding of children in their area.

Post-implementation (dissemination of the results)

Local AEDI Coordinators have reported:

- They were satisfied with the AEDI *Community Profile*, rated all sections of the report and the findings useful and they generally found the report easy to understand
- They have disseminated the AEDI results to a wide range of organisations within their communities
- They held forums to disseminate their results and typically these forums were used to explore the results in greater depth, with a focus on understanding the local context of the results

Post-implementation (community mobilisation and actions)

There have been four key outcomes noted in communities that have implemented the AEDI. These are:

- The implementation of the AEDI has increased community awareness of the importance of early childhood development.
- The implementation has assisted communities to build stronger relationships and work more collaboratively.
- The AEDI results are helpful in promoting strategic development and planning for the needs of children.
- The AEDI results have supported funding grant applications.

Conclusion

The evaluation findings of the implementation of the AEDI in Australian communities confirm and extend the earlier findings in British Columbia. The community implementation process and AEDI results facilitate the development of community partnerships and coalitions, raise awareness of the importance of early childhood development within the community, and assist communities to map and understand their assets and identify priorities for action to improve outcomes for children. The results from the evaluation also highlight the need for local champions and strong support from the schools sector to successfully implement the AEDI.

A concurrent comprehensive evaluation alongside the national implementation of the AEDI has been a critical component of the process. Communities have demonstrated they are keen to learn from the experiences of other communities and have valued the evaluation feedback that has been incorporated into all the guides and the website. A long-term longitudinal evaluation beyond the initial three years of the current evaluation will be required to assess how the AEDI has contributed to communities' efforts to make sustainable change and actions to improve children's outcomes over the longer term.

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1 Background to the Australian EDI project

1.1 Background to the project

The Centre for Community Child Health (CCCH) in Melbourne was funded by the Australian Government Department of Family, Community Services and Indigenous Affairs to convene a national meeting of experts in the academic, health, education and family and children's services sectors to explore and report on the most effective system for understanding the health, development and wellbeing of children in Australia as they enter school.

At the meeting, particular interest was expressed in the capacity of a tool administered during the first year of school to measure the parameters of child health, development and wellbeing at a population level. This was due to the need to document how children are progressing, as well as being able to evaluate the effectiveness of interventions delivered at a local community level before a child starts school. Such a population-based tool could provide critical support to local communities to enhance the health and development of their children in the first five years. Agreement was reached to proceed with a proposal for the 'Development of an Australian adaptation of the Canadian Early Development Instrument (EDI)'.

The EDI is a tool that enables communities to assess how their children are developing by the time they reach school age. It provides a basis for reviewing the services, supports and environments that influence children in their first five years of life. It also provides data for schools and communities to look ahead to supports that need to be developed to enhance children's capacity to be successful once they reach school.

The Early Development Instrument: A Population-Based Measure for Communities was developed in Canada in 1999 for the purpose of assessing the "readiness to learn" of populations of children at the kindergarten or prep level prior to entering grade one. It has been implemented in communities across Canada and in one health department region in Western Australia.

The EDI has been designed to obtain information for groups of children in order to:

- Report on populations of children in different communities.
- Assess the strengths and deficits in students.
- Predict how children will do in primary school.

The instrument is administered by teachers in the second half of the first year of school. It comprises 120 questions that are grouped into five domains. The responses are based on a teacher's observations of a child's behaviour after several months of interaction within school. Administration of the questionnaire for each child takes approximately 30 minutes. Although questionnaires are completed for individual children, the data are aggregated to provide information on the population as a whole. EDI data can be analysed by a central unit or locally where resources are available. The instrument does not have to be completed every year as populations take some time to change.

The five domains are:

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

Over the a three year period (2004-2006) the *Australian Early Development Index: Building Better Communities for Children* project aimed to enable up to 60 communities throughout Australia to participate in the project. The project was conducted by the CCCH in partnership with the Telethon Institute for Child Health Research. It was an initiative of the Australian Government's National Agenda for Early Childhood and supported by Shell Australia.

1.2 Background to the AEDI Evaluation

The CCCH facilitated the evaluation of the *Australian Early Development Index: Building Better Communities for Children* project. This document presents the evaluation findings for the project.

The evaluation of the Australian EDI (AEDI) project has two components. The first component is the more formal outcome evaluation. The second component is the process evaluation, monitoring the day-to-day progress and learnings of the project.

Each community that became part of the project was included in the national evaluation and followed over the period of the project, thus enabling the investigation of a medium-term and sustainable community-level response to the AEDI.

The purpose of the evaluation was to:

- Monitor the implementation of the project.
- Investigate the effectiveness and utility of the AEDI as a community-planning tool to support children's health, development and wellbeing.
- Identify any barriers the project encounters and suggest possible solutions.
- Document exemplary or innovative practice related to the AEDI that could be transferred to other sites.
- Make recommendations regarding the further support and implementation of the AEDI.

The evaluation focused on both outcome and process evaluation.

Outcome evaluation background

This component of the evaluation considered some of the impacts of the AEDI project in communities that participated in the project.

The objectives of the **outcome evaluation** of the *Australian Early Development Index: Building Better Communities for Children* project were to:

- Establish whether the AEDI could be implemented successfully in communities.
- Investigate whether the AEDI met communities' needs and expectations.
- Investigate whether communities understood the AEDI results.
- Investigate how communities disseminated the results.
- Explore whether the AEDI facilitated the mobilisation of the community in terms of an increased awareness of, and actions to, promote early childhood development. And if so, who and what were mobilised, and how was it done?

Process evaluation background

The process evaluation focused on the internal processes for developing and implementing the AEDI. The AEDI process evaluation identified the procedures undertaken and the decisions made in developing the project. It also focused on the key learnings of the project implementation, which formed part of a feedback loop for the second and third year of the project. This ensured that the project continually reviewed the appropriateness of material and approaches that were applied, and ensured the project met its goals.

The aims of the process evaluation of the *Australian Early Development Index: Building Better Communities for Children* project were to:

- Examine and monitor the development and implementation of the project.
- Document successful and unsuccessful strategies and learnings from the project.

There were four main evaluation questions addressed within the **process evaluation**. These questions were:

- What was the process used for recruitment and selection of communities that participated in the implementation of the AEDI and what were the key learnings?
- How was community involvement and participation in the project maintained and sustained?
- What resources were developed and provided to communities during the project?
- How was the project implemented? Were the key project tasks achieved? Was it implemented as intended?

This report is the final evaluation report; it provides findings from project commencement in June 2004 to project completion in March 2007.

2 Evaluation Method

2.1 Participants Round One 2004

Nineteen communities around Australia were sent *Expressions of Interest* to participate in the *Australian Early Development Index: Building Better Communities for Children* project in 2004. Eleven communities completed Stage One of the application process by submitting an *Expression of Interest*. Ten of the eleven communities completed the second stage of the application process by submitting a *Selection Application*.

All ten communities that submitted a *Selection Application* were successful in their application. There were six communities from Western Australia, one community from Victoria, two from New South Wales and one community from Queensland (please refer to Appendix A for community details).

All nineteen communities that were sent an *Expression of Interest* were included in this evaluation. However, the majority of the evaluation pertains to the ten communities that were successful in joining the AEDI project in 2004.

2.2 Participants Round Two 2005

Thirty-three communities, including three communities from the 2004 round, submitted an *Expression of Interest* to participate in the *Australian Early Development Index: Building Better Communities for Children* project in 2005. Thirty of these communities proceeded to the next stage by submitting a *Selection Application* form.

Thirty-three communities were successful in their application (three communities were given approval without submitting the *Selection Application*). This included seven from New South Wales, eight Victorian communities, nine Western Australia communities, four from South Australia, one from Australian Capital Territory, one from Tasmania and two from Queensland (please refer to Appendix B for community details).

All 33 communities that were sent an *Expression of Interest* in 2005 have been included in the evaluation.

2.3 Participants Round Three 2006

Thirty-four communities, including thirteen communities from the 2004 and 2005 rounds, submitted a *Selection Application* to participate in the *Australian Early Development Index: Building Better Communities for Children* project in 2006. All 34 of these communities were successful in their application. This included nine Victorian communities, seven Western Australia communities, eight New South Wales communities, four from South Australia, two from Tasmania, one from Australian Capital Territory and four from Queensland (please refer to Appendix C for community details).

All 34 communities that were sent a *Selection Application* in 2006 have been included in the evaluation.

2.4 Measurement Tools

The *Australian Early Development Index: Building Better Communities for Children* project evaluation used a multimodal approach, including the development and use of specifically designed measurement tools. The following is an overview of each measurement tool used in the evaluation.

Expression of Interest

The primary purpose of the *Expression of Interest* was to establish a community's interest in participating in the AEDI project. However, evaluation questions were also built into this form, particularly in relation to the community's goals in participating in the project. The *Expression of Interest* is a three-page document that was to be completed by a relevant person within each community.

Selection Application

The *Selection Application* was a survey used to assess a community's readiness to participate in the AEDI project. However, baseline evaluation information was incorporated into this form with the aim of keeping communities commitments and requirements to a minimum. The purpose of the *Selection Application* was to provide baseline information on the following:

- Data on communities' needs and expectations of the AEDI.
- Data on existing community networks.
- Information about the community leader.
- Data on community's asset and liabilities.

The *Selection Application* used several question formats, including five point rating scales, short open ended questions and multiple choice questions. It was a ten page document sent electronically to Local AEDI Coordinators. Local AEDI Coordinators were able to complete the survey electronically or on paper and then mail the completed survey.

Pre-implementation Survey

The purpose of the *Pre-implementation Survey* was to:

- Analyse aspects that assisted and/or hindered sites in deciding to participate in the project.
- Document how communities prepared for implementation.
- Ascertain difficulties and successes in preparing to implement.

The *Pre-implementation Survey* was a 12-page document that could be completed electronically or on paper and mailed or faxed back to the CCCH. It included short open-ended questions and multiple choice questions.

This survey was completed just prior to commencement of the data entry of the AEDI checklist in communities.

Teacher feedback

The *Teacher feedback* was a short survey teachers complete at the conclusion of logging out of the on-line AEDI web-based data entry system. This survey aimed to assess the ease of completing the AEDI, and teacher's reflections on the process.

Post implementation Survey

The *Post implementation Survey* was designed to:

- Document the types of needs met within the community.
- Explore whether the AEDI met the community's needs and expectations.
- Explore the community's overview of the results of the AEDI (format, description, findings, developmental domains, etc).
- Document the community's plans for the AEDI results.

This survey was sent electronically to each Local AEDI Coordinator 10 to 12 weeks after the community received the AEDI results. It was an eleven-page survey that contained tables to complete, short open-ended questions, and questions with five point scale responses.

One year post implementation of the AEDI Survey

This survey was designed to document a community's activities 12 months after receiving the Community Report and Profile.

In-person interviews

In-person interviews were conducted 12 to 16 weeks after communities received the *Community Report and Profile*. These interviews were semi-structured and were designed to:

- Elicit understanding and areas for improvement from the Local AEDI coordinator related to the responsibility and process of organising the AEDI.
- Capture the stories from communities that participated in the AEDI project.

2.5 Procedure

The following provides an overview of the evaluation procedure and where necessary the relevant processes of the AEDI project.

In June 2004 nineteen communities were sent the *Expressions of Interest* form. Eleven of the nineteen communities submitted the *Expression of Interest*. In July 2004, these eleven communities were sent the *Selection Application*. Ten of the eleven communities submitted a *Selection Application*. These two forms were used to assess each community's suitability to participate in the *Australian Early Development Index: Building Better Communities for Children* project. The procedure for assessing the suitability of communities is not included in this report, but can be found in Second Progress Report (Sayers, 2004) Section 2 – Actions to meet key milestones.

All ten communities that submitted a *Selection Application* were successful in their application. Applicants were advised of their success in August 2004 and sent

relevant information on how to implement the AEDI in their community. Communities prepared for the implementation of the AEDI during September and October 2004.

From October 2004, teachers were able to access the web-based data entry AEDI checklist. The AEDI checklist was completed in each community throughout October, November and December 2004.

Community Leaders (termed throughout this report as Local AEDI Coordinators) in each of the ten communities were sent the *Pre-implementation Survey* on November 5 2004. The survey could either be completed electronically and e-mailed, or printed and completed on paper and either mailed or faxed to the CCCH.

The summary results for 2004 and 2005 communities were formally released at the Visy Cares Learning Centre in Broadmeadows in Melbourne in November 2005. The event was attended by a number of Victorian AEDI community local coordinators as well as key federal, state and local government officials and representatives from a number of education, health and community based non government organisations.

Four weeks after communities received the *Community Profile* and Report, the community coordinator was sent the *Post Implementation of the AEDI Survey*. Again, the survey could either be completed electronically and e-mailed, or printed and completed on paper and either mailed or faxed to the CCCH.

Ten to twelve weeks after the communities received the *Community Profile* and Report, in-person interviews were conducted in selected communities during site visits.

Communities that participated in the AEDI in 2005 completed the same procedure, differing only on the dates they commenced, and without receiving a preliminary community report. Instead 2005 communities received their results when they were formally released by the minister.

Communities that participated in the AEDI in 2006 did not complete an *Expression of Interest*, but rather, submitted a modified version of the *Selection Application*. All other procedures were the same as 2004, differing only on the dates stated. Again a preliminary community report was not sent. Communities that participated in 2006 received their *Community Profile* and Report XXXX.

2.6 Response Rates

The numbers of communities completing the different evaluation tools varied between the three years of the evaluation, with the highest rates of response for most tools being in 2005. The only exception to this was that the most *Pre-implementation Surveys* were completed by communities in 2006. Overall, 49 communities submitted an *Expression of Interest* to participate in the AEDI. There were a greater number of *Selection Applications* submitted (65 in total), due to the altered process in 2006, where communities were not expected to submit an *Expressions of Interest* prior to their *Selection Application*. Over the 3-year evaluation period, 47 communities submitted *Pre-implementation Surveys*, and only 14 submitted *Post-implementation Surveys*, with only communities from 2004 and 2005 requested to complete this phase of the evaluation. Twelve site visits were conducted throughout the evaluation period. Response rates for all evaluation tools are shown in Table 1.

Table 1: Number of responses to evaluation data collection over the three years¹

	2004 communities	2005 communities	2006 communities	TOTAL YEARS
<i>Expression of Interest</i>	19	33	N/A	52
<i>Selection Application</i>	10	30 ²	34	77
Pre-implementation Survey	10	17	20	47
Completed the AEDI	7	19	27	53
<i>Post-implementation Survey</i>	3	11	0	14
Site Visits – personal interviews	6	6	0	12

3 Evaluation Findings

The following section details the findings from the evaluation from June 2004 to March 2007.

3.1 Pre-Implementation

Overview

For the purposes of the evaluation, ‘pre-implementation’ is the period from the submission of the *Expression of Interest* to the moment the teachers are ready to begin entering data into the web-based data system.

In 2004, 19 communities expressed interest in participating in the AEDI, of these communities ten were sent and submitted a *Selection Application*.

In 2004, ten communities were selected to implement the AEDI in their community. All ten communities attempted to coordinate the implementation for the AEDI, and of these seven organised for teachers to complete the AEDI checklist in their community.

In 2005, there were 95 downloads of the *Expression of Interest* from the AEDI website³. Thirty new communities and three communities from 2004 submitted an *Expression of Interest*. In 2005, 33 communities were selected to implement the AEDI in their community, and all 33 communities attempted to coordinate the implementation of the AEDI.

In 2006, there were 28 requests for the *Selection Application*. Twenty-one new communities and 13 communities from 2004 and 2005 submitted a *Selection*

¹ Numbers in this table represent total numbers of communities submitting an evaluation tool, with some numbers in the years following 2004, reflecting communities that have been involved in the AEDI for more than one year.

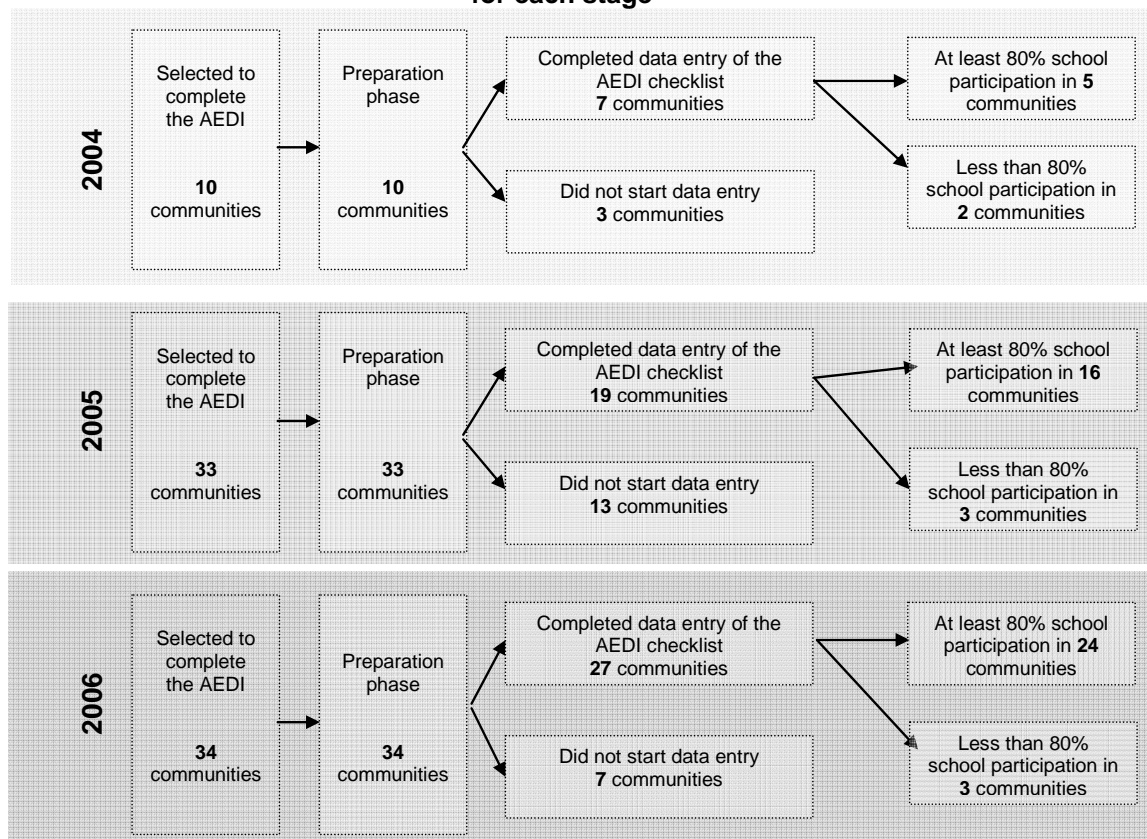
² In 2005, 30 *Selection Applications* were received, however 33 communities were selected to implement in that year.

³ The AEDI website is a site dedicated to provide information and resources related to the Australian Early Development Index: Building Better Communities for Children project. The address is www.australianedi.org.au.

Application. In 2006, 34 communities were selected to implement the AEDI in their community, and 27 attempted to coordinate the implementation of the AEDI.

Figure 1 shows the process of community participation in the AEDI project, including the number of communities participating in each stage.

Figure 1 : The process of community participation in the AEDI, number of communities for each stage



There were two distinct stages in preparing to implement the AEDI in a community and it is important to consider both stages, which were:

- (i). The community selection process.
- (ii). Preparing for implementation.

The process of undertaking the AEDI in Australia differed from British Columbia, and therefore implementation in a community met with new advantages and challenges. A key component of the implementation was to support and empower local leaders or champions to engage their own communities in the AEDI, rather than be reliant on the National Support Centre staff to actively be involved in community briefings or engagement. This model differs from British Columbia, for example, where the Human Early Learning Partnership staff are actively involved in making presentations in communities both before the EDI implementation and after the results are available (Mort, 2004).

Community Selection Process

A limited community selection process was undertaken for the first year (2004) of the project. The decision by the AEDI Steering Group to limit selection in 2004 was due firstly to the short time frame first year communities would have to engage schools and the community in the project, and secondly the approvals from the Education

Departments and bodies had not been finalised in all states and territories at the time of selection. It was therefore decided by the AEDI Steering Group to concentrate on a limited number of states for the first year.

In Western Australia, in order to identify potential communities to be invited to join the project, two members of the AEDI Steering Group convened a meeting of inter-departmental representatives of the Western Australia State Early Years Taskforce. This group nominated ten communities to be sent the *Expression of Interest* materials.

Two communities, one in Victoria and one in Queensland had previously indicated an interest in utilising the AEDI in 2004. The Australian Government Department of Family, Community Services and Indigenous Affairs also requested that the first seven 'Communities for Children' (CfC) sites be able to apply to utilise the AEDI in 2004.

The Steering Group decided to utilise a two-staged selection process. The first stage involved inviting the above 19 communities to indicate their interest in the project by completing a brief *Expression of Interest*. The second stage involved sending communities that had submitted an *Expression of Interest* a more detailed *Community Selection Guide* and *Selection Application*.

The Expression of Interest materials were sent to the 19 communities on 14 July 2004 with 11 of these communities submitting the Expression of Interest form. Ten of these communities were sent the Community Selection Guide and Selection Application on 6 August 2004. The Tasmanian community that had submitted an Expression of Interest was not sent the Selection Guide and Selection Application materials because preliminary discussions with the Education Department in Tasmania indicated that the department did not want to allow schools to become involved in 2004 due to significant restructuring that would impact on schools.

All ten communities sent the selection materials submitted the *Selection Application*. The AEDI Steering Group approved all communities to explore the feasibility of implementing the AEDI in their communities in 2004 (listed in Appendix D).

To participate in the AEDI in 2005, communities were required to submit an *Expression of Interest*. The *Expression of Interest* was available on the AEDI website to download, 98 downloads were recorded for the period of August 2005 to March 2005. Thirty-three *Expression of Interest* forms were received, including three from communities that were approved to implement in 2004 but did not implement at this time. Thirty of these communities submitted a *Selection Application*, and 33⁴ of these communities were invited to participate in 2005 (listed in Appendix E).

To participate in the AEDI in 2006, communities requested a *Selection Application* from the National Support Centre. Twenty-one *Selection Applications* were received, with an additional 13 communities that were approved to implement in 2004 and 2005 but did not complete the process at this time. All 34 of these communities were invited to participate in 2006 (listed in Appendix F).

The selection process required a community representative to assess whether they could engage at least 80 per cent of all schools within their community, obtain

⁴ Three communities did not submit a *Selection Application*; however were granted permission to participate in the project.

funding support for the teacher relief and select a person to coordinate the project in the local area (known as the Local AEDI Coordinator).

Findings from the evaluation suggested that the most difficult aspect of the selection process was assessing funding for teacher relief; Table 2 shows the average response by the Local AEDI Coordinators for all three implementation years was 3.3 on a five point scale (1 equals very easy to 5 equals very difficult). Communities implementing in 2004 found assessing funding for teacher relief more difficult than 2005 and 2006 communities (3.6 in 2004 compared to 3.1 for 2005 and 3.2 for 2006). Assessing communities' ability to engage schools was also rated as a difficult task, with an average response of 3.1. Again, communities in 2004 found this task more difficult than communities in 2005 and 2006.

Table 2: Average ratings on a five point scale by the Local AEDI Coordinator of their community's experience with the Selection Process (1='Very easy' and 5='Very difficult')⁵

Implementation Year	Selecting a coordinator	Engaging schools	Assessing funding	Overall selection process
2004	0.9	3.8	3.6	2.3
2005	1.7	2.8	3.1	2.2
2006	1.7	2.8	3.2	2.3
Three year average	1.4	3.1	3.3	2.3

This figure highlights the difficulty experienced by many of the communities in assessing funding opportunities and engaging schools in all three years; 2004, 2005 and 2006.

Communities found the overall selection process easy, rating this at 2.3 on the five point scale, changing very little between all three years (2.3 for 2004, 2.2 for 2005, and 2.3 for 2006).

Communities suggested that there were a number of aspects that assisted in their application for the *Australian Early Development Index: Building Better Communities for Children* project. Factors that were considered to support the application could be defined into two major areas; support from within the community or external factors. There were several internal factors that supported the process, such as existing early childhood initiatives that foster the work of the AEDI, the availability of someone within the community to undertake the project, strong partnerships within the community, established services, knowledge of the community, cooperation from schools within the community and an easily identifiable geographic location, making identification of key players easier.

The other major factor suggested by communities as assisting their application were factors external to the community, such as support from the AEDI National Support Centre, recognition from Western Australian sites of the Telethon Institute and their influence in 'selling' the AEDI to schools, the kit supplied to communities by the National Support Centre, the recognised support from various other external bodies

⁵ Results were from 9 of the ten communities in 2004 and 17 of the 20 communities that completed the AEDI in 2005 and 20 communities in 2006.

such as the Early Years Strategy, Department of Education, and members of the AEDI Steering Group based in Western Australia and Victoria.

Six communities that participated in 2006 suggested that an important factor that supported their application was knowledge of communities that had participated in previous years.

A number of the 2005 Local AEDI Coordinators suggested that the AEDI package of materials greatly assisted the process of applying, preparing and implementing the project.

Factors that hindered communities in their application and implementation differed between communities that participated in the first year and those that participated in subsequent years. In 2004 one of the major factors considered to hinder communities in their application was the short timing for application and implementation of the AEDI. There were several other factors that were also suggested as barriers to applying to be part of the project; one community found the issue of 'passive consent' challenging, as the Education Department initially wanted this community to seek 'active consent'. Another community suggested that the application itself was long and complicated, and a further community suggested that their lack of understanding of a population measure and then having to 'sell it' to the community made the process difficult.

In 2005 and 2006, Local AEDI Coordinators suggested other factors that hindered their application and implementation of the project. The logistics associated with preparing and implementing the AEDI in a large community; either geographically large or large in terms of the number of schools. For example, the geographic size of one of the communities involved in the project; Northern and Far Western Region of South Australia covers 756,000km and this Local AEDI Coordinator met with each principal face-to-face to promote the AEDI and gain support. The Local AEDI Coordinator stated that this was a 'challenging task'. Another challenging factor was the difficulty in finding teachers to relieve the teachers in remote school sites.

One 2005 community also suggested that a barrier was the 'fear' of individual children/schools being identified as below national standard.

A 2005 Local AEDI Coordinator noted this issue:

"The fact that the coordinator works for the local government had both benefits and issues. There was a misconception that the project was a "council" project so services felt council should pay the teachers."

There were two main factors that hindered communities in the preparation and implementation of the project for all three years; the lack of provision for teacher relief and having to 'convince' schools to participate in the project; although this was considered to be far less of a barrier in 2006.

Preparing to Implement the AEDI

The major task for preparing the community to implement the AEDI was to engage at least 80 per cent of all schools within the community and to obtain funding for teacher relief. These two tasks were pivotal in considering the facilitators and barriers of successful implementation of the AEDI in communities.

Engaging schools

Most Local AEDI Coordinators used a variety of methods for contacting schools. Table 3 provides an overview of the methods used by communities to engage schools in the AEDI project.

Table 3: Number of contact type initiated by the Local AEDI Coordinator with schools within the community to prepare for implementation of the AEDI⁶

Contact with school		No	Some	Most	All	Total
Telephone contact	2004	1	0	2	6	9
	2005	0	4	2	11	17
	2006	0	3	4	13	20
E-mail contact	2004	2	0	3	4	9
	2005	0	4	1	12	17
	2006	2	2	2	12	18
Mailed information	2004	1	1	0	7	9
	2005	2	2	0	11	15
	2006	3	3	1	12	19
Individual face-to-face meeting	2004	1	3	1	4	9
	2005	0	10	2	5	17
	2006	2	4	5	9	20
Forum with principals	2004	2	0	5	2	9
	2005	5	1	5	6	17
	2006	2	2	7	8	19

Each of the 47 communities that responded to the *AEDI Pre-implementation Survey* (10 from 2004 communities, 17 2005 communities and 20 from 2006 communities) described common processes in engaging schools in the project.

As shown in Table 3, communities' contacted schools using a variety of methods; 52 per cent of communities used every method stated in the table above and 91 per cent of communities used at least four of the five stated methods.

⁶ Although 10 communities in 2004 completed the *AEDI Pre-implementation Survey*, only nine completed the section relating to the above information. All calculations are based on the nine completed entries. Of all 20 2005 communities that completed the survey, some left sections 'blank', these were excluded from analysis, although it is hypothesised that blank may mean 'no'.

The most popular method of engagement was telephone contact, with 98 per cent of communities using this strategy at least some of the time. Many communities mailed every school written information on the AEDI; 2004 (78 per cent), 2005 communities (65 per cent) and 2006 communities (60 per cent). Ninety-three per cent of communities found that often 'some' face-to-face meetings with schools were necessary. Feedback from communities during site visits indicated that face-to-face interviews with principals were conducted when it was apparent that the school needed encouragement to participate. This was suggested to be the most successful strategy.

Table 3 also highlights that many communities (22 per cent for 2004 communities, 29 per cent for 2005 communities and 15 per cent for 2006 communities) did not hold a forum for principals.

The 2004 and 2005 communities highlighted that a key difference in how the smaller and larger communities engaged schools in the project was the amount of time and resources required to successfully engage the school sector.

Another factor to consider in the process undertaken to engage schools was that some communities benefited from a member of the National Support Centre presenting on the AEDI within the community. At least 31⁷ communities over the three years of implementation received a presentation from the National Support Centre in the pre-implementation stage of the AEDI. At least seven (23 per cent) of these communities achieved less than 80 per cent school participation.

Obtaining funding

To become part of the AEDI project communities were required to obtain their own funding to provide for teacher relief. The process of obtaining funding, and the source of the funding varied for each community according their individual circumstances. Table 4 shows the source of funding by year of implementation of the AEDI.

⁷ These findings represent the presentations made by three members of the National Support Centre; however, for some presentations, the purpose of the presentation was not known (i.e. whether it was for preparing the community, or explaining results etc). Therefore, 31 represents the best understanding of presentations provided for the pre-implementation phase.

Table 4: Number of communities that obtained funding from each source for communities by year of implementation⁸

Funding source	Communities			
	2004	2005	2006	Total
Community for Children initiative	2	6	8	16
State health department	1	4	5	10
Local council	1	6	4	11
Schools	1	4	3	8
Community service organisation	1	2	4	7
Local early years initiative	1	3	2	6
State government department	2	2	4	8
Business	0	1	1	2
Catholic Education	1	0	0	1

This table shows for each year of implementation, communities' most common source of funding was through the CfC initiative. State health departments, local councils and schools were all major contributors of funding for teacher relief.

In all communities that completed the survey (n=47), the teacher relief funding was provided to each individual school and the arrangement of how relief was organised was their choice.

Barriers to community implementation

Of the 54 communities that implemented the AEDI, 25 of these communities⁹ were granted approval to implement the AEDI yet did not complete it in the year of approval.

In the first year (2004), three (of the ten) communities were unable to complete the AEDI checklists in their community in 2004. In New South Wales, there were delays from the Department of Education and Training in agreeing to permit two communities (Lismore and Miller) within New South Wales to participate in the AEDI project. Consequently, these two communities were unable to commence the AEDI project in 2004.

In 2005 13 of the 33 communities were approved to implement, however did not complete the implementation phase in 2005. Eleven of these communities successfully implemented the AEDI in 2006.

⁸ The numbers presented in this table do not equal the number of communities that responded to the survey, as some communities had more than one source of funding.

⁹ This represents 19 unique communities, the three communities that attempted to complete the AEDI in 2004 did not complete in 2005, with only one completing in 2006. A further one community that did not complete in 2005 did not complete in 2006 either.

Seven (of the 34) communities participating in 2006 were approved to implement, however did not complete the implementation phase in that year.

The findings suggested two key factors influencing implementation in the year of approval; resourcing and funding. Several Local AEDI Coordinators interviewed suggested that the AEDI required a lot of resourcing, and that often the time required engaging schools coincided with other competing demands. The other key factor was the lack of funding available, which was considered to be a vital component of ensuring all schools would participate.

One community suggested that the lack of support from schools was the main factor impacting on not being able to implement in the year of approval. This community had a presentation by the AEDI National Support Centre, as well as representatives from the Canadian EDI team. It was considered that these presentations were critical in gaining the support for the AEDI, which facilitated successful implementation in the following year.

In addition, another Local AEDI Coordinator suggested that there were several factors impacting on implementation the AEDI. There was the suggestion that there was insufficient commitment and interest from relevant agency staff in order to obtain funding. It was further suggested that there was a need for a 'local champion' or district manager to champion the project (to lobby for or provide some of the funding). The Local AEDI Coordinator stated that whilst there was interest at the 'worker' level, it was the decision makers who needed to be influenced in order to successfully implement the project.

For communities in New South Wales, the late sign off from the Department of Education also affected communities' ability to implement in the year of approval.

3.2 Implementation of the AEDI

Overview

For the purposes of this report, the 'implementation' phase is considered to be the period when the community is provided with school codes to access the web-based data entry system, to the completion of all data entry by participating schools.

Of the ten communities selected to implement the AEDI in 2004:

- Seven communities organised for teachers to complete the AEDI checklist in their community and were provided with school codes for the web-based data entry system. However, two of the seven communities did not achieve the necessary requirement of eighty per cent of schools in their defined community completing the AEDI checklist.

Of the 33 communities selected to implement the AEDI in 2005:

- Nineteen communities were provided with access codes to the online data system. Nineteen communities supplied data for analysis; however, three of the 20 communities did not achieve the necessary requirement of 80 per cent of schools in their defined community completing the AEDI checklist.

Of the 34 communities selected to implement the AEDI in 2006:

- Twenty-seven communities attempted to organise school participation in their community. Twenty-seven communities were provided with access

codes to the online data entry system. Twenty-seven supplied data for analysis; however three of the 27 communities did not achieve the necessary requirement of 80 per cent of schools in their defined community completing the AEDI checklist.

Therefore, five communities in 2004, 16 communities in 2005 and 24 communities in 2006 successfully implemented the AEDI in their community with at least 80 per cent school participation. Two communities in 2004, three communities in 2005 and three communities in 2006 implemented the AEDI in their community with less than 80 per cent school participation.

School participation

The majority of communities that attempted to implement the AEDI successfully attained at least 80 per cent school participation in their community. Table 5 shows the number of communities by school participation rates. This table highlights many communities were able to achieve 100 per cent of school participation.

Table 5: Number of communities by school participation rates by year of implementation

Year of implementation	Less than 80 per cent	Between 80 and 99 per cent	100 per cent	Total
2004	2	4	1	7
2005	3	9	7	19
2006	3	13	11	27
Total	8	26	19	53

Five of the seven communities achieved the necessary requirement of eighty per cent¹⁰ of schools in their defined community completing the AEDI checklist in 2004 and 16 of the 20 communities in 2005, and 24 in 2006.

Nineteen communities (36 per cent) achieved 100 per cent school participation across the three year project. This represents a range of communities; such as metropolitan and rural areas, a large and small number of schools, as well as large and small geographic areas. Carnarvon in Western Australia attained 100 per cent participation from all schools within their community; however this community also had the fewest number of schools to target. Interestingly, East Gippsland in Victoria and the Gold Coast in Queensland attained 91 and 80 per cent school participation respectively. These two communities had a large number of schools to organise and coordinate to implement the AEDI checklists, with 34 and 30 schools respectively.

Five communities that achieved 100 per cent had fewer than five schools to engage. While, the five communities with the greatest number of schools to engage, with

¹⁰ In order for a population measure to be representative of the population it is measuring, it is necessary to measure a minimum proportion of the target population. To satisfy the requirements of the AEDI, the AEDI Steering Committee determined that each community required at least 80 per cent of all schools (Government, Independent and Catholic) within their defined community to participate in the project (in some rural areas 100 per cent school participation was required).

more than 25 schools each to engage, obtained an average of 89 per cent participation rate.

In 2004, of the seven communities that implemented the AEDI, two communities did not satisfy the requirement of at least 80 per cent of schools within the community completing the AEDI checklist. The Gosnells and Mirrabooka in Western Australia obtained 65 and 72 per cent of school participation in their communities.

Of the 19 communities that participated in 2005, three communities did not achieve 80 per cent school participation, with the lowest rate 65 per cent of schools. Bunbury and Geelong had a large number of schools to engage, with 39 and 73 schools targeted respectively. However, Kwinana achieved 75 per cent with only eight schools to engage.

Of the 27 communities that implemented the AEDI in 2006, three communities did not achieve 80 per cent school participation.

The findings suggest that the number of schools targeted within a community does not relate to the community's participation rate.

The findings from communities that participated from 2004 to 2006 indicate that obtaining at least 80 per cent of school participation is not always achieved. Local AEDI Coordinators suggest a number of barriers to engaging schools in the project. The commonly reported barriers were:

- The perception that there were competing demands placed on schools, such as other assessment and testing requirements.
- The added workload on teachers of completing the AEDI.
- Ensuring schools were adequately compensated for teacher time in completing the AEDI.
- Effectively capturing principals' attention in the AEDI amongst the large number of other information and correspondence provided to principals.
- Change of principals, and needing to engage with the new principal.
- The perception that it is not in the best interest of the school, teachers or students for teachers to be absent from the class in order to complete the AEDI.
- Time required engaging schools in the AEDI project.

These barriers were reported from communities that achieved at least 80 per cent school participation, as well as those that did not.

A community that did not achieve 80 per cent participation from schools stated the following:

"A number of schools were reluctant to participate in this project because of other assessments and testing requirements for the Department of Education and Training and felt that the removal of teachers from the classroom to complete the survey was not in the best interests of students or teachers."

Unfortunately, timing was inappropriate for attending cluster groups meetings. This method may have been helpful in securing all parties in a particular suburb to participate. When schools decided not to participate, it was not possible to reverse that decision in most cases, which meant that three schools were unable to participate.

It was also noted that Principals are extremely busy and difficult to contact at times and in some cases; it took days to actually make contact and follow up. In some cases the package of information had not been received by the Principal and had to be resent.”

School feedback

A final factor to consider in the implementation of the AEDI was the teachers and schools experience of participation in the process. The capacity for teachers to enter data through the web based data entry system was a critical component in establishing the AEDI as a national tool. Utilising the web has enabled rapid data uploading and cleaning and the ability for short turn around times for reporting back to communities.

Teachers were surveyed at the end of the data entry period for their feedback on the ease of completion of the checklists, the use of the system and any benefits for teachers and the community. This survey has also enabled for continuous improvements of the web-based data entry system as teachers were asked to provide feedback on any difficulties with the system. The key findings from this survey are in the following table (Table 6).

Table 6: Results from teacher survey 2004-2006

Teacher feedback 2004 – 2006	Number N=1308	Per cent
I found the web-based data entry system easy to use	1256	96
AEDI Checklists easy to complete for most or all children	1216	93
My involvement in this project will assist our community to better understand the health, development and wellbeing of children in our area	1099	84
The experience of completing the AEDI checklists will be beneficial to my work	824	63
Completing the AEDI checklists was a good use of my time	811	62

The results from this survey indicate that teachers do not have difficulty completing the AEDI on-line and that they can see the benefits for their own work in the classroom and for the wider community in promoting a better understanding of children in their area.

3.3 Dissemination of the *Community Profile* (results)

It was hypothesised that the *Community Profile* would provide potentially useful information to a range of people within a community and dissemination may impact

upon action arising from the AEDI. Consequently the dissemination¹¹ process has been considered as part of the evaluation.

The findings highlighted that communities disseminated the *Community Profile* to:

- School principals.
- Early years strategy groups/initiatives.
- Early years professionals.
- District education.
- Community members.
- Local government.
- State Health.
- Paediatricians professional groups.
- MCHN professional groups.
- Media.

The results were disseminated using the following methods:

- E-mail.
- As an invited guest speaker at an existing meeting (such as District Education meetings, Early Years Strategy groups, State Health meetings).
- As a dedicated AEDI forum.
- Telephone discussions with relevant people.
- Face-to-face discussions with relevant people.

It became evident during interviews with the Local AEDI Coordinator and school principals during the site visits that for some communities there were situations of a break down in the path of dissemination of the *Community Profile*. In some cases, Local AEDI Coordinators suggested that they had sent the *Community Profile* to all schools, while principals reported no recollection of receiving the *Community Profile*. There were many possible explanations for this variation in reporting on dissemination; however it is important to note from this that while dissemination may have occurred, it is possible that the method was not the most appropriate to achieve uptake, the contact person for dissemination may not have been the most suitable person and that in some circumstances, follow up may be important in improving penetration.

Another aspect of dissemination that arose in the first year of implementation was the difficulty in the appropriate format of dissemination. Many communities noted that the electronic file of the report was large, and many organisations were unable to send and/or receive a sizeable file. Local AEDI Coordinators also discussed the unforeseen expense of having to print (preferably in colour) the reports for dissemination.

It was an important learning from communities that participated in 2004, that consideration of dissemination strategies should be highlighted by the AEDI National

¹¹ For details of the release of the *AEDI Community Profile* from the AEDI National Support Centre, please refer to Appendix G.

Support Centre in the Community Preparation Guide. This was actioned and considerably improved the dissemination process for communities in 2005 and 2006.

It is interesting to note a finding from first year communities, that a few communities were selective in the dissemination of the *Community Profile*. While some communities quickly disseminated to all relevant organisations within the community, there were a few that chose to withhold the *Community Profile* for consideration before disseminating it more widely. These findings suggest that understanding of who 'owned' the results within a community was not universal, and consequently the facilitating organisation or Local AEDI Coordinator often became responsible for defining ownership.

Response to the Community Profile (results)

Fourteen communities out of a possible 26 (2004 and 2005 communities) completed a *Post-implementation Survey*. Of these fourteen communities, 57 per cent were 'very satisfied' with the *Community Profile* Report overall and 43 per cent were 'satisfied.' Local AEDI Coordinators rated all sections of the report and the findings highlighted that they generally found the report useful. Similarly, Local AEDI Coordinators rated all sections of the report for their ease of understanding, and the findings indicated that they generally found the report easy to understand.

Table 7: Local AEDI Coordinators rating of satisfaction on the *Community Profile*

Number of Local AEDI Coordinator's reported level of 'usefulness' of each section of the <i>Community Profile</i>					
Sections of the <i>Community Profile</i>	Very Useful				Not useful at all
Executive Summary	8	6	0	0	0
Definition of terms	7	7	0	0	0
Introduction	7	7	0	0	0
Background	6	7	1	0	0
What does the AEDI measure?	8	5	1	0	0
Why is the AEDI important for communities?	7	6	1	0	0
Background information about the children	8	4	2	0	0
Children's early childhood education and care experiences before entering school	7	3	3	0	1
The AEDI results - text	9	4	1	0	0
The AEDI results – maps	8	2	4	0	0
The AEDI results – tables	9	4	1	0	0
Appendix A: AEDI frequently asked questions	7	4	3	0	0
Appendix B: AEDI Understanding the results	8	4	2	0	0
Number of Local AEDI Coordinators reported level of 'Ease' of understanding each section of the <i>Community Profile</i>					
Sections of the <i>Community Profile</i>	Easy to understand				Difficult to understand
Executive Summary	11	2	1	0	0
Definition of terms	10	3	1	0	0
Introduction	9	5	0	0	0
Background	9	5	0	0	0
What does the AEDI measure?	10	4	0	0	0
Why is the AEDI important for communities?	10	4	0	0	0
Background information about the children	10	4	0	0	0
Children's early childhood education and care experiences before entering school	6	6	1	0	1
The AEDI results - text	7	6	1	0	0
The AEDI results – maps	7	4	3	0	0
The AEDI results – tables	7	5	2	0	0
Appendix A: AEDI frequently asked questions	10	3	1	0	0
Appendix B: AEDI Understanding the results	9	3	2	0	0

The text supporting the results and the tables displaying the results were rated as the most useful aspect of the report, with 64 per cent of Local AEDI Coordinators stating that these two aspects were 'very useful'. Interestingly, one coordinator reported that the section detailing children's experience before entering school was "not at all" useful.

Local AEDI Coordinators rated their level of understanding of the sections of the report. The majority felt that most sections were very easy to understand, with the executive summary being most often reported as "very easy to understand". The section on children's experiences before entering school was considered the most difficult to understand, with only 43 per cent of coordinators stating that it was "very easy to understand" and 1 coordinator finding it "difficult to understand".

The survey also asked Local AEDI Coordinators to indicate how confident they felt in understanding the results, and 50 per cent of the coordinators responded 'very confident', 43 per cent 'confident' and only 7 per cent 'not confident'. While the sample size was small, it is interesting to note the change from 2004 communities to 2005 communities; a marked improvement in the confidence in both understanding the results and being able to present them. It is hypothesised that improvements to the *Community Profile* from 2004 to 2005 has subsequently improved the ability for readers to understand the results. It is further hypothesised that the support of the Community Dissemination Guide, which included material suggested by 2004 communities, also improved readers ability to understand the results.

Similar to the pre-implementation phase, some communities benefited from a member of the AEDI National Support Centre presenting on the results in the community. At least 23¹² communities had a presentation on their results; communities stated that the presentation was excellent, and helped to understand the results and their implications.

Community feedback

Interviews with Local AEDI Coordinators during the site visits in 2004 and 2005 suggested that for most communities, the results confirmed pre-existing ideas about the status of children aged between 0-5 years. However all communities also stated that there were 'surprising results' that were unanticipated.

Many communities stated in the *Pre-implementation Survey* that prior to the AEDI they gained an understanding of their community through consultation with services and families, surveys and long term experience of working within a community. Many communities had initiated some kind of analysis of the community's strengths and weaknesses for existing strategies, such as Municipal Early Years Plans, Communities for Children, Best Start. One community stated that:

"It is evident that different sectors of the community, e.g. education, health, welfare etc have their own focus and understanding of the issues facing our families. We saw the AEDI as providing a measure of how our communities are faring across all sectors".

¹² These findings represent the presentations made by three members of the National Support Centre; however, for some presentations, the purpose of the presentation was not known (i.e. whether it was for preparing the community, or explaining results etc). Therefore, 23 represents the best understanding of presentations provided for the results phase.

A thematic analysis of the interviews conducted with school principals showed that the majority of principals felt that the community results from the AEDI provided confirmation for issues that they were already aware of:

“There were no surprises in the findings from the AEDI. This data supported information we have already collected ourselves.”

A few principals also noted that it was interesting to read about the issues faced by other schools in their area.

“The results indicated that all other schools in our community had similar problems/issues to us. This was a relief.”

The evaluation has sought to understand whether the AEDI results support the existing understanding held within the community of the status of early childhood. The majority of communities that participated in 2004 and 2005 suggested that the results generally confirmed their understanding, with only minor surprises. Some communities found that in one area within the community, the results showed some unexpected strength or weakness.

3.4 Community action from the AEDI

The evaluation aims to capture the actions which resulted from participation in the AEDI project. The evaluation findings for this section have been drawn from communities that participated in 2004 and 2005. Due to 2006 communities receiving the *Community Profile* in late 2006, findings relating to action were not gathered from these communities. Findings have been gathered from the site visits conducted during 2004 and 2005 and the after-implementation survey.

The findings have highlighted that there are three broad themes of community action from the AEDI:

- Raising community awareness of early childhood development
- Mobilising communities to action
- Community action

Raising community awareness of early childhood development

For the majority of communities that participated in 2004 and 2005 the findings would suggest that the AEDI has mobilised communities in terms of an awareness of early childhood development. Many of the Local AEDI Coordinators discussed the usefulness of the AEDI in raising the profile and importance of the early years, particularly to sectors that have a broader focus than the early years; for example, health, local government, education, community development. The Local AEDI Coordinators suggested that the AEDI results provided valuable, evidence based, nationally comparable data that accurately describe the well being of a community's children.

“The AEDI expanded our understanding of what was needed, we knew the need was there, but did not know how much. It has highlighted the stark differences in areas, where we thought the three areas were similar in their need. It showed us clearly that [one area] was in greater need than the other two.”

For many professionals working in the early childhood sector, the AEDI results confirmed what they knew about the children living in their community; information that had been gathered through personal experience, needs analysis, parent or professional surveys, and other local data. The majority of Local AEDI Coordinators also suggested that the results highlighted at least one surprising element; either an area performing unexpectedly well or poorly on one of the domains, or more commonly an area that was performing either better than anticipated or more poorly than anticipated across all domains.

Some AEDI communities have held 'community forums' in which to disseminate the results of the AEDI and also to bring various community members together to discuss how they might respond to the AEDI. Communities have varied in terms of the range of people that attended the forums, for example members of the community, representatives from health, education, local schools, childcare, pre-school, local government, community development, urban renewal and other relevant professionals and/or organisations. Typically these forums were used to explore the results in greater depth, with a focus on understanding the local context of the results. The findings suggest that communities commonly used other available data to create a richer picture and understanding of the early childhood community.

Community example

In response to receiving their AEDI results, one community decided to hold an early years forum to share ideas and identify new ways of working together to improve outcomes for families and children. Over 130 people attended the forum and listened to presentations on the importance of the early years and learned about the AEDI results for their community. The audience then divided into groups according to the AEDI suburb and each group was asked to explore the following questions:

- What is available in your area that contributes to the wellbeing of families and children?
- What else might be needed in your area that would make a difference for children and families in light of the AEDI results?
- Of the identified needs, which three should be given top priority?

As a result of the forum a number of recommendations were made, such as to establish an early year's committee, undertake consultation with parents, and to have regular early year's meetings.

Community Example

Another community held a forum to disseminate and discuss the AEDI results. The AEDI results of this community highlighted surprising results for two neighbouring suburbs, suburb (A) which had poor socio-demographic indicators, and suburb (B) which was performing well according to socio-demographic data. The AEDI results for suburb (A) were much better than anticipated, and the results for suburb (B) were not as good as expected.

Faced with these surprising results, the forum participants divided into small groups and were asked to examine possible reasons for these unexpected findings. The

group discussions provided very rich information on factors that might contribute to, or be responsible for the differences between these neighbourhoods:

- They observed that despite the positive socio-demographic indicators, suburb (B) had relatively poor infrastructure and, for example, didn't have footpaths, playgrounds and local shops.
- Suburb (A), where children performed well on the AEDI, was noted as having good playgrounds, bike paths, footpaths, public transport and a strong sense of community. This suburb also had a School Principal who had displayed strong leadership and had advocated for greater investment in the early years, as well as establishing a 0 to 3 years program.

Many of the schools and communities from the first and second rounds of the AEDI project found that the AEDI results encouraged many to reflect on specific factors impacting on early child development within their community. Such factors included the transition period from early childhood settings to school, nutrition, physical activity, adequate clothing, emotional development and experiences in care before entering school.

"The AEDI results have got people thinking about where they can be proactive within their community and the early years....We are beginning to see changes in people's perceptions of the importance of the early years and the AEDI is helping to create enthusiasm."

The AEDI has also prompted many members within the professional sector of the community to think about specific issues that were previously not considered:

"There were issues we had not thought about, for example 'has this child come to school hungry?' It made me think about the outcomes of this, it was a great way to reflect on things" (Teacher).

Mobilising communities to action

Findings highlighted similar responses to mobilisation within communities as a result of participating in the AEDI project; including building relationships and working collaboratively, asset mapping, using the results in grant applications, planning and strategic development for the early years. Each of these responses will be discussed in greater detail below. Mobilisation can be defined as marshalling, bringing together, preparing for action, rather than the action itself.

AEDI co-ordinators stated that the AEDI data gave them a visual representation they were able to use as evidence to create awareness around supporting investment in the early years. They were able to use the results to initially bring various professionals together and to then plan a strategic response to the results presented by the AEDI. Communities have varied considerably in their response to the AEDI results, with some initiating a great deal of action; and some yet to demonstrate action.

Building relationships and working collaboratively

One of the prominent findings from the evaluation has been the reflection from an array of community professionals that the AEDI has been instrumental in forging stronger relationships between key organisations. Several communities that

participated in the AEDI have reported that prior to the AEDI the relationships between some professional, child focused sectors were not strong, and for some not evident. A common response from the Local AEDI Coordinators was that many professionals reported an increased collaborative relationship, particularly between schools and other early childhood professionals. It was considered that the AEDI has been a mechanism for creating “conversations” and strengthening relationships between schools, district education offices and early year’s professionals across a number of sectors and in some cases local business.

Community Example

In response to the AEDI results one school approached childcare providers in their area to initiate “conversations” about what they could do to support each other in promoting the well-being of children. Many different strategies were discussed and some are beginning to be implemented such as literacy programs, and processes to improve the transition from early childhood settings to school.

Asset mapping

Some communities have, or are in the process of mapping other resources, services and infrastructure over the AEDI results. In these instances, it has been for the purpose of exploring some of the factors that may account for the results, and also to plan a response to the AEDI. For example, communities have suggested that they plan to overlay AEDI maps with the location of libraries, public transport routes and the location of services, parks, playgroups and programs. Communities suggest that this may highlight implications for access which may impact on outcomes for children.

Most communities suggested that the AEDI data were also useful and practical in combination with other tools, such as ABS, local statistics, community feedback and service provider feedback.

Application of grants

Many agencies, such as schools, local government, community organisations, and early year’s groups have used the AEDI data to support grant and funding applications. For example, the AEDI data have been used to support:

- Health and Ageing grant applications.
- Save the Children funding applications.
- Department of Education and Training grants.
- Stronger Families and Communities grants.
- Several small grant applications.
- Council community and infrastructure grants.
- Shell Petroleum “sustainable community” funding.
- Telstra “community development and the early years” funding.

Strategic Development

The AEDI results have been used by services and community organisations to examine how they are working to address some of the issues raised by the AEDI. Communities are using the AEDI results together with other information such as national and local statistics, community feedback, and service provider feedback. Some communities have, or are in the process of mapping other community resources, services and infrastructure together with the AEDI results to assist in the planning process.

Many communities have used the AEDI data to inform the development of their Early Year's Plans. Several AEDI coordinators suggested that the AEDI results directly influenced local Early Years Plan/strategies¹³.

The Gold Coast developed 'Gold Coast Early Years Strategy Trial Phase 2005 – 2007, Strategic and Operational Planning Framework'. This included the implementation of the AEDI in 2004 which sought to 'map the school readiness of children across the Gold Coast, and we will be able to identify and understand the influence of socio-economic and community factors on child development. We will then be able to develop initiatives within local communities and across the region to address these factors.'

The AEDI results were also used to develop relationships with, and inform broader initiatives, such as urban renewal in Queensland and Investing in our Youth project in Bunbury WA.

The Gold Coast Early Years Strategy, influenced by the AEDI results, has been closely aligned with the Queensland Government Department of Housing Community Renewal program¹⁴. This began in Eagleby in December 1998 and Beenleigh on 1 July 2004. Beenleigh joined the renewal area of Eagleby to form the Gold Coast North renewal zone. Renewal activities will occur across the Gold Coast North zone until 30 June 2009. Community Renewal began in Varsity Lakes on 1 July 2004. Varsity Lakes, together with the Labrador renewal area, form the Gold Coast South renewal zone. Renewal activities will occur across the Gold Coast zone until 30 June 2009.

Bunbury WA Investing in our Youth project¹⁵ was able to benefit from the AEDI results. "The results helped us to see the synergies with the youth survey results. For example we saw that social competence was an issue that was following through to long term problems in youth. National Crime Prevention project for youth has been initiated and it is hypothesised that it will help the early years, as it is these youth that are the parents of the 'early years'".

The findings would suggest that one of the greatest uses of the AEDI has been for planning purposes. As a first step, many communities used the AEDI data for strategically planning the most suitable areas to target expenditure. While planning, communities considered the AEDI results for areas of greatest need; taking into account both greatest number and proportion.

¹³ For further information on Municipal Victoria Early Years Plans, see <http://www.office-for-children.vic.gov.au> WA Early Years Strategies <http://www.earlyyears.wa.gov.au/> Queensland Early Years Strategy <http://www.communities.qld.gov.au/family/earlyyearsstrategy/> South Australia Early Year Strategy <http://www.earlyyears.sa.edu.au>

¹⁴ For additional information please refer to <http://www.communityrenewal.qld.gov.au>

¹⁵ For additional information please refer to <http://www.investinginouryouth.com.au.html>

As an example, Geelong Victoria held a 'Families and Children Round Table'¹⁶, with a focus on identifying any gaps in services delivery for children and family services. It was suggested that the Round Table would also help to locate resources which could be applied to provide resources which are better targeted and designed to reduce disadvantage and build capacity in the area.

Community action

A key question for the AEDI project has been, what, if anything, do communities do to promote early childhood development in response to the AEDI?

For the purposes of this evaluation, community action, as distinct from community mobilisation, is defined as 'doing something' that directly works toward contributing to early childhood developmental outcomes. For example this could be providing programs, support groups, services or training.

The AEDI evaluation has highlighted that professionals are keen to respond to the AEDI findings with action, however many communities have found that responding takes considerable time and resourcing.

Many communities suggested in their *Selection Application* that an aim of participating in the AEDI was to use the data to inform planning of the implementation of strategies, identifying areas of need and the development of early year's plans. Several communities have held forums or meetings engaging as many professionals and in some instances community members to investigate future directions.

Local AEDI Coordinators suggested that the AEDI data are useful at these meetings/forums for providing an evidence base for the development of a variety of community initiatives.

The findings would suggest that action resulting from the AEDI can be clustered in two main streams; programs, and services and training.

Programs

In some communities, groups or professionals and in some situations, community members, have come together to talk about developing initiatives or programs to address a selection of the issues that were raised by the AEDI. Some communities have attempted the implementation of single targeted programs across the whole community while others have been more geographically targeted in the placement of programs. Some communities have used a battery of programs in specific geographic areas to counter what they have interpreted as need arising from their AEDI results.

Table 8 presents the findings from communities that participated in 2004 and 2005, showing the types of programs implemented addressing AEDI domains. For example programs such as 'Hug a Book', 'Smart Start', and the 'Walking School Bus'. Programs implemented have included both universal and targeted programs. Universal programs, programs available to everyone to use and targeted programs, programs that are interventions designed for a subset of families and young children that are defined by some characteristic.

¹⁶For additional information please refer to http://www.geelongaustralia.com.au/Media_Releases/February_2006/Families_and_Children_Round_Table_will_help_to_identify_gaps_in_services_provision/

Table 8: Programs implemented in AEDI communities, aimed to target AEDI domains

Physical health and wellbeing	Social knowledge and competence	Emotional health and maturity	Language and cognitive development	Communication skills and general knowledge
Community Parks Project - physical activity focused Leap Program Walking School Bus Story telling and Craft Time Active Play Centres	Smart Start Roots of Empathy	Roots of Empathy	Literacy Links Let's Read Better Beginnings Hug a Book Learning Language and Loving it Story telling by families Mother Goose	Story telling and Craft Time
Enhanced playgroups (facilitated and non-facilitated) Playgroups for aboriginal children School transition programs (child care to school, pres school to school) Volunteer Home Visiting (includes a welcome pack when a family move into the area and link family to networks - library, coffee chat groups, MCH)				

In terms of action, there were two common approaches to program implementation; using the data to inform program selection, and/or using the data to guide appropriate area selection for programs.

As a first step in action (discussed above), many communities used the AEDI data for strategically planning the most suitable areas to target programs. While considering where to implement a program, some communities considered the AEDI results for areas of greatest need; taking into account both greatest number and proportion.

In some instances, programs had already been selected for implementation such as 'Let's Read'¹⁷, a program designed to address literacy, and the AEDI assisted in implementing it in the most appropriate areas. Similarly, 'Kids go for your life'¹⁸ program was also implemented in the region in those areas highlighted by the AEDI as of greatest need.

On the other hand, the AEDI assisted in the selection of programs guided by vulnerability on a domain and/or areas of perceived need. Common programs implemented in response to the AEDI are variations to 'Story telling and Craft Time' and playgroups.

Community example

Developed and launched **Active Play Centres** in Leigh Creek and Coober Pedy targeting children aged 0-6 years.

These centres are "virtual" facilities that utilize existing space in these small communities such as the local gymnasium or community hall. The Leigh Creek Active Play is held every Wednesday at the local School Gymnasium and has approximately 40 children attend each week. In Coober Pedy the activity is available Monday – Thursday and targets Aboriginal families and held at the local Aboriginal Community Council's Community hall. Fifty-five thousand dollars is committed to these centres each year.

The centres were established due to AEDI evidence indicating poor results in social competency, emotional maturity and Physical Health and Wellbeing.

The centres are play based but also focus on parent / child relationships and provide structured activities including kindergym style circuit, song and dance, cooking on a budget (for parents) and nutrition health promotion.

Community example

A community noted that children in one area were experiencing relatively high levels of vulnerability in the physical health, communication skills and general knowledge domains. This issue was further discussed at an early years group meeting that included school health nurses, parents, and representatives from the school and other agencies. This group decided to concentrate on promoting literacy and improving the transition period between preschool to school. The group was successful in securing funding to establish a story-telling and craft program at the

¹⁷ For additional information please refer to http://www.rch.org.au/ccch/research/index.cfm?doc_id=5821

¹⁸ For additional information please refer to <http://www.qoforyourlife.vic.gov.au/hav/articles.nsf/docs/Programs?open>

primary school library. The one and half hour sessions are held in the library once a month and have been very popular, often attracting more than 40 participants. This program has now been evaluated and overall has received very positive feedback. The program has also contributed to improved collaboration between different agencies and focused attention on the early years.

Other organisations have utilised the data for planning and review of children's needs. For example schools have used the results for planning and implementing strategic directions for children. Several school principals suggested that they used the results in teacher meetings to discuss approaches to curriculum for the children entering school.

Other programs that have been influenced by the AEDI results and implemented include:

- 'Learning Language and Loving it – The Hanen Program for Early Childhood Educators'¹⁹,
- Roots of Empathy²⁰
- Age-Paced Parenting Information Strategy
- Attachment/Bonding Media-Based Campaign/Social Marketing Campaign
- Kalgoorlie Boulder Better Beginnings an early intervention family literacy program²¹.
- Walking School bus

Services and training

The results from the AEDI have been shown to influence early childhood services in the community. Community members, including Local AEDI Coordinators, school principals and other professionals have suggested that the AEDI has prompted consideration of services in the area, including their location, demand, need, level of vulnerability and areas that may lack one or more service.

Another community has used the AEDI results to guide services in their practice. The Mirrabooka community have recommended that services use the AEDI domains and results to guide what they are doing, ensuring services are contributing to the improvement of child vulnerability on each domain.

The Gold Coast community in Queensland intended to use the AEDI findings to consider the services operating within the sector, as well as investigate any gaps or opportunities to build collaborative relationships within the broader sector. One of the objectives of the Gold Coast Early Years Strategy was 'to negotiate for and trial the Early Years Coalition Family Centres: co-location of all relevant and appropriate Early Years Service and program providers within one building in each of the community Renewal Buildings'.

¹⁹ For additional information please refer to <http://www.hanen.org>

²⁰ For additional information please refer to <http://www.rootsofempathy.org>

²¹ For additional information please refer to www.kalbouldwa.gov.au

There have also been examples of smaller groups of professionals or single organisations using the AEDI results to inform their planning and assist in the selection of appropriate services.

Community example

On hearing the AEDI results at an early year's group meeting, one community member felt very concerned about the local children's level of vulnerability on the physical health and well-being domain. This individual approached a local school to discuss a possible partnership in a "physical-activity-after-school" program. The school was supportive of this initiative and now this program is being implemented.

The AEDI data have prompted some service providers to review how existing services and programs are delivered and to think about the type of new initiatives that may be needed.

"[The AEDI is] great as a rationale for why to do things" (Local AEDI Coordinator).

The AEDI results have influenced some communities to respond with the delivery of early childhood training.

For example, in the Murchison District, a presentation on the AEDI has become part of the personal development day for all teachers in the area every year.

Other key findings

There have been a large number of downloads (53,535) from the AEDI website. Of these downloads 25,516 were of the community AEDI results (47.6 per cent of the total number downloads).

The findings from AEDI communities, particularly in the initial period, suggested that some were struggling with answering the question of 'where to from here'? Interviews with members of the 2004 and 2005 communities suggested that there was a lack of clear direction in terms of how to move forward with the results. While community members had an understanding of the implication of results for their community, they did not know what to do to address the issues or vulnerabilities of children which became evident from the results.

Many community members suggested a fear of a loss of momentum after the results had been disseminated. There were concerns that the AEDI project would require a strong community advocate to move the action forward. Several communities felt that a provision for this may not be available within the community, while several communities recognised this issue, and appointed either a person or group to be responsible for action around the AEDI results.

An analysis of action arising within schools was conducted. Interviews with principals highlighted that the results were used in a number of ways. Principals used the reports to drive new programs and activities in their school and the local kindergarten, for funding applications, as a point of reference and to write yearly plans for schools. Principals also made informal and formal presentations to their staff and pre-school staff regarding the results of the AEDI and the needs of the children in our area.

"We used the results to inform some of the programs that we run. Programs such as language support and for our "Play and Learn Centre."

“We are a “Success for Boys” school so we have used the AEDI results as a source in our submission for grants for this.”

“We also use the findings when communicating with pre-schools regarding the needs of the children.”

4 Discussion

The evaluation of the implementation of the AEDI has enabled considerable exploration of both the barriers and facilitators to implementing the AEDI in communities, and has provided some insight into the potential action that may arise within a community as a result of participating in the project.

4.1 Ability to implement the AEDI

The first aim of the evaluation of the *Australian Early Development Index: Building Better Communities for Children* project was to establish whether the AEDI could be successfully implemented in communities.

Seventy-seven communities applied to participate in the AEDI project, with 69 per cent (n=53) of applicants completing the AEDI in their community; 41 (77 per cent) communities completing in the year of application, and 13 (25 per cent) completing in following years. One community took three years to complete the project (applying in 2004 and completing in 2006), and a further 12 communities took two years to complete the AEDI (applying in 2005 and completing in 2006).

The evaluation demonstrated that most communities were willing and able to undertake the implementation of the AEDI. Factors that supported communities were existing support within the community such as current early childhood initiatives that foster the work of the AEDI, the availability of someone within the community to undertake the project, strong partnerships within the community, established services, knowledge of the community, cooperation from schools and an easily identifiable geographic location, making identification of key players easier. Other major enabling factors were support from external bodies such as the AEDI National Support Centre, the Telethon Institute and their influence in selling the AEDI to schools, and the recognised support from various other external bodies, as well as the kit supplied to communities by the National Support Centre.

The findings from the evaluation indicate that the AEDI can be implemented successfully in communities if certain components are in place to support the community. Clearly it is vital to have state education approval, with permission to use passive consent. The other pivotal enabling factor for success is the level of resourcing (person time) and funding available in order to achieve school support.

Teachers and schools experience of participation in the process has generally been positive. The capacity for teachers to enter data through the web based data entry system was a critical component in establishing the AEDI as a national tool. Teachers indicated they have no difficulty completing the AEDI on-line and that they can see the benefits for their own work in the classroom and for the wider community in promoting a better understanding of children in their area.

Despite the success of implementing the AEDI for most communities, 24 communities (31 per cent of all communities that submitted a *Selection Application*) were unable to complete the AEDI in their community between 2004 and 2006. The evaluation findings demonstrated that the preparation period is critical to success. Furthermore, eight communities did not achieve 80 per cent participation from schools across the three years of implementation. These findings would suggest that the major challenge for communities is in preparing to implement the AEDI.

Key learnings for the implementation phase of the project highlight the difficulty in the short time-frame imposed upon communities for both preparing to implement and implementing the AEDI. The major factors that prevented communities from implementing the AEDI were due to the delays in approval from New South Wales and Tasmanian State Education office, and the difficulty in resourcing the project, including the time required to coordinate the project and the capacity to source funding for teacher relief within the short time frame.

4.2 Meaningfulness of the AEDI data for communities

Communities became involved in the AEDI project for a variety of reasons, including using the process of implementation and the results to:

- Gain accurate quantitative data, including population level data on children's development.
- Establish or strengthen partnerships within and across agencies.
- Engage in interagency planning or early childhood services and programs.
- Direct resources to identified areas of greatest need.
- Determine the most effective community response to improving child outcomes.
- Develop policies, programs and networks that support child development.
- Inform the Communities for Children initiative.

Most communities suggested that they felt they had made positive progress toward meeting their initial aims and objectives for participating in the AEDI, however they also suggested that their ultimate goals were focused on changing outcomes for children.

The evaluation has indicated that participating communities found the results presented in the *Community Profile* easy to understand and useful. Communities differed in the various aspects of the report they found most useful, but all communities suggested that there were aspects that were extremely beneficial. Furthermore, half of the Local AEDI Coordinators that responded to the surveys indicated that they were very confident in understanding the results.

For many communities the results confirmed what they already understood about their community, finally providing the statistical data to 'prove' their communities situation. Furthermore, the results provided an excellent level of detail on childhood development outcomes, often providing better information than the community previously had access to. Most communities also suggested that the results highlighted surprising aspects, including areas that were previously unknown for either their vulnerability or strength and levels of overall vulnerability.

The high number of downloads from the AEDI website of the AEDI community results (25,516) suggest that there is interest in the AEDI. However, the use and understanding of these downloads was beyond the scope of this evaluation.

One of the points that stood out from the findings was the shift in focus toward the child, their strengths and vulnerabilities, and the response to the results being more child focused, rather than largely parent focused. Similarly, there are indications that

professionals thought the AEDI provided positive support to thinking and responding to children (and families) in a more holistic manner.

4.3 Level of dissemination and penetration of the *Community Profile*

Disseminating the *Community Profile* throughout the community was shown to have varying levels of penetration with the target group and comprehension of the implications of the findings. In some communities, relevant people were unaware or not familiar with the findings of the AEDI. For others, the AEDI findings were clearly absorbed, understood and quickly used as a community resource.

The findings would indicate that to successfully disseminate the results for the purpose of increasing awareness and understanding, further time is required from at least one 'champion' within the community. For some communities, holding a forum to present and discuss the results was an effective method of engaging professionals, and in some cases community members, in the results of the AEDI. Other communities contacted relevant people individually to discuss and plan for an appropriate response.

Most communities disseminated the results broadly within their community, aiming to include the early years sector, schools, health, local business and local government. Coupled with the increasing number of *Community Profile* downloads from the AEDI website, the findings are promising, suggestive of a keen interest in the circumstances of children's development and wellbeing in a given community.

4.4 Community action in response to the AEDI

The evaluation sought to explore whether the AEDI facilitated the mobilisation of the community in terms of an increased awareness of, and actions to, promote early childhood development. Of particular interest, 'what was mobilised and how was it done'.

For many communities, the AEDI results prompted the need for finding appropriate ways of responding to the findings. The manner in which communities undertook this task varied. The variation may be due in part to the stage of readiness in which communities began the project; differing in their level of early years collaboration, the degree of understanding of the context in which families in their community live and raise children, the resources available to plan and action a response, including at least one person to 'champion' the progress.

The evaluation findings have shown that some professionals and/or organisations are working more collaboratively since the AEDI. While it is not possible to attribute greater collaboration solely to the AEDI, as there are many other factors to consider; such as other initiatives, the characteristics of professionals working in the area, the injection of funds and many other factors, it is hypothesised that the AEDI was considered by professionals to be an important contributing factor.

Later findings from the communities in 2004 and 2005 suggest that while some of them continue to struggle with answering 'where to from here', others have been able to move forward and create some action around the AEDI results. For those communities that are struggling, the lack of time and resourcing to action the AEDI have been cited as reasons for the stall in mobilisation. Furthermore, the evaluation findings suggest that two key features are important within a community in order to see action. These are firstly that at least one person within the community is a 'champion' of the AEDI and secondly understanding the importance of answering the

question of 'where to from here'? There also needs to be a high degree of understanding and support from executive levels of key organisations and departments. A key learning from the communities that participated in 2004 was the need to build in recommendations to communities that stressed the importance of providing additional resourcing and time after the AEDI has been completed.

Communities that participated in 2005 tended to respond to the AEDI results with greater speed and confidence. The findings would suggest that through the learnings in 2004, and the subsequent changes implemented to the AEDI project for 2005, communities were better able to understand the results, disseminate them to key people, and then formalise appropriate action.

4.5 Limitations of the study

The evaluation has met with two main limitations.

The first limitation was the response rate from communities was lower than desired. Response rates to the pre-implementation survey were low, with 61 per cent completing this survey over the three years. The response rate for the post-implementation survey for the first two years was 52 per cent. Due to the response rates, the findings may not be reflective of all communities that participated in the evaluation. Using e-mail surveys to obtain information may have contributed to the low response rate, and be seen to be less convenient to communities than personal interviews. However, conducting in-person interviews with a large number of communities, across Australia was not cost-effective.

While these findings may not represent all communities that participated, the findings from both the surveys and the in-person interviews demonstrated similar themes, and support the validity of the findings presented in the report.

The second limitation of the study was the short time frame in which to investigate community action arising from the AEDI. Communities that participated in the first and second year received the final Community Profile in November 2005, therefore having just over 12 months to implement action. The evaluation has gathered action to date, but the findings would indicate that further action will continue.

4.6 Conclusion

Communities from both 2004 and 2005 suggested that the AEDI results highlight the need for greater awareness raising throughout Australia of the findings from the AEDI, and that a whole of government response to address the issues is required.

"I think the AEDI can have an enormous impact on the community – but this is dependant on whole of government action to address issues. The AEDI is just one small aspect of this – we need to mobilise a concerted, evidence based, multi-strategic, multi-sector approach to the early years. To really succeed in this we need significant new investment. Both the Canadians and the United Kingdom have made the new investment – based on sound economic arguments".

The evaluation of the AEDI project indicates that the AEDI stimulates awareness of the importance of the early years to a range of organisations and professionals within both the early childhood sector and sectors working with a broader demographic. It also helps to engage key people and organisations in understanding those areas

within their community where children are performing well and where there are vulnerabilities.

The findings further suggest that the implementation of action and change in response to the AEDI results varies between communities. While some communities have actioned little in response to the AEDI results, others have responded with an array of programs, initiatives, grant applications, and strategic and future plans. Communities are demonstrating a keen interest in being able to effectively action the results from the AEDI, however many coordinators suggest that development of appropriate next steps and planning requires time and support from a range of people. Many AEDI communities have formed appropriate groups to respond to the results and they are currently in the planning and development phase. Such mobilisation of community resources in the name of achieving better outcomes for children can be viewed as a major positive to emerge from the AEDI project.

Finally, many communities have begun to discuss the greater opportunities the AEDI offers, an opportunity to enhance the commitment to a whole of government focus on the Early Years and the implementation of strategic, evidence based services, programs and systems across Australia. The vision of a whole of community, whole of government response to the Early Years is possible with the AEDI.

“The AEDI has been fantastic. It has been a catalyst for change, a comprehensive overview of need”.

5 Recommendations

The following recommendations are made in relation to the *Australian Early Development Index: Building Better Communities for Children Project*:

The evaluation has shown the AEDI to be regarded as a valuable, well utilised evidence based measure of child health, development and wellbeing in a given community. Furthermore, the evaluation highlighted the importance of the role of the AEDI National Support Centre to assist communities in the preparation, implementation, interpretation and action of the AEDI. It is therefore recommended that:

The AEDI continues to be offered to communities that self select to participate and implement the AEDI; and

The AEDI National Support Centre is sustained, including all current systems, guides and website provided to support these communities.

Some communities suggested they required additional support by the AEDI National Support Centre to engage the necessary and desired sector in the project. The evaluation findings suggest that in some circumstances, an expert on the AEDI is an important factor in gaining school support for participation and obtaining funding for the project. It is therefore recommended that:

The AEDI National Support Centre is appropriately resourced so that they can provide additional assistance, on an as needs basis, to some communities requiring support to engage the necessary and desired sector support for the implementation of the AEDI.

Similarly, the evaluation found that some communities felt they required additional support by the AEDI National Support Centre to understand the results of the AEDI and their implications. Again, in some circumstances, an expert on the AEDI was seen to be an important factor in understanding the results and considering what action to take. It is therefore recommended that:

The AEDI National Support Centre is appropriately resourced so that they can provide additional assistance, on an as needs basis, to some communities requiring support in understanding the results of the AEDI and the implications for those results.

As discussed above, the evaluation highlighted that some communities required support in the preparation, implementation and after phases of the AEDI, and many communities noted the value of learning about other communities experiences. It is therefore recommended that:

Some community champions that have already taken part in the AEDI be trained to mentor potential and new AEDI communities to support their implementation. This could include presenting to potential communities, and providing advice on preparing to implement and implementation phases.

There is an expectation by many of the communities that participated in the AEDI that would repeat the process again after a set number of years (varying between 1 and 5 years). For many of these communities, there is the belief that the AEDI will show positive change for children. The experiences of Canada suggest that this may not always be the case, with some communities either remaining the same across domains, or becoming more vulnerable. It is therefore recommended that:

The AEDI National Support Centre prepare appropriate supports, and guidelines that will assist in managing communities expectations for repeating the AEDI in a community, and to support communities with their subsequent results.

The majority of communities wanted to know how other communities responded to the result of the AEDI, particularly what programs or initiatives were implemented. A challenge noted by many communities was how to respond appropriately to the AEDI results. It is therefore recommended that:

Further in-depth research is conducted (perhaps in the form of case studies) on the actions arising from communities having participated in the AEDI, and these findings are made available to all AEDI communities (and more broadly).

References

Sayers, M. (2004). *Second Progress Report*. Centre for Community Child Health: Melbourne Australia.

Appendix A

The table below details the communities that participated in the AEDI project in the first year (2004).

Table 9: Communities and coordinating organisations that were selected in 2004 to participate in the AEDI project

State	Community	Coordinating Organisation
New South Wales	Lismore Area	YWCA NSW
	Miller area of Sydney	Mission Australia
Queensland	Gold Coast area	Gold Coast Public Health Unit
Victoria	East Gippsland area	Kilmany Uniting Care
Western Australia	Carnarvon	Gascoyne Population Health
	East Metropolitan Perth	East Metropolitan Perth Population Health Unit
	Gosnells area of Perth	The City of Gosnells
	Kalgoorlie	O'Connor Primary School representing Goldfield's Education
	Mirrabooka area of Perth	The Smith Family
	Rockingham	CAMHS-Improving the Health & Wellbeing of children and Adolescents Program

Appendix B

The table below details the communities that participated in the AEDI project in the second year (2005).

Table 10: Communities and coordinating organisations that were selected in 2005 to participate in the AEDI project

State	Community	Coordinating Organisation
Australian Capital Territory	Gungahlin-Hall District	Child and Family Centre Program, Department of Disability, Housing and Community Services
New South Wales	Blacktown	Mission Australia
	Fairfield	The Smith Family
	Lismore	YWCA NSW
	Miller	Miller Pathways
	Raymond Terrace	The Family Action Centre
	Sydney West Area	Centre for Population Health, Sydney West Area Health Service
	Tumbarumba	Children's Services Committee Tumbarumba Shire
Queensland	Deception Bay	Boys Town
	Kingston, Loganlea, Waterford West	Salvation Army Lifeworks Centre
South Australia	Port Adelaide	UnitingCare Wesley Port Adelaide
	Port Augusta	Northern and Far Western Regional Health Service
	Onkaparinga	Anglicare SA and Ybutubg Care Wesley Adelaide
	Salisbury	Salvation Army
Tasmania	Burnie	Centacare
Victoria	Bayside	Bayside City Council
	Brimbank	The Smith Family
	Broadmeadows	Broadmeadows Uniting Care
	Geelong	City of Greater Geelong
	Maribyrnong	Best Start Partnership, City of Maribyrnong; Department of Education & Training; Catholic Education Office Western Metropolitan Region
	Mornington Peninsula	Mornington Peninsula Shire
	Shire of Yarra Ranges	Yarra Ranges Best Start, City of Yarra Ranges

	Wyndham	Wyndham City Council
Western Australia	Armadale	Armadale Early Years Network
	Ashdale	Ashdale Primary School; Department of Education and Training
	Capel, Dardanup, Harvey & Bunbury	Investing in Our Youth Inc
	Collie	Wilson Park Primary School, Department of Education and Training
	Kalbarri	Kalbarri 0-5 Team; Kalbarri District High School
	Katanning	A Smart Start – Central Great Southern Inc.
	Kwinana	The Smith Family
	Meekatharra	Murchison Health Region
	North Metropolitan Area	North Metropolitan Area Health Service, Population Health Program
	Rockingham	Improving the Health and Wellbeing of our Children and Adolescent Program

Appendix C

Third year (2006) communities that were successful in their application were:

Table 11: Communities and coordinating organisations that were selected in 2006 to participate in the AEDI project

State	Community	Coordinating Organisation
New South Wales	Wyong-Southern Lakes	The Benevolent Society
	Raymond Terrace	The Smith Family
	Miller	Miller Pathways
	Fairfield	The Smith Family
	Tumbarumba Shire	Children's Services Committee Tumbarumba Shire
	Sydney West	Centre for Population Health, Sydney West Area Health Service
	Lismore	YWCA NSW
	Blacktown	Mission Australia
Queensland	Townsville	The Smith Family
	Deception Bay	Boys Town
	Nerang	Ed QLD
	Cairns South	Mission Australia/ Queensland Health/ James Cook University
South Australia	Port Pirie	Uniting Care Wesley Port Pirie
	Onkaparinga	Anglicare SA and Uniting Care Wesley Adelaide
	Port Adelaide	Uniting Care Wesley Port Adelaide
	Salisbury	Salvation Army
Tasmania	Launceston/ East Tamar	Anglicare Tas
	Burnie	Centacare
Victoria	Hume	City of Hume
	South Gippsland	Kilmany UnitingCare
	Melton	Shire of Melton Community Learning Board
	Frankston	City of Frankston
	Latrobe	Latrobe City Council

	Colac Otway	Colac Area Health
	Darebin	Darebin City Council
	Wellington	Wellington Working Together
	Maryborough	Maryborough Education Centre
Western Australia	Northampton Chapman Valley	Northampton Health Service
	Coolbellup/Hamilton Hill	City of Cockburn
	Forrestfield	Department for Community Development
	Eastern Wheatbelt	Eastern Wheatbelt Primary Health
	North Metropolitan Area (Lower Zone)	North Metropolitan Area Health Service, Population Health Program
	Upper Great Southern	Department of Education and Training
	Busselton	Department of Education and Training

Appendix D

Table 12 show the number of schools in each community (as provided by the Local AEDI Coordinator) and the number of schools that completed the AEDI checklist (provided from the AEDI online database) in each community for 2004.

Table 12: School participation of the AEDI within each community – 2004

Community	Total number of targeted schools	Government Schools		Non-Government Schools		Per cent participated
		Targeted	Participated	Targeted	Participated	
Queensland						
<i>Gold Coast Area</i>	30	21	18	9	6	80
Victoria						
<i>East Gippsland</i>	34	30	27	4	4	91
Western Australia						
<i>East Metropolitan Perth</i>	70	49	43	21	16	84
<i>Kalgoorlie-Boulder</i>	11	7	7	4	3	91
<i>Carnarvon</i>	4	2	2	2	2	100
<i>Mirrabooka</i>	18	13	11	5	2	72
<i>Gosnells</i>	23	17	11	6	4	65
Total All Schools All States	190	139	119	51	37	83

*Two out of three postcodes were successfully completed in this community.

Appendix E

Table 13 show the number of schools in each community (as provided by the Local AEDI Coordinator) and the number of schools that completed the AEDI checklist (provided from the AEDI online database) in each community for 2005.

Table 13: School participation of the AEDI within each community – 2005

Community	Total number of targeted schools	Government Schools		Non-Government Schools		Per cent participated
		Targeted	Participated	Targeted	Participated	
Australian Capital Territory						
<i>Gungahlin-Hall District</i>	7	5	4	2	2	86
Queensland						
<i>Waterford West</i>	2	2	2	0	0	100
South Australia						
<i>Port Augusta</i>	27	24	21	3	4	93
Victoria						
<i>Bayside</i>	17	7	6	10	5	65
<i>Brimbank</i>	17	11	8	6	6	82
<i>Broadmeadows</i>	24	20	19	4	1	83
<i>Geelong</i>	73	50	43	23	14	78
<i>Maribyrnong</i>	15	9	9	6	6	100
<i>Mornington Peninsula</i>	33	25	24	8	8	97
<i>Shire of Yarra Ranges</i>	10	8	8	2	2	100
<i>Wyndham</i>	26	16	16	10	9	96
Western Australia						
<i>Armadale</i>	20	14	14	6	4	90
<i>Ashdale</i>	1	1	1	0	0	100
<i>Bunbury</i>	39	25	23	14	8	79
<i>Collie</i>	5	4	4	1	1	100

Community	Total number of targeted schools	Government Schools		Non-Government Schools		Per cent participated
		Targeted	Participated	Targeted	Participated	
<i>Kalbarri</i>	1	1	1	0	0	100
<i>Katanning</i>	16	14	12	2	2	88
<i>Kwinana</i>	8	6	4	2	2	75
<i>Meekatharra</i>	2	2	2	0	0	100
<i>Rockingham</i>	24	17	17	7	5	92
Total All Schools all states	367	261	238	106	79	90

Appendix F

Table 14 show the number of schools in each community (as provided by the Local AEDI Coordinator) and the number of schools that completed the AEDI checklist (provided from the AEDI online database) in each community for 2006.

Table 14: School participation of the AEDI within each community – 2006

Community	Total number of targeted schools	Government Schools		Non-Government Schools		Per cent participated
		Targeted	Participated	Targeted	Participated	
New South Wales						
<i>Blacktown</i>	5	4	4	1	0	80
<i>Fairfield</i>	29	21	15	8	4	65.5
<i>Miller</i>	5	4	4	1	1	100
<i>Raymond Terrace</i>	20	14	14	6	6	100
<i>Mt. Druiitt and surrounds</i>	3	2	2	1	1	100
<i>Tumbarumba</i>	8	6	6	2	2	100
<i>Southern Lakes area of Wyong Shire</i>	5	4	4	1	0	80
Queensland						
<i>Cairns South</i>	9	5	5	4	4	100
<i>Townsville West</i>	3	3	3	0	0	100
South Australia						
<i>Communities for Children Onkaparinga</i>	16	10	8	6	6	87.5
<i>North Western Adelaide</i>	14	9	8	5	4	85.7
<i>Mid North</i>	26	21	21	5	4	96.2
<i>Eastern Suburbs of the City of Salisbury</i>	11	10	10	1	1	100
Victoria						
<i>City of Darebin</i>	35	21	20	14	12	91.4
<i>Hume City</i>	42	30	28	12	8	85.7
<i>Frankston Municipality</i>	26	19	18	7	3	80.8
<i>Central Goldfields</i>	6	5	4	1	1	83.3

Community	Total number of targeted schools	Government Schools		Non-Government Schools		Per cent participated
		Targeted	Participated	Targeted	Participated	
<i>Shire of Melton</i>	18	12	11	6	4	83.3
<i>Shire of Wellington</i>	28	23	23	5	2	89.3
Western Australia						
<i>Busselton /Dunsborough/ Nannup</i>	8	6	6	2	0	75
<i>City of Cockburn</i>	22	16	14	6	3	77.3
<i>Central and Eastern Wheatbelt</i>	25	22	22	3	2	96
<i>Foothills Community</i>	8	6	6	2	1	87.5
<i>Western suburbs, Perth</i>	34	20	19	14	10	85.3
<i>Northampton/Chapman Valley</i>	6	5	5	1	1	100
<i>Central and Upper Great Southern Area</i>	13	13	13	0	0	100
Total All Schools all states	420	307	289	113	80	89.9

Appendix G

Release and dissemination of the Community Profile

In 2004 the seven AEDI communities that participated in the project were provided with a Preliminary AEDI Community Report and Profile. This report included the AEDI and other relevant socio-demographic data geographically mapped. A decision was made by the Project Steering Group and the Technical Advisory Group to provide communities with a preliminary rather than a final report. The reasons for this were as follows:

The analyses of the 2004 AEDI data revealed significant state differences on some of the AEDI domains. Therefore the decision was made to hold off making national comparisons until further analysis of the 2004 and 2005 AEDI data is possible.

Whilst communities in Western Australia were provided with their AEDI results compared to other children in the state (WA State Reference Values), there were insufficient data in Queensland and Victoria to compare children in the state, these communities therefore only received their local data.

The Technical Advisory Group met on 22nd September 2005 to consider the capacity for national and state comparisons.

At 10am on the 24 November 2005 the Minister for Family and Community Services, the Honourable Senator Kay Patterson, formally released the summary results from the 2004 and 2005 Australian Early Development Index communities at the Visy Cares Learning Centre in Broadmeadows in Melbourne. The event was attended by a number of Victorian Local AEDI Coordinators as well as key federal, state and local government officials and representatives from a number of education, health and community based non government organisations.

Professor Frank Oberklaid (Director of the CCCH) spoke about the importance of the early years and the economic as well as social benefits from investing in environments and communities that support children through both infrastructure and service development. Dr Sharon Goldfeld (Project Director) highlighted the importance of the partnership with the Telethon Institute for Child Health research and the achievements of the project thus far, noting how much community effort had already gone into implementing the AEDI. She drew attention to the variability between and within communities in levels of developmental vulnerability as well as strengths across developmental domains and suggested that these were the areas of real interest from the AEDI data.

Minister Patterson spoke passionately about the importance of AEDI data in helping communities make sensible decisions about children and noted the interesting recent research findings about children's development and the importance of the first few years for children's developing brain as well as physical and emotional development. The Minister felt that the report would add much value to community effort and complemented other data bases being developed such as Growing Up in Australia- the longitudinal study of Australian children.

Mr Chris Mc Donnell, CEO of Orana Family Services in Broadmeadows, spoke about their AEDI experience and noted how useful the data will be in assisting their already considerable efforts in making a difference to the children in their area through a range of interventions aimed at supporting local parents and services.

Finally Mr John Simpson, Executive Director of Shell, Australia, congratulated the efforts of communities in implementing the AEDI and was delighted that Shell's partnership in the project could contribute usefully to developing communities and supporting young children.

As a special feature the children from Meadow Heights Primary School Choir and Recorder Ensemble kept the crowd spellbound delivering a particularly wonderful and enthusiastic performance of "I am Australian".

The National AEDI Community Report and additional AEDI community results were posted on the website to be downloaded immediately after the release of the report by the Minister. Shortly after this, the detailed community maps were available on the AEDI website for all communities.