Building better communities *for children*

Community Preparation and Implementation Guide

A partnership between the Centre for Community Child Health (at The Royal Children's Hospital, Melbourne and a key research centre of the Murdoch Childrens Research Institute) and the Telethon Institute for Child Health Research, Perth.

Australian Early Development Index
www.aedi.org.au

Australian Early Development Index

National AEDI Implementation

Community Preparation and Implementation Guide

Prepared by the AEDI National Support Centre on behalf of the AEDI Partnership, Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital, Parkville, Victoria 3052.

The AEDI Program is conducted by the Centre for Community Child Health, (at The Royal Children's Hospital, Melbourne and a key research centre of the Murdoch Childrens Research Institute), in partnership with the Telethon Institute for Child Health Research, Perth.

ERC 081163

Contents

1. Overview

1.1 Introduction

Research shows that investing resources and energy into children's early years, when their brains are developing rapidly, will bring life-long benefits to them and to the whole community. The Australian Early Development Index (AEDI) is a measure of how young children are developing in different communities. This information will enable communities and governments to pinpoint the types of services, resources and supports young children and their families need to give children the best possible start in life.

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

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

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

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

"The future economic prosperity of our nation depends upon us focusing more on the developmental health and well-being of children" (Stanley, Richardson & Prior, 2005).

1.2 How to use this Guide

Purpose of this Guide

The AEDI provides communities with the opportunity to strengthen collaborations between schools, early childhood services and local agencies to support children and families.

The purpose of this guide is to assist communities to start working with the AEDI by providing information, tools and resources to support them in the important task of engaging the whole community in the AEDI in preparation for national implementation.

The key areas covered in this guide are:

- Background information about early childhood development.
- Information about how the AEDI has been developed and used in Australia to date.
- Information about the national implementation and how communities can work with the AEDI.

Using this Guide

This guide provides communities with tools and resources to assist with the implementation of the AEDI at the community level.

Tools and Resources

All resources are available at the AEDI website at **www.aedi.org.au**. Please visit the website to be kept up to date with the program, receive e-newsletters, new publications, announcements and media releases.

The AEDI provides communities with the opportunity to strengthen collaborations between schools, early childhood services and local agencies to support children and families.

1.3 National implementation of the AEDI

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

- Nearly a quarter of children surveyed were "developmentally vulnerable" on one or more developmental areas of the AEDI; however the results also demonstrate that the majority of children were "performing well" on one or more areas.
- The AEDI is a reliable and valid measure of early childhood development for Australia (as confirmed by the AEDI Validity Study).
- Strong support for the AEDI from state and territory educational authorities and regional/district education offices assisted the AEDI implementation.
- Communities used the AEDI to raise awareness of the importance of early childhood development, providing them with information which assisted in developing strategic plans and initiatives to improve outcomes for children, and facilitated improved collaboration between agencies involved with young children and their families.
- The majority of teachers reported that completing the AEDI was beneficial to their work in the classroom and a good use of their time.
- Schools have used AEDI data for planning, promoting optimal transitions to school and developing partnerships with community agencies such as pre-schools and child-care centres.

For success at school and life, children need optimal early childhood development.

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

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

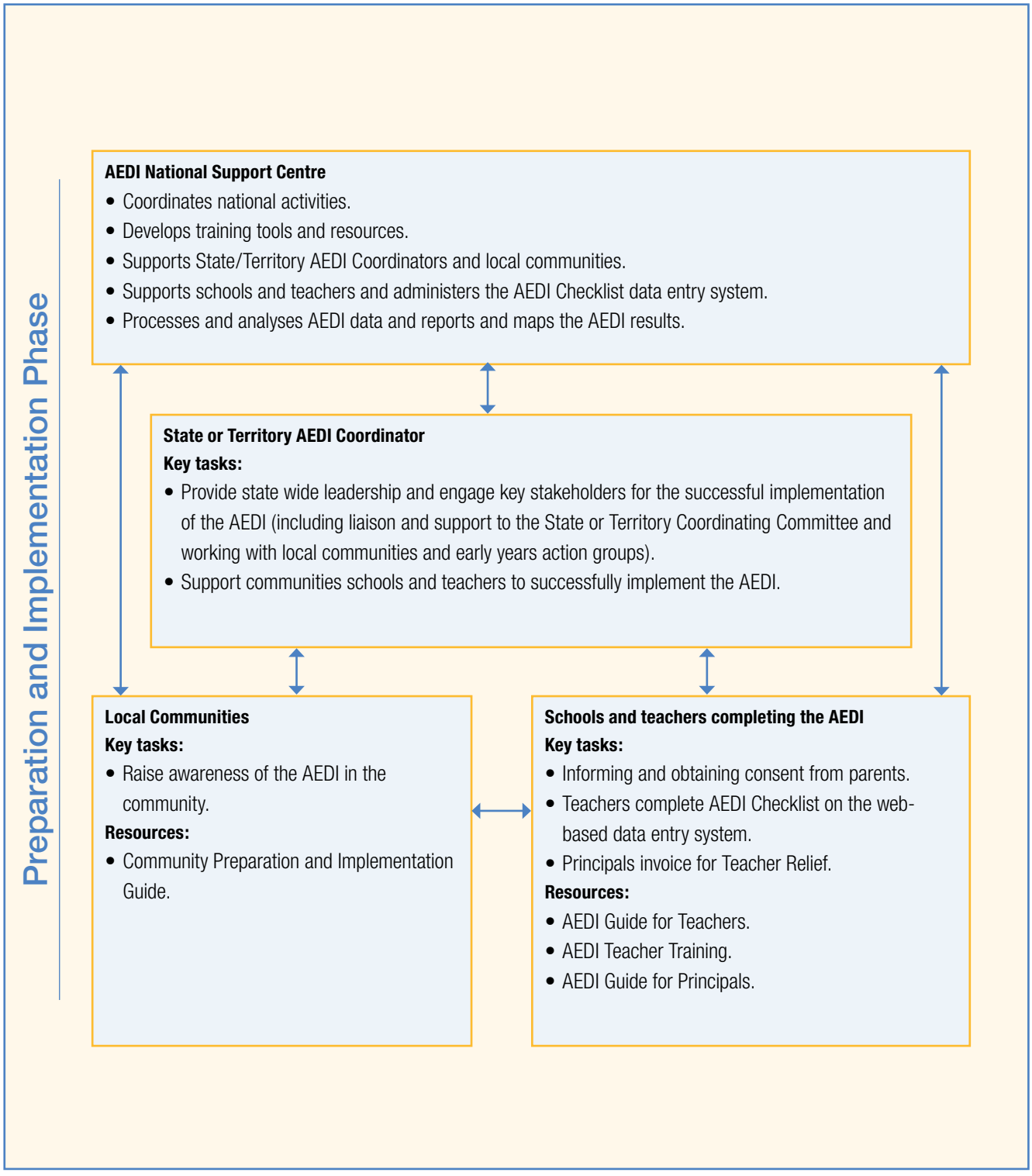
The national implementation of the AEDI provides an opportunity for every community across Australia to obtain a comprehensive picture of their early childhood development outcomes. Communities will be able to use the AEDI results for planning to ensure children in their community get a great start in life, which will have lifelong benefits for them and for the whole the community.

National implementation of the AEDI will provide a baseline for measuring change over time in children's developmental outcomes. The data will be used to inform policy and planning at all levels of government and across the health, education and community sectors.

1.4 Overview of AEDI Preparation and Implementation

An overview of AEDI Preparation and Implementation is summarised in Figure 1.

Figure 1. AEDI Preparation and Implementation



State and Territory AEDI Coordinating Committees

Each state and territory has a coordinating committee that will oversee the national implementation of the AEDI in their respective jurisdiction. This committee brings together representatives from health, education, government and non-government and the community service sectors to facilitate the successful implementation of the AEDI.

The AEDI National Support Centre and the State/Territory AEDI Coordinators will provide support to assist in the successful preparation and implementation phases of the AEDI. The following sections outline the support provided.

State/Territory AEDI Coordinators

The State/Territory AEDI Coordinator will oversee and coordinate the rollout of the AEDI in their respective state/territory. This includes overseeing and assisting with the preparation and implementation phases.

Key roles include:

- Providing state-wide leadership and engaging key stakeholders for the successful implementation of the AEDI.
- Engaging education sectors for the successful implementation of the AEDI in 2009 including:
  - Identifying key stakeholders across the three education sectors, and conducting consultations to engage, support and build understanding of the AEDI.
  - Supporting the State/Territory Coordinating Committee.
- Supporting communities, schools and teachers to successfully implement the AEDI including:
  - Processes to induct teachers (including being appropriately trained) to implement the AEDI and complete the data collection processes.
  - Providing telephone/email support to schools, teachers and communities.
  - Monitoring implementation and schools completion.
- Working in partnership with the Australian Government and the AEDI National Support Centre.

For contact details of the State and Territory AEDI Coordinators visit the AEDI website at **www.aedi.org.au**

AEDI National Support Centre

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

- Coordinating national activities.
- Developing training tools and resources.
- Supporting State/Territory AEDI Coordinators, communities and schools.
- Administering the web-based data entry system.
- Processing and analysing the AEDI and reporting and mapping the AEDI results.

Photo credit: Matt Blyth.

2. A national snapshot of early childhood development

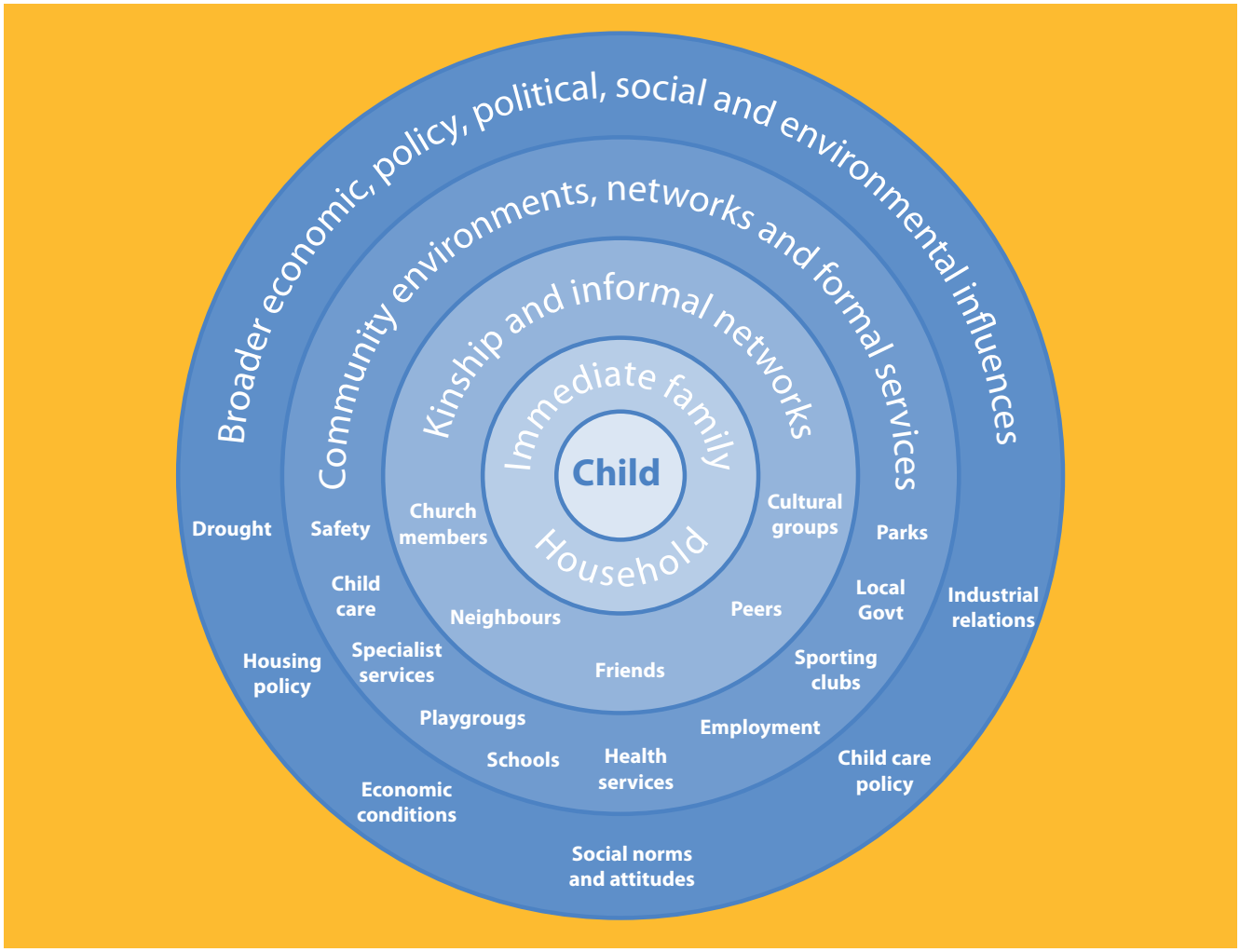
2.1 The importance of the early childhood development

It is now well known that what happens to children in the early years has consequences right through the course of their lives. The quality of a child's earliest environments and the availability of appropriate experiences at the right stages of development are crucial in shaping their developmental outcomes.

The AEDI provides a measure of children's development at the time they start school. By understanding children's development at school entry, communities can begin to examine the ecological or environmental factors that may be influencing child development outcomes in their community. The 'ecological' model of child development (see Figure 2) originates from Bronfenbrenner (1979).

As Figure 2 illustrates, parents and family remain significant influences throughout childhood, but other environmental influences, such as peers and the school environment, also play a role. The larger social structure, economic, political and cultural environment impacts on the resources available to families and to children. The character of the communities in which children live, including the economic climate and accessibility of appropriate services, has significant influence on children's development (Sanson et. al., 2002).

Figure 2. The Ecological Model of Child Development



Reference: Bronfenbrenner (1979).

2.2 Why do communities need population level information about early childhood development?

Building a solid foundation for children in the early years provides the best chance for children to have optimal health, wellbeing and educational success. The foundations built in the early years will have impacts on children right through the course of their lives.

The AEDI delivers essential information about the foundations built in the early years across the whole community and the social environment in the following ways:

- AEDI results are mapped to provide communities with a picture of the early childhood development strengths and vulnerabilities in each community and on each of the AEDI developmental areas.
- AEDI helps communities understand how their local children are doing developmentally and compared to children nationally and in other communities.

"A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation" (Stanley, Richardson & Prior, 2005).

The AEDI provides communities with the opportunity to strengthen collaborations between schools, early childhood services, and local agencies. Along with a range of other community indicators and information, the AEDI can be used by communities to plan and evaluate place based initiatives for children so that all children get the best possible start in life.

There are a number of important reasons why communities need access to population level information about early childhood development outcomes. These significant factors indicate a range of changing circumstances for children, and include:

- Major international and local social and economic changes.
- Changes in families and in family circumstances.
- Changes in the conditions under which children are growing up.
- Service delivery issues – problems in meeting child and family needs.
- Worsening developmental outcomes.
- New knowledge of factors affecting child development and family functioning.
- Evidence of the efficacy and cost effectiveness of early intervention.

(Centre for Community Child Health, Working Paper, July 2007)

The following provides summary information of each of the above dot points provided in the Centre for Community Child Health, Working Paper, "Supporting young children and their families: Why we need to rethink services and policies". The full paper can be accessed at **www.rch.org.au/ccch** via the resources and publications tab, then click on 'reports and discussion papers'.

Major international and local social and economic changes

There have been major social and economic changes occurring that create challenges for families, services and governments. Among these is the adoption of free market economic policies, the rise in general prosperity, and increased movement of people between countries, leading to more diverse societies. According to Stanley, Richardson and Prior (2005), our economic life is now harsher, more pressured, less forgiving of any shortcomings, more unequal and more insecure. One manifestation of these shifts is the widening gap between the rich and the poor, which has consequent social gradient effects on health and wellbeing.

The effects are acute for people in the lower socio-economic bracket, in which many new migrant and refugee groups are well represented. Another is changes in the cost of housing as a proportion of income, which in Australia is among the highest rates in the developed world.

Changes in families and in family circumstances

In addition to social and demographic changes, there have been significant changes in families, and in the conditions under which families are raising young children. These have created problems for the existing system of child and family services as well as for governments.

Families are smaller, childlessness is increasing, and there are more blended families, shared custody arrangements, single parent families and same-sex couple families. In addition, more families have two parents working and/or are working longer hours, or are jobless and raising children in poverty.

> *"In the twenty-first century, social, economic, and environmental factors are more important than biological disorders as causes of poor health in children… This involves community approaches as well as individual health care" (Hall & Eliman 2003).*

Changes in the conditions under which children are growing up

There have been significant changes in the conditions in which children are growing up over the past few decades. There have been changes in the social environment, such as increased stress on parents and decreased social and family support for parenting. Perinatal risks such as increased incidence of low birth weight births and the prevalence of alcohol consumption and smoking in pregnancy are known to have later impacts on child development. There have also been changes in children's diet, exposure to television and the media, physical activity and other environmental exposures which have contributed to a growth in asthma and obesity prevalence. An increase in sedentary behaviours and increases in energy intake through diet are key contributors.

Service delivery issues

As a result of the social and economic changes outlined above, many traditional forms of service and family support have struggled in their efforts to meet the increasingly complex needs of families. Many or most forms of services have waiting lists and individual services have experienced difficulties in meeting the complex needs of many families. Additionally, access to services can be difficult and can marginalise families who are not consistently and effectively engaged. Services are typically treatment oriented rather than prevention focused, and therefore experience difficulties responding promptly to emerging child and family needs. In addition systemic issues, such as a lack of service integration at the local, state/territory and federal government level, a disproportionate proportion of funding for adult services compared to those for young children and their families, and the emphasis on economic growth create further challenges.

Worsening developmental outcomes

Despite rises in overall wealth in Australia, outcomes for children have worsened or are unacceptably high. Measures of social wellbeing, such as infant mortality, low birth weight, mental health and child abuse once improved in parallel with economic development, now these measures have ceased to get better or have worsened. Increasing proportions of children have complex diseases, there have been perceived increases in a range of behaviour problems and trends in behavioural and learning outcomes are challenging teachers.

New knowledge of factors affecting child development and family functioning

Recent research has deepened our understanding of how children develop and the factors that affect their development. The key areas in which our knowledge has grown include the following:

- The nature and significance of the early years.
- The role and significance of relationships in child development.
- The neurobiology of interpersonal relationships.
- Cumulative impact of multiple risk and protective factors on child functioning.
- The interplay between genes and environment.

The growth in our understanding of family and community functioning has also been considerable. Key learnings include:

- The relationship between parenting practices and child development.
- Cumulative impact of multiple risk and protective factors on family functioning.
- The importance of social support for parental and family functioning.
- The prevalence of social gradient effects.
- The role of social capital.

There are a number of risk and protective factors for children, families and communities in the early childhood period that can influence later child development outcomes. Based on a review of early childhood literature, Table 1 provides examples of the risk and protective factors believes to affect early childhood development outcomes.

Table 1. Summary of risk and protective factors that affect child outcomes

Child characteristics	Parents and parenting style	Family factors and life events	Community factors
PROTECTIVE FACTORS			
• Social skills • Easy temperament • At least average intelligence • Attachment to family • Independence • Good problem solving skills	• Competent, stable care • Breast feeding • Positive attention from parents • Supportive relationship with other adults • Religious faith	• Family harmony • Positive relationships with extended family • Small family size • Spacing of siblings by more than 2 years	• Positive social networks (e.g. peers, teachers, neighbours) • Access to positive opportunities (e.g. education) • Participation in community activities (e.g. church)
RISK FACTORS			
• Low birth weight • Birth injury • Disability • Low intelligence • Chronic illness • Delayed development • Difficult temperament • Poor attachment • Poor social skills • Disruptive behaviour • Impulsivity	• Single parent • Young maternal age • Depression or other mental illness • Drug, alcohol and substance abuse • Harsh or inconsistent discipline • Lack of stimulation of child • Lack of warmth and affection • Rejection of child • Abuse or neglect	• Family instability, conflict or violence • Marital disharmony • Divorce • Disorganised • Large family size / rapid successive pregnancies • Absence of father • Very low level of parental education	• Socioeconomic disadvantage • Housing conditions

Reference: Centre for Community Child Health. A Review of the Early Childhood Literature. FACS; 2000.

Single risk factors on their own are not usually sufficient to explain adverse outcomes. Outcomes are often determined by more than one risk or protective factors. Risk factors are cumulative, therefore their impact on children and families depend on the child's age and length of exposure. The **younger** the child, the more vulnerable they are to environmental risk and the **longer** children are exposed to environmental effects and risk factors the greater the likelihood of later sub-optimal outcomes.

It is also known that risk factors tend to cluster together, and therefore early intervention to remove or improve multiple risk factors can lead to improved child development outcomes (Centre for Community Child Health, Policy Brief No 1, 2006).

The AEDI, along with other key community, state and national data sources, provides an opportunity for communities to understand what risk and protective factors are present for children in their local area.

Evidence of the efficacy and cost effectiveness of early intervention

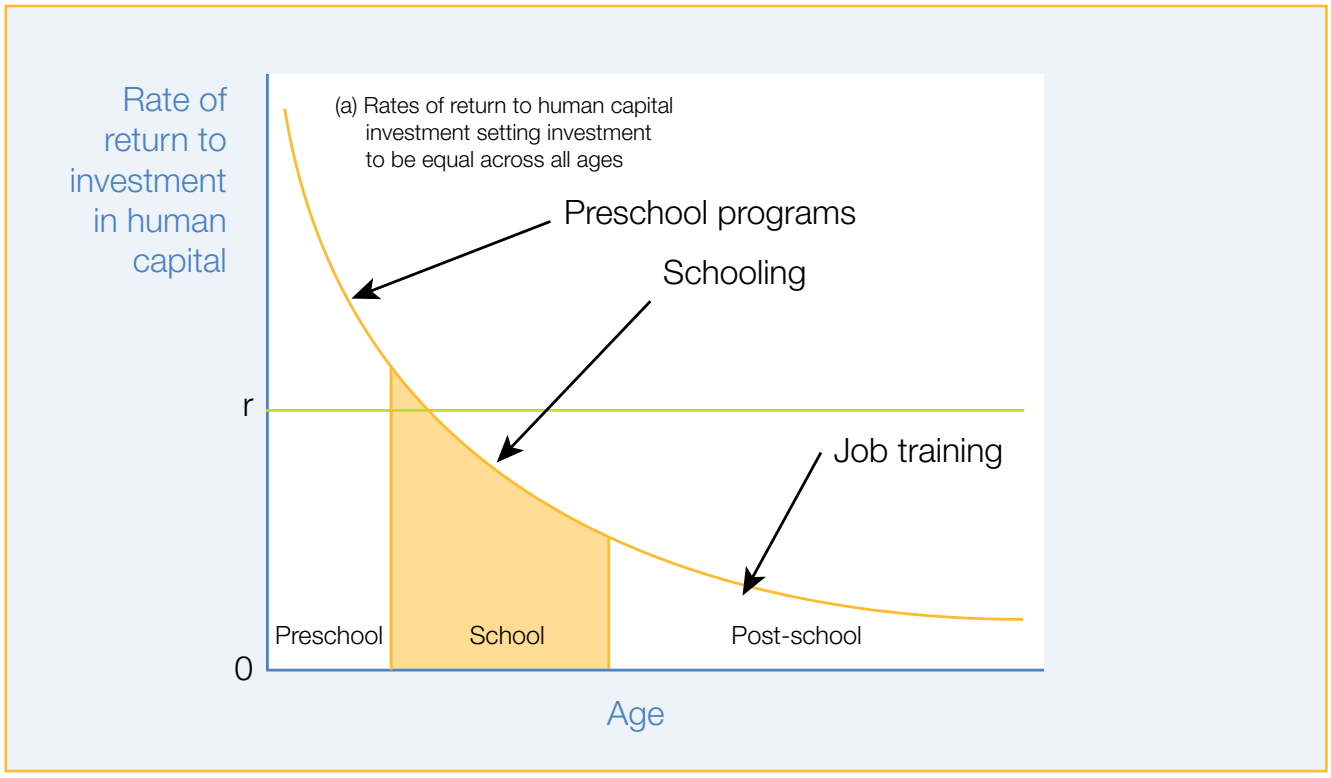
The final reason why communities require population level early childhood development information to inform planning comes from the accumulating evidence of the long-term benefits of early intervention. Parenting interventions, early childhood intervention programs, and investments in the early years are cost effective and associated with improved outcomes in later life. Cost benefit studies have shown that prevention and early intervention are cheaper and more effective than treatment. Gaps in child development trajectories stay mostly constant after eight years of age, that is, beyond the age of eight, school environments can only play a small role in reducing these gaps. Figure 3 provides a cost-benefit analysis of investing in the early years. The key point from this figure is that whilst it is never too late to invest efforts to shift developmental trajectories, the cost and the effort required increase substantially after the early years period.

The factors about the changing circumstances for children and their families (as outlined above) make a compelling argument for the need for communities, schools and policy makers to have access to very detailed information about how children in their local area are faring. This will support their efforts to ensure all children get the best possible start in life.

The research evidence highlights that the negative impacts of these factors can be effectively countered by building rich and supportive social environments and building an accessible system of services which is able to respond to the emerging needs of families with young children. The AEDI provides information that can assist communities in focusing and refining their efforts to build these crucial supports for children and their families.

Appendix 1: References and Early Childhood Development Further Reading. Provides the reference list and information for further reading on early childhood development including useful references and web links.

Figure 3. Return on investment in the early years



Reference: Cunha et. al., 2006.

3. About the AEDI

3.1 Aims and objectives of the AEDI for communities

The primary aim of the AEDI is to provide data to help communities develop and re-orient services and systems to improve the health and well-being and early learning of young children.

There are also a number of ongoing objectives. These include:

- Providing baseline data about how children in each community are faring in each of the developmental domains of the AEDI.
- Utilising the implementation process of the AEDI to assist in the development and strengthening of relationships between key agencies and stakeholders in the community.
- Facilitating community mobilisation and the development of forward planning and action, based on the results of the AEDI.
- Enabling communities to monitor progress on early childhood development outcomes.

3.2 What is the AEDI?

As pointed out in Section 1.1 the AEDI is a population measure of young children's development based on a teacher-completed checklist. It consists of over 100 questions measuring five developmental domains:

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

Teachers complete the checklists on children in their first year of full-time school. Individual children are not required to be present at the time the checklist is completed. Teachers must have known the child for at least one month before completing the AEDI so they have had a chance to observe their development.

The AEDI is designed for use with whole populations of children within a geographic area. The AEDI is analysed at the local community level (i.e. suburb or small area locality).

An AEDI community is often made up of a number of local communities (suburbs or small area localities) and could be a local government area, health service region, education district, shire etc. Normally an AEDI community would have a natural governance arrangement for community level planning.

For each domain, final results include the percentage of children who are defined as "performing well" and "developmentally vulnerable" compared to other children. There is no single community child development score that covers all of the domains.

3.3 How can the AEDI be used?

There are a number of ways the AEDI can be used. These include:

- To report on the early childhood development outcomes for whole of populations of children, small geographic areas and special populations.
- To measure progress over time in improving early childhood development outcomes.
- To facilitate community mobilisation around early childhood development through the AEDI implementation process and results.
- To enable schools and teachers to look back at the development of children before entering school and look forward to children's needs once at school.
- To make state and territory, national and international comparisons.

3.4 Summary points about the AEDI

The AEDI **can**:

- Be used to raise awareness about the importance of the early years.
- Be used with other community mapping and consultation processes to enable community mobilisation.
- Provide a common language for the community to discuss the needs of young children.
- Provide teachers with the opportunity to systematically reflect on all aspects of each child's development in the first year of school.
- Provide schools with the opportunity to reflect on the development of children entering school and to consider and plan for their optimal school transitions and future needs.
- Provide a basis for identifying possible priorities for action in the community.
- Provide communities with a tool to help understand what seems to be working well and what may need to change in their community to support families.
- Provide a baseline for measuring change in children's development over time.
- Act as a community level evaluation tool.

The AEDI **can not**:

- Score individual children as "developmentally vulnerable" or "performing well".
- Identify children with specific learning disabilities or areas of developmental delay.
- Recommend which children should be placed in special education categories, who should receive extra classroom assistance, or whether children should be held back a grade.
- Reflect the performance of the school or the quality of teaching.

Appendix 2: AEDI Domains Fact Sheet. Provides more detailed information about each domain, and provides examples of the likely attributes of children who are "developmentally vulnerable" and "performing well".

Appendix 3: Frequently Asked Questions. Provides a list of frequently asked questions about the AEDI and may be disseminated at forums or to key stakeholders for information. This fact sheet will be continually updated and posted on to the AEDI website to ensure relevant questions are included.

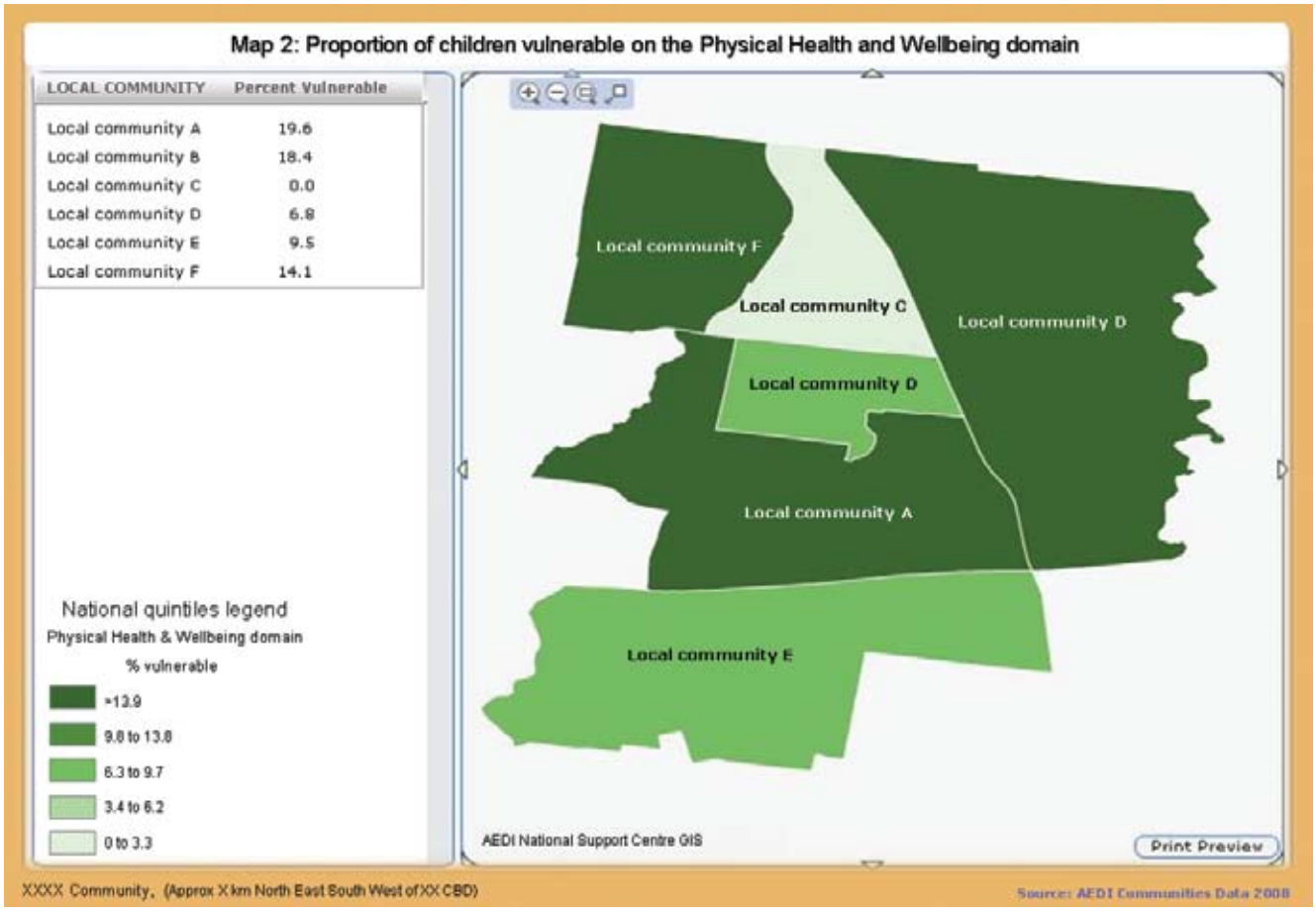
The AEDI pinpoints strengths in communities as well as what can be improved; it provides population information about early childhood development for communities, regions and states/territories.

3.5 How are the AEDI data reported?

AEDI Community Profiles

AEDI data for an AEDI community are reported and analysed at the suburb level (local community) of where the child lives. This is reported back to the community in the form of an AEDI Community Profile. The community level AEDI results can be used as a snapshot of children's development as well as a measure of progress over time when the AEDI is repeated. The AEDI results are provided in map and table format. All AEDI maps are available on the AEDI Maps Online website at **www.aedi.org.au**. An example of AEDI Maps Online is shown in Figure 4.

Figure 4. AEDI Maps Online example



3.6 How has the AEDI been developed?

Development of the Early Development Instrument (EDI) in Canada

The AEDI has been adapted from the Canadian Early Development Instrument (EDI) developed by Dr. Magdalena Janus and the late Professor Dan Offord at the Offord Centre for Child Studies at McMaster University, Ontario. Janus and Offord recognised that increasing local community effort aimed at improving outcomes for young children, particularly developmental outcomes, required sufficient data to help individual communities. While the Canadian Longitudinal Study of Children and Youth provided reliable information on the development of children at a national or provincial level, there were no similar developmental data available for communities. Therefore, the EDI was developed as a population measure of children's development in the school entry year, reflecting children's developmental progress over the first five years of life.

The development of the EDI in Canada included:

- Use of around 60% of the questions from the Canadian Longitudinal Study of Children and Youth.
- Review of the first draft of questions by groups of educators, early years professionals and academics with expertise in the field.
- Focus testing with four different groups of teachers.
- Extensive pilot testing in four phases:
  a) Parents and teachers completed the EDI and the children were directly tested with two language tasks (32 children).
  b) Teachers completed the EDI twice in a three-week period of time (112 children).
  c) The EDI was then tested on a much larger group of children (16,583) to finalise the domains.
  d) The final instrument was then re-piloted on 53 children to explore parent-teacher comparisons in order to evaluate whether parents and teachers give consistent answers to the same domains in the EDI.

All of these tests found that the Canadian EDI:

- Works well as a teacher report tool (parents and teachers on the whole had similar results and two teachers reported similarly on the same children).
- Accurately reflects children's development at a community level across each of the domains.
- Is a valid population level tool for reporting children's development.

As of 2008, the EDI has been completed for over 520,000 Canadian children.

The introduction of the Australian Early Development Index (AEDI)

A national meeting of experts from education, health and community services in 2003 confirmed that Australia required better information about children's development at school entry. At that time this information was not available to assist governments, policy makers and local communities in their efforts to improve early child development outcomes, and there was a scarcity of available data to help them evaluate intervention programs.

Based on the recommendations from this national meeting, and following on from the successful development and implementation of the Canadian Early Development Instrument (EDI) across Canada and the successful trial of the EDI in the north metropolitan suburbs of Perth, the Australian Government in 2004 funded the ***Australian Early Development Index: Building Better Communities for Children*** project to:

- Adapt the Canadian EDI for use in Australia.
- Undertake further validity studies.
- Trial and evaluate the implementation of the adapted EDI, the Australian Early Development Index (AEDI), in 60 communities across Australia.

Development of the AEDI

There were three main phases in the development of the AEDI.

1. **Testing the applicability of the EDI for Australia.**
   Focus groups were held with teachers, principals, researchers and health professionals in 2001 to review and re-word the Canadian EDI for use in the Australian context. This was then piloted with seven schools in Western Australia.

   The EDI was completed in 2003 on 4,300 children in the Perth North Metro area, and its local utility, acceptability and perceived value was confirmed.

2. **Refining the EDI instrument for use in Australia.**
   A Technical Advisory Group, chaired by Dr. John Ainley from the Australian Council for Education Research, and consisting of leading researchers and policy makers, was established to advise on the development of an AEDI.

   A review of the properties of the EDI using the 4,300 EDI Checklists from the Perth North Metro study was conducted and this analysis found the EDI was working well, but could be further improved by the removal of nine items from the Canadian EDI and collapsing some response categories.

3. **Creating the "Australian Early Development Index".**
   The AEDI was then piloted with teachers of 160 children in Perth in 2004 to identify any unanticipated administrative or process issues.

   Teachers completed both the EDI and the AEDI to ensure there were no difficulties with the AEDI and that teachers responded to questions in both checklists in the same way.

   A further review of the AEDI found it was working well and no further modifications were recommended.

AEDI Validity/Adaptation Studies

AEDI Validity Study

The AEDI was administered to a sub-sample of teachers of approximately 750 children being surveyed in the 4 year old cohort of "Growing Up in Australia - the Longitudinal Study of Australian Children" (LSAC). The AEDI/LSAC Validation Study Report concluded:

- The AEDI as a teacher completed checklist has sound construct and concurrent validity when compared with data collected independently from teacher ratings and direct assessment of children.
- When compared with other established measures of child development, the AEDI can be confidently used as a population level indicator of children's developmental status.

AEDI Predictive Validity Study

The AEDI Predictive Validity Study will describe the validity of the AEDI as a predictor of school learning, behavioural and social outcomes at ages six to seven years through the nested cohort within LSAC. This study is currently underway and will be completed in 2009.

Indigenous AEDI (I-AEDI) Adaptation Study

The Indigenous Australian Early Development Index (I-AEDI) Study is being undertaken by the Telethon Institute for Child Health Research, through its Kulunga Research Network and the Centre for Developmental Health, Curtin University. The I-AEDI Study is part of the national AEDI program conducted by the Centre for Community Child Health in partnership with the Telethon Institute for Child Health Research. The project aims to:

- Evaluate how the AEDI is working for Indigenous children.
- Ensure the AEDI can collect information on Indigenous children's culturally related ways of learning and behaving that will be helpful in creating successful learning environments for them at school.
- Develop tools and resources to assist in capacity building in communities with Indigenous populations. This will involve working with communities to develop and test resources and methods for interpreting and using their findings to mobilise community action, advocacy and funding for services to improve early child development and preparation for school learning for Indigenous children.

This study is currently underway and will be completed in 2010. The AEDI and teacher guidelines have been further enhanced to take into account Indigenous children's culturally related ways of learning and behaving. These enhancements are currently being piloted in three communities in 2008 (remote, rural and metro communities in Western Australia), with recommendations made informing national implementation of the AEDI.

AEDI Language Backgrounds other than English (LBOTE) Adaptation Study

The AEDI Language Backgrounds other than English Study (LBOTE) is being conducted by the Centre for Community Child Health as part of the national AEDI program and aims to:

- Review the AEDI implementation process and results for Culturally and Linguistically Diverse (CALD) populations.
- Analyse and report on the AEDI results for LBOTE populations.
- Review and test current processes and materials to ensure they are broadly culturally inclusive and relevant.
- Examine processes for reporting, disseminating and using the AEDI information for LBOTE populations.

This study is currently underway and will be completed in 2009, with recommendations informing national implementation.

3.7 Evaluation of the AEDI community implementation

Between 2004 and 2007 the Centre for Community Child Health facilitated the evaluation of the ***Australian Early Development Index: Building Better Communities for Children*** project. A concurrent comprehensive evaluation alongside the national implementation of the AEDI was a critical component of the AEDI implementation.

The evaluation of the AEDI project had two components. The first component was the formal outcome evaluation. The second component was the process evaluation, monitoring the day-to-day progress and learnings of the project. Each community that became part of the project was asked to become part of the national evaluation and were followed over the period of the project. This enabled 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 encountered 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.

Key evaluation findings

The evaluation found that there were a variety of enablers and barriers that impacted upon the relative success of the project. These were divided into pre-implementation, during implementation and post-implementation.

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

Enablers to community AEDI implementation were:

- Existence of early childhood initiatives in the community that fostered 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 focus on essentially two areas that were seen as pivotal for successful AEDI implementation:

- Engaging schools in the project.
- Accessing funding for teacher relief.

In overcoming the barriers, communities reported using multimodal methods to engage schools, such as meetings, phone and email contact and schools forums. 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 support from regional educational authorities.

The second barrier to implementation has now been overcome as the Australian Government is now funding teacher relief to support the national implementation of the AEDI.

Implementation (completing AEDI Checklists in schools)

The results from the teacher feedback survey (completed at the end of the web-based data entry) indicated that teachers did not have difficulty completing the AEDI and that they can see the benefits of the AEDI for their own work in the classroom and for the wider community in promoting a better understanding of children in their area. From a process point of view completing the AEDI was regarded as a manageable task. Table 2 shows the feedback provided by teachers between 2004 and 2007.

Table 2. Teacher Feedback 2004-2007

Teacher feedback 2004 - 2007	(n= 1,601 teachers)
I found the web-based data entry system easy to use	1,534 (96%)
AEDI Checklists easy to complete for most or all children	1,480 (92%)
My involvement in this project will assist our community to better understand the health, development and wellbeing of children in our area	1,337 (84%)
The experience of completing the AEDI Checklists will be beneficial to my work	988 (62%)
Completing the AEDI Checklists was a good use of my time	963 (60%)

Post-implementation (dissemination of the results)

Local AEDI Coordinators reported:

- They were satisfied with the AEDI Community Profile; they rated all sections of the report and the findings useful and generally found the report easy to understand.
- AEDI results were able to be disseminated to a wide range of organisations within their geographic areas.
- Forums were held to disseminate 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 were four key outcomes noted in geographic areas that have implemented the AEDI. These were:

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

Overall the AEDI evaluation highlighted that professionals were keen to respond to the AEDI findings with action, however many communities found that responding takes considerable time and resources. Communities varied in their response to the AEDI results, with some initiating a great deal of action and some yet to demonstrate any action. There are two common themes that appear to be important within a community in order to promote action: that at least one person within the community is a 'champion' of the AEDI; and the community can identify a process for moving forward after they have received their results.

Appendix 4: More information about the Development and Evaluation of the AEDI. Provides more information about the development and evaluation of the AEDI and further readings.

4. Engaging communities

It is now well known that communities play a crucial role in influencing early childhood development. The child and family environment is shaped both by the residential community (where the child and family live) and the relational community (based on social ties among networks of people with a shared identity) (Irwin, Siddiqi & Hertzman, 2007). Section 2.2 outlined protective and risk factors for children that span across the individual child, their families and their communities. The AEDI provides early childhood development information based on the residential community that the child and family live.

4.1 How communities can use the AEDI to improve early childhood development

There are a number of ways the AEDI can be used to improve early childhood development:

1. The AEDI can assist communities to understand children's development across every local community and across all domains of development.

The AEDI provides information about how communities have raised their children before school.

- The AEDI can assist communities to understand how their local children are doing developmentally and compared to children nationally and in other communities.
- The AEDI results can be used with other socio-demographic and community indicators to provide a comprehensive picture of early childhood development.

The AEDI pinpoints strengths in communities as well as what can be improved.

- The AEDI results are mapped to provide communities with a picture of the early childhood development strengths and vulnerabilities in each community and on each of the developmental areas.
- The AEDI provides insights into how a child's community and social environment affects their outcomes.

2. The AEDI can support community efforts and actions to improve early childhood development.

The AEDI provides evidence to support policy, planning and action for health, education and community support.

- The AEDI implementation process and results can be used to mobilise communities around early childhood.
- Along with a range of other community indicators, the AEDI can be used by communities to plan and evaluate place based initiatives for children.
- The AEDI provides communities with the opportunity to strengthen collaborations between schools, early childhood services, and local agencies to support children and families.

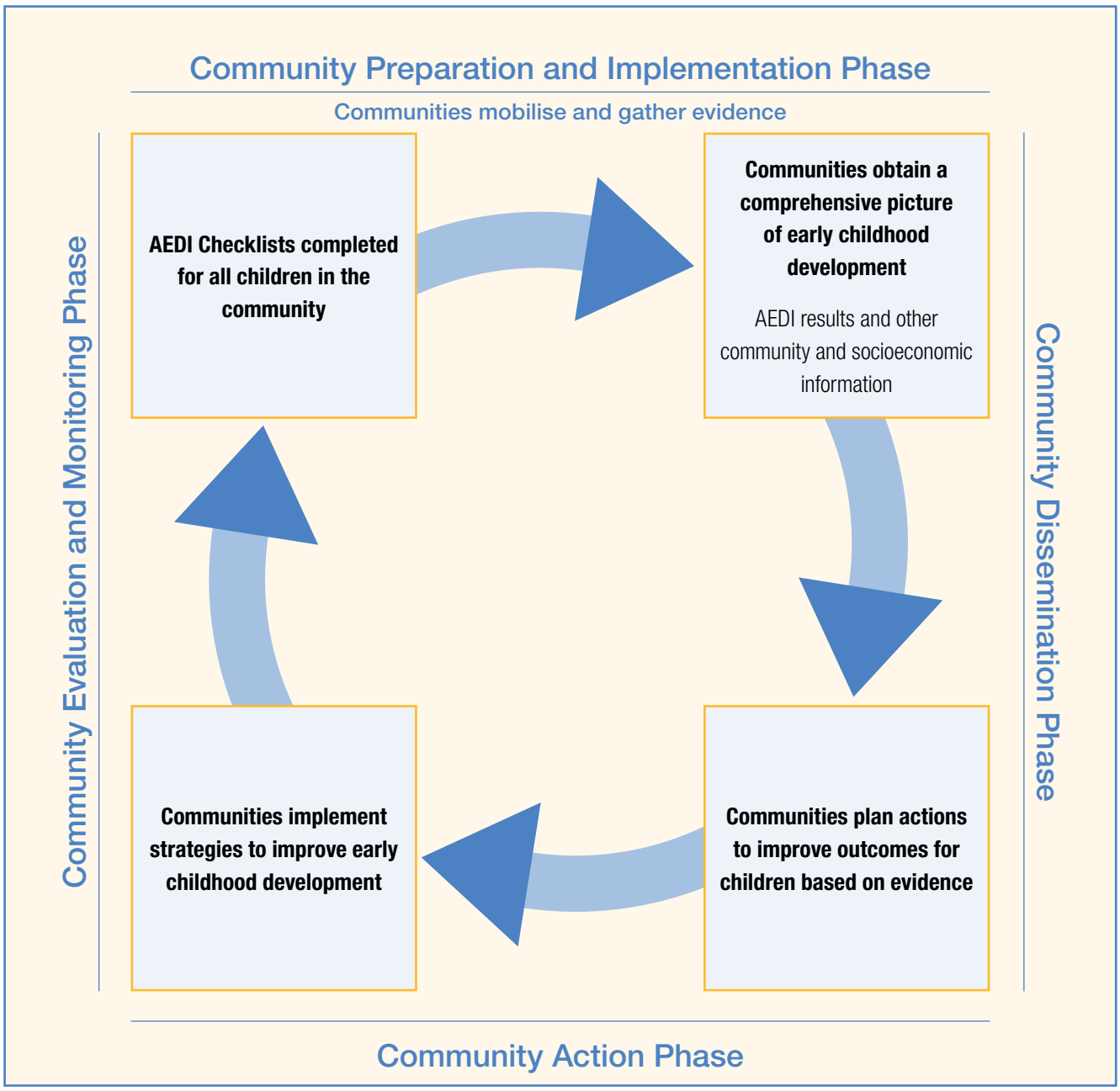
3. The AEDI can be used by communities to evaluate and monitor their efforts in improving early childhood development over time.

The AEDI is a national progress measure of early childhood development.

- Communities can use the AEDI to develop and evaluate their efforts to improve children's outcomes.
- The AEDI has been endorsed by the Council of Australian Governments (COAG) as the national progress measure of early childhood development.
- By repeating the AEDI again (after 3 years) communities will be able to track how they are progressing in improving early childhood development.

Figure 5 provides a summary of the ways the AEDI can be used to improve early childhood development over time.

Figure 5. Community use of the AEDI.



4.2 Working with the AEDI in a community

There are a number of key phases for communities in the AEDI implementation process. These include:

Phase 1: AEDI Preparation Phase

Phase 2: AEDI Implementation Phase

Phase 3: Preparing for the Dissemination and Action Phase

This section provides information for communities on each of these three phases.

4.3 AEDI Preparation Phase

The following outlines a number of the key engagement actions found to be helpful in the AEDI Preparation Phase. Not all these actions may be needed depending on the current initiatives and awareness for the AEDI and they do not need to be undertaken in order.

Identifying local champions

One of the major findings from the evaluations conducted in Australia and Canada was that local level champions can be a very important catalyst for raising awareness of the AEDI and for working with the community when the results are released.

In the ***Australian Early Development Index: Building Better Communities for Children*** project conducted between 2004 and 2007, all communities self nominated to join the project. These communities had already identified local champions to assist with the AEDI process. Local champions came from a wide range of sectors and areas employed in:

- Local government
- The schools sector
- The health sector
- Community neighbourhood renewal projects
- Early Years Initiatives such as: Communities for Children, Best Start (Vic), the Early Years Strategy (WA).

Many local champions were already leaders for early childhood development in their communities. The AEDI process can assist your community to develop local champions for early childhood development.

Harnessing existing or creating new early years networks or coalitions

It has been found in Australia and Canada, that the process of preparing and implementing the AEDI/EDI can be a useful way to build and strengthen inter-sectoral and agency collaboration within a community. This will facilitate the success of both the implementation and dissemination phases of the AEDI.

The AEDI will ultimately assist communities to:

- Build a rich and supportive environment for families with young children.
- Develop ways in which the service system is able to better respond to the emerging needs of young children and their families.
- Build a well-coordinated system of services for young children and their families.

However, there will be differences between the communities who utilise the AEDI. Some communities will have already formed strong collaborations between the schools sector, the early childhood sector and agencies working with families and children. Others may have partnerships with some sectors and agencies, but not all, and others will still be working towards developing these partnerships.

A community early years or partnership group (that is community members that come together to discuss, organise and plan for community based early childhood initiatives), may be very helpful in raising awareness of the AEDI in the lead up to national implementation. This group could also be a catalyst for developing a community based action plan once the results have released to the community.

Children need supportive and caring families and communities to thrive.

This community early years or partnership group may also want to spend the coming months gathering community based data that will provide helpful contextual information for when the AEDI results are released. Some contextual information to explore may include (but is not limited to):

- What early childhood services and supports are available in our community for families with young children?
- Are the services located in the right places to meet families' needs?
- Are vulnerable families accessing services (i.e. are they accessible to all families including the hard to reach)?
- How long have the services been there and who is actually accessing them?
- Are there long waiting lists for services?
- Is there integration of services (i.e. are families needs being met in a holistic way or do they need to access multiple services for assistance), and are there appropriate referral pathways?
- What are the risk and protective factors present in the community for children and families?
- What community services and resources are available for families?
- What other community, state or national level indicators are available for the community across the health, community and education spectrum that will help show how well the community is supporting early childhood development?

Engaging key community stakeholders

In the AEDI Preparation Phase, there are some early activities that could be useful in engaging the broader community in the AEDI. Activities could include holding information forums, local service provider and existing network meetings discussing the AEDI and sharing information.

Examples of the types of groups that have been to be found important to engage and provide information about the AEDI process at the local community level include:

- Schools and regional education groups.
- The local Aboriginal/Torres Strait Islander groups (e.g. school based Indigenous staff, local leaders, 'strong women' groups, playgroups, Indigenous radio and local media).
- Other Culturally and Linguistically Diverse (CALD) population groups, ethnic community groups and agencies.
- Early childhood education services (e.g. Child Care Services, Preschool/Kindergartens, Family Day Care).
- Health and allied health services (e.g. Child Health Centres, Maternal and Child Health, GP networks etc).
- Family support agencies.
- Local government and other community agencies/ services (e.g. local church organisations).

A number of resources have been developed to assist communities in the AEDI Preparation Phase:

Appendix 5: Community Engagement Resources. Provides a list of resources publicly available to community to assist in community engagement processes.

Appendix 6: Community Engagement Planning Proforma. To assist in identifying the key stakeholders that need to be engaged.

Appendix 7: Key Contacts List. To assist with engaging key community stakeholders, a list has been provided with space to include contact details for each person and organisation consulted.

PowerPoint Presentation about the AEDI. To assist in obtaining support for the AEDI among any existing early years reference groups and any new agencies/networks and schools. This is available at **www.aedi.org.au**

4.4 AEDI Implementation Phase

During the AEDI Implementation Phase all schools in the community will be implementing the AEDI. Schools and teachers are supported throughout this phase by the State/Territory AEDI Coordinator and by the AEDI National Support Centre.

Information about the AEDI implementation phase

The AEDI Checklists are completed by teachers on all children in their first year of full-time schooling. The children are not required to be present when the checklists are being completed.

When the schools in the AEDI community are ready to begin completing the checklists, an implementation pack will be sent to teachers at the school by the AEDI National Support Centre. This pack will include a letter with the unique school code and the teacher training CD-Rom.

Teachers are required to complete the one hour training package (CD-Rom) before completing the AEDI Checklists for their class. The training provides teachers with an overview of the AEDI and guidance with the web-based data entry system. There is also an AEDI Guide for Teachers (which can be accessed through the CD-Rom) that teachers must read before beginning checklists. This Guide gives detailed information on how to answer the checklist questions.

It is very important that each teacher completes the training and reads the AEDI Guide for Teachers before they commence completing the AEDI Checklists to ensure the AEDI Checklists are completed in a nationally consistent way.

In recognition of the need for all teachers to complete the training and read the AEDI Guide for Teachers, funding is provided for one hour for teachers to do this, even if they have completed the AEDI Checklists before.

The AEDI National Support Centre provides technical support to teachers and principals using the web-based data entry system.

4.5 AEDI Dissemination and Action Phase

This section provides a brief overview of the Dissemination and Action Phase of the AEDI process. More information about this phase is provided in the Community Dissemination and Action Guide. A copy of this Guide will be sent to communities once the Preparation and Implementation Phases have been completed and will accompany the AEDI Community Profile.

The Community Dissemination and Action Guide includes:

- The full-report with explanations of the results and the AEDI results geographically mapped along with other socio-demographic information about the local area.
- A PowerPoint presentation to assist with conducting presentations about the results.
- Guidance on how the results can assist in mobilising the community to develop a community action plan around early childhood.
- A local Media Strategy with tips about releasing information to the media.

Understanding the results

Once each community has completed the AEDI, results are sent to the AEDI National Support Centre for analysis and mapping. Communities are then forwarded their AEDI Community Profile. The AEDI Community Profile provides the following information:

- Socio-demographic information about the AEDI community
- Background information about the children in the AEDI community
- AEDI results for each domain, presented in tables and geographic maps.

Most communities who have participated in the AEDI have found the Community Profiles and maps easy to read and understand. Many communities found the maps that are included in the Community Profile a useful way to visualise how well the children in their areas were doing. The results were understood by a range of people from different sectors within the community. The maps from the 2004 to 2008 geographic areas can be viewed on the AEDI website at: **www.aedi.org.au.**

Communities were able to identify with what the AEDI results were showing about their local area, articulate areas of concern and identify areas where the community was doing well.

The results showed both surprises and expected outcomes for communities and provided them with an evidence base to make informed decisions about the areas of child development that they could better support.

Dissemination of results

One of the critical components of the AEDI results dissemination is ownership of the results at a local community level. Unless the community as a whole has a sense of ownership, it will be difficult to make changes in response to the findings. Whilst results will not be available until later in 2009, there are some activities that communities might consider doing now to prepare and plan for the dissemination of the results.

Key features of a dissemination plan could include:

- Who will be the key people/groups to disseminate the AEDI results?
- Why do these organisations/groups need to be engaged in the results?
- How and when this is going to be done?

Communities have disseminated the results by:

- Emailing the AEDI Community Profile (although note that this document is very large).
- Placing the AEDI Community Profile on a locally relevant website.
- Inviting a guest speaker to present on the AEDI results at established meetings (such as District Education meetings, Early Years Strategy groups, state health meetings).
- Organising dedicated AEDI forums.
- Telephoning and speaking with relevant people.
- Face-to-face meetings.

Communities who have completed the AEDI in 2004 to 2007 have disseminated the results to:

- School principals.
- Early years groups and professionals.
- District education agencies.
- Community organisations.
- Local Aboriginal/ Torres Strait Islander groups.
- Culturally and Linguistically Diverse (CALD) population groups, ethnic community groups and agencies.
- Local government representatives and officials.
- State government health and community development representatives and officials.
- Paediatric and maternal child health nurse professional groups.
- Health centres.
- The media.

Acting on the AEDI Results

More information about disseminating and responding to the AEDI results will be provided with the Community Dissemination and Action Guide.

Appendix 8: Sample Results Dissemination Plan Proforma. Provides a proforma that may assist in the dissemination plan. Once again this is a guide only and it is anticipated that every community will both disseminate and use the results differently depending on their needs and the intended use of the results.

The AEDI implementation process and results can be used to mobilise communities around early childhood.

List of appendices

Appendix 1: References and Early Childhood Development Further Reading

References and Early Childhood Development Further Readings

Bronfenbrenner, U. (1979). **The Ecology of Human Development: Experiments by Nature and Design**. Cambridge, MA: Harvard University Press.

Centre for Community Child Health (2006). **Early Childhood and the Lifecourse**. Policy Brief 1, 2006. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB1_Earlychood_lifecourse.pdf).

Centre for Community Child Health (2006). **Quality in children's services**. Policy Brief 2, 2006. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB2_Qual_childsrv.pdf).

Centre for Community Child Health (2006). **Work and family life balance**. Policy Brief 3, 2006. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB3_Work-family_balance1.pdf).

Centre for Community Child Health (2006). **Services for young children and families: an integrated approach.** Policy Brief 4, 2006. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB4_Children-family_services.pdf).

Centre for Community Child Health (2006). **Childhood mental health: promotion, prevention and early intervention.** Policy Brief 5, 2006. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB5_Childhood_mental_health.pdf).

Centre for Community Child Health (2007). **Effective community-based services.** Policy Brief 6, 2007. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB6_Effective_community_serv.pdf).

Centre for Community Child Health (2007). **Overweight and obesity in childhood.** Policy Brief 7, 2007. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB7_Obesity.pdf).

Centre for Community Child Health (2007). **Early years care and education**. Policy Brief 8, 2007. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB8_EYCE.pdf).

Centre for Community Child Health (2007). **Parenting young children.** Policy Brief 9, 2007. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB9_Parenting.pdf).

Centre for Community Child Health (2008). **Rethinking school readiness.** Policy Brief 10, 2008. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB10_SchoolReadiness.pdf).

Centre for Community Child Health (2008). **Rethinking the transition to school: Linking schools and early years services.** Policy Brief 11, 2008. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB11_Transition_to_school.pdf).

Centre for Community Child Health (2008). **Towards an Early Years Learning Framework.** Policy Brief 12, 2008. Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital. (http://www.rch.org.au/emplibrary/ccch/PB12_Towards_EY_Learn_Fwork.pdf).

Cunha, F., Heckman, J. J., Lochner, L., & Masterov, D. (2006). Interpreting the evidence on life cycle formation. In E. Hanushok & F. Welch (Eds.), **The handbook of the economics of education**. Amsterdam: Elsevier.

Irwin, L., Siddiqi, A., & Hertzman, C. (2007). **Early child development: A powerful equaliser**. Vancouver: Human Early Learning Partnership.

Hall, D.M.B. and Elliman, D. (Eds.) (2003). **Health for All Children** (4th. Ed.). Oxford, UK: Oxford University Press.

Keating, D.P. & Hertzman, C. (Eds.). (1999). **Developmental Health and the Wealth of Nations: Social, Biological, and Educational Dynamics**. New York: The Guilford Press.

Moore, T. (2006). **Early childhood development and long term development: The importance of the early years**. Prepared by Dr Tim Moore, Centre for Community Child Health, Murdoch Children's Research Centre, Royal Children's Hospital, Melbourne, Victoria, June for the Australian Research Alliance of Children and Youth. (http://www.aracy.org.au/AM/Common/pdf/Topical%20Papers/Importance.pdf)

Moore, T. (2007). **Supporting Young Children and their Families: Why we Need to Rethink Services and Policies**, CCCH Working Paper, prepared by Dr Tim Moore, Centre for Community Child Health, Murdoch Children's Research Centre, Royal Children's Hospital, Melbourne, Victoria. July. (http://www.rch.org.au/ccch/resources.cfm?doc_id=10544).

National Scientific Council on the Developing Child. (2004). **Children's Emotional Development is Built into the Architecture of their Brain**. NSCDC Working Paper No. 2. Cambridge, Massachusetts: Centre on the Developing Child, Harvard University. (www.developingchild.net/pubs/wp/emotional_development_is_built.pdf)

National Scientific Council on the Developing Child. (2004a). **Young Children Develop in an Environment of Relationships**. NSCDC Working Paper No. 1. Waltham, Massachusetts: National Scientific Council on the Developing Child, Brandeis University. (www.developingchild.net/pubs/wp/Young_Children_Environment_Relationships.pdf)

National Scientific Council on the Developing Child. (2005). **Excessive Stress Disrupts the Architecture of the Developing Brain**. NSCDC Working Paper No. 3. Cambridge, Massachusetts: Centre on the Developing Child, Harvard University. (www.developingchild.net/pubs/wp/excessive_stress.pdf)

National Scientific Council on the Developing Child. (2006). **Early Exposure to Toxic Substances Damages Brain Architecture**. NSCDC Working Paper No. 4. Cambridge, Massachusetts: Centre on the Developing Child, Harvard University. (www.developingchild.net/pubs/wp/toxins.pdf)

National Scientific Council on the Developing Child. (2007). **A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children**. Center on the Developing Child, Harvard University (http://www.developingchild.net/pubs/persp/pdf/Policy_Framework.pdf)

National Scientific Council on the Developing Child. (2007). **The Timing and Quality of Early Experiences Combine to Shape Brain Architecture**. NSCDC Working Paper No. 5. Working Paper No. 4. Cambridge, Massachusetts: Centre on the Developing Child, Harvard University.(http://www.developingchild.net/pubs/wp/Timing_Quality_Early_Experiences.pdf)

Sanson, A., Nicholson, J., Ungerer, J., Zubrick, S., Wilson, K., Ainley, J., Berthelsen, D., Bittman, M., Broom, D. Harrison, L., Rodgers, B., Sawyer, M., Silburn, S., Strazdins, L., Vimpani, G., & Wake, M. (2002) **Introducing the Longitudinal Study of Australian Children**, LSAC Discussion Paper No 1, Australian Institute of Family Studies. (http://www.aifs.gov.au/growingup/pubs/discussionpaper1.pdf)

Shonkoff, J.P. & Phillips, D.A. (Eds). (2000). **From Neurons to Neighborhoods: The Science of Early Childhood Development**. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

Stanley, F., Richardson, S. & Prior, M. (2005). **Children of the Lucky Country?** South Yarra, Victoria: MacMillan Australia.

Appendix 2:
AEDI Domains Fact Sheet

AEDI Domains Fact Sheet

The following table provides an explanation of the AEDI domains and a profile of children who would be considered to be developmentally performing well or vulnerable.

	Children performing well	Children developmentally vulnerable
Physical health and wellbeing		
Physical readiness for school day	Never or almost never experience being dressed inappropriately for school activities, and do not come to school tired, late or hungry.	Have at least sometimes experienced coming unprepared for school by being dressed inappropriately, coming to school late, hungry, or tired.
Physical independence	Are independent regarding their own needs, have an established hand preference, are well co-ordinated, and do not suck a thumb/finger.	Range from those who have not developed independence, handedness, or coordination, and/or suck a thumb, to those who have not developed any of these skills and suck a thumb.
Gross and fine motor skills	Have an excellent ability to physically tackle the school day and have excellent or good gross and fine motor skills.	Range from those who have an average ability to perform skills requiring gross and fine motor competence and good or average overall energy levels, to those who have poor fine and gross motor skills, poor overall energy levels and physical skills.
Social knowledge and competence		
Overall social competence	Have excellent or good overall social development, very good ability to get along with and play with other children, and are usually cooperative and self-confident.	Have average to poor overall social skills, low self-confidence and are rarely able to play with other children and interact cooperatively.
Responsibility and respect	Always or most of the time show respect for others and for property, follow rules, take care of materials, accept responsibility for actions, and show self-control.	Only sometimes or never accept responsibility for actions, show respect for others and for property, demonstrate self-control, and are rarely able to follow rules and take care of materials.
Approaches to learning	Always or most of the time work neatly, independently, solve problems, follow instructions and class routines, and easily adjust to changes.	Only sometimes or never work neatly, independently, are rarely able to solve problems, follow class routines and do not easily adjust to changes in routines.
Readiness to explore new things	Are curious about the surrounding world, and are eager to explore new books, toys and games.	Only sometimes or never show curiosity about the world, and are rarely eager to explore new books, toys and games.
Emotional Maturity		
Prosocial and helping behaviour	Often show helping behaviours including helping someone hurt, sick or upset, offering to help spontaneously, and invite others to join in.	Never or almost never show most of the helping behaviours including helping someone hurt, sick or upset, offering to help spontaneously, and inviting others to join in.
Anxious and fearful behaviour	Rarely or never show anxious behaviours, are happy and able to enjoy school, and are comfortable being left at school by their caregivers.	Often show most of the anxious behaviours; they could be worried, unhappy, nervous, sad or excessively shy, indecisive; and they can be upset when left at school.
Aggressive behaviour	Rarely or never show aggressive behaviours and do not use aggression as a means of solving a conflict, do not have temper tantrums, and are not mean to others.	Often show most of the aggressive behaviours; they get into physical fights, kick or bite others, take other people's things, are disobedient or have temper tantrums.
Hyperactivity and inattention	Never show hyperactive behaviours and are able to concentrate, settle to chosen activities, wait their turn, and most of the time think before doing something.	Often show most of the hyperactive behaviours; they could be restless, distractible, and impulsive; they fidget and have difficulty settling to activities.

	Children performing well	Children developmentally vulnerable
Language and cognitive development		
Basic literacy	Have all the basic literacy skills including how to handle a book, are able to identify some letters and attach sounds to some letters, show awareness of rhyming words, know the writing directions, and are able to write their own name.	Do not have most of the basic literacy skills; they have problems with identifying letters or attaching sounds to them, rhyming, and may not know the writing directions and how to write their own name.
Interest in literacy/ numeracy and memory	Show interest in books and reading, maths and numbers, and have no difficulty with remembering things.	May not show interest in books and reading and/or maths and number games, and may have difficulty remembering things.
Advanced literacy	Have at least half of the advanced literacy skills such as reading simple words or sentences, and writing simple words or sentences.	Have only up to one of the advanced literacy skills; cannot read or write simple words or sentences, and rarely write voluntarily.
Basic numeracy	Have all the basic numeracy skills and can count to 20, recognise shapes and numbers, compare numbers, sort and classify, use one-to-one correspondence, and understand simple time concepts.	Have marked difficulty with numbers, cannot count, compare or recognise numbers, may not be able to name all the shapes and may have difficulty with time concepts.
Communication skills and general knowledge		
Communication skills and general knowledge	Have excellent or very good communication skills and can communicate easily and effectively, can participate in story-telling or imaginative play, articulate clearly, show adequate general knowledge, and are proficient in their first language.	Can range from being average to very poor in effective communication, may have difficulty in participating in games involving the use of language, may be difficult to understand and/or have difficulty in understanding others; may show little general knowledge and may have difficulty with their first language.

Appendix 3:
Frequently Asked Questions

AEDI Frequently Asked Questions

What is the AEDI?

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

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

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

How many communities have completed the AEDI?

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

Who is running the Australian Early Development Index?

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

What is national implementation of the AEDI?

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

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

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

Why is the AEDI important for communities?

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

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

How was the AEDI checklist developed?

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

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

Why use a population measure?

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

How does the AEDI help children, families and communities?

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

The AEDI data and maps can help identify:

- Where the children who are developmentally vulnerable live.
- Variations in child development within different parts of the community.
- Where the strengths and vulnerabilities lie across the domains of child development.
- The influence of socio-economic and community factors on child development.
- How well the community is supporting young children and their families.
- Where there have been successful early childhood programs.
- Where change is still needed.

How does the AEDI influence planning and policy?

The AEDI can influence planning and policy by:

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

How are the AEDI data reported?

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

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

Why map the AEDI results?

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

How do the AEDI data get collected?

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

How reliable is teacher reporting?

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

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

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

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

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

Examples of how the AEDI has been used.

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

These include:

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

Contact us

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

Appendix 4: More Information about the Development and Evaluation of the AEDI

Development and Evaluation of the AEDI

Development of the AEDI

Overview

Phase 1: Modifications of the Canadian EDI including:

a) Testing the applicability of the EDI for Australia.

b) Refining the EDI instrument for use in Australia.

c) Creating and pilot testing the AEDI.

Phase 2: Validation and Cycle 1 Testing including:

a) Development and pilot testing of the web-based data entry system.

b) Validation and testing of the AEDI in Australia.

Phase 3: Validation and Cycle 2 Testing including:

a) AEDI/LSAC validation.

b) Indigenous AEDI validation.

c) AEDI change over time analysis.

Phase 1: Modification

Modification of the Canadian EDI required testing the EDI for Australia, refining the EDI instrument for Australia and pilot testing the "Australian Early Development Index".

a) *Testing the applicability of the EDI for Australia (2001-2003)*

Perth North Metro Health Service EDI study

- Focus groups with teachers, principals, researchers and health professionals were conducted in 2001 to review and re-word the Canadian EDI for use in the Australian context.
- The EDI was piloted with seven schools in 2002 to refine the administration processes.
- The EDI was completed in 2003 on 4,300 children in their first year of school.
- Its local utility, acceptability and perceived value was confirmed.

b) *Refining the EDI instrument for use in Australia (April-June 2004)*

- A Technical Advisory Group made up of leading researchers and policy makers was formed to advise on the development of the AEDI Checklist.
- Professor David Andrich (an expert in analysing survey tools) from Murdoch University was commissioned to review the properties of the EDI as a survey tool using the 4,300 EDI checklists from the Perth North Metro study.
- This analysis found the EDI was working well as a survey tool but could be further improved by the removal of nine questions and collapsing some response categories.

c) *Creating and pilot testing the "Australian Early Development Index" (AEDI) (May to June 2004)*

- The AEDI was created by modifying the original EDI and omitting the nine questions.
- The AEDI was then piloted with teachers of 160 children in Perth in June 2004 to identify any unanticipated administrative or process issues.
- Teachers completed both the EDI and the AEDI to ensure there were no difficulties with the AEDI and that teachers responded to questions in both checklists in the same way.
- After further analysis by Andrich, the AEDI was found to work well and no further modifications were recommended.

Phase 2: Validation and Cycle 1 Testing (2004-2007)

In Phase 2 the AEDI was subjected to ongoing validation and testing. The key components of this were pilot testing the web-based system, ongoing validation and testing of the use of the AEDI in Australia and undertaking an AEDI/ Longitudinal Study of Australian Children validation study.

a) *Development and pilot testing of the web based data entry system (July-August 2004)*

- The Technical Advisory Group endorsed the decision to utilise web-based rather than paper based data entry for the AEDI.
- The Australian Council for Educational Research (ACER) developed a secure web-based data entry system for the AEDI checklist, which included online help and administration capacity to download data on completion.
- The data entry system was successfully piloted in Western Australia with only minor modifications needed to the system.

b) *Ongoing validation and testing of the use of the AEDI in Australia (September 2004-April 2007)*

- The AEDI was completed on over 30,000 children over three years. Data gathered over that time enabled comparisons between local areas to take place.

- The AEDI was administered to a sub-sample of teachers of approximately 750 children being surveyed in the 4 year old cohort of "Growing Up in Australia - the Longitudinal Study of Australian Children" (LSAC). The AEDI/LSAC Validation Study Report concluded that the AEDI as a teacher completed checklist has sound construct and concurrent validity when compared with data collected independently from teacher ratings and direct assessment of children. This validation study has allowed the AEDI data to be compared with other established measures of child development and found the AEDI can be confidently used as a population level indicator of children's developmental status.
- The national evaluation of the community implementation of the AEDI was conducted by the Centre for Community Child Health (CCCH) between 2004 to 2007. See Section 3.7 for the evaluation findings.

Phase 3: Validation and Cycle 2 Testing (2007-2010)

a) *AEDI/LSAC validation*

The capacity of the AEDI to predict children's health, social and educational outcomes will be examined through the AEDI/ Longitudinal Study of Australian Children (LSAC) Predictive Study. LSAC follows two cohorts (birth and children from 4 years of age) over seven years. The AEDI results obtained from the 4 year old cohort and follow up data about the health and wellbeing outcomes from subsequent years of children's lives will be analysed to determine the predictive validity of the AEDI.

b) *Indigenous AEDI validation study*

The Indigenous Australian Early Development Index (I-AEDI) Validation Study is being undertaken by the Kulunga Research Network in conjunction with the Telethon Institute for Child Health Research on behalf of the AEDI Partnership between the Centre for Community Child Health and the Telethon Institute for Child Health Research. It is an initiative funded by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR) as a commitment to the National Agenda for Early Childhood and supported by Shell Australia. This study will examine the cultural validity of the AEDI for Indigenous children.

c) *AEDI Change Over Time Analysis*

To measure population progress over time in children's development two or more cycles of AEDI data collection are needed. Progress over time analysis examines change between cycles in the AEDI at the community level in comparison to the overall national AEDI population change and socio-demographic change. In order to examine change over time, DEEWR has provided funding to the 2004-2007 Cycle 1 communities to repeat the AEDI.

Further reading:

Janus, M., & Offord, D. (2000). **Readiness to learn at school**, ISUMA: Canadian Journal of Policy Research, 1(2): 71-75.

Hertzman, C., McLean, S., Kohen, D., Dunn, J., & Evans,. T. (2002). **Early development in Vancouver: Report of the community asset mapping project (CAMP)**. Human Early Learning Partnership, Vancouver.

Hertzman, C. (2004). **Making early childhood a priority, lessons from Vancouver**. Canadian Centre for Policy Alternatives, BC Office, May.

Brinkman, S., & Blackmore, S. (2003). **Pilot study results of the Australian Early Development Instrument. A population based measure for communities and community mobilisation tool.** In Beyond the Rhetoric in Early Intervention Conference Proceedings CD, Crime Prevention Unit. Adelaide, South Australia.

Hart, B., Brinkman, S., & Blackmore, S. (2003). **How well are we raising our children in the North Metropolitan Area? Early Development Index 2003**. North Metropolitan Health Service (WA), Perth, Western Australia (http://www.rch.org.au/emplibrary/australianedi/EDI_Report.pdf).

Andrich, D., & Styles, I. (2004). **Final report on the psychometric analysis of the Early Development Instrument (EDI) using the Rasch Model**: A technical paper commissioned for the development of the Australian Early Development Instrument (AEDI), Telethon Institute for Child Heath Research, Perth, Western Australia (http://www.rch.org.au/emplibrary/australianedi/Final_Rasch_report.pdf).

Andrich, D., & Styles, I. (2004). **Report on the Rasch analysis of the Australian Early Development Instrument (AEDI) using 2004 data from 6 states**, Telethon Institute for Child Heath Research, Perth, Western Australia (http://www.rch.org.au/emplibrary/australianedi/SecondRaschReport.pdf).

Brinkman, S., Silburn, S., & Lawrence, D. (2006). **Construct and concurrent validity of the Australian Early Development Index**, A report to the Technical Advisory Group for the Australian Early Development Index: Building Better Communities for Children Project. Telethon Institute for Child Heath Research, Perth, Western Australia (http://www.rch.org.au/emplibrary/australianedi/AEDI_LSAC_Validation_Study_Report_Final.pdf).

Evaluation of the AEDI

A national evaluation of communities in Australia that implemented the AEDI between 2004 and 2006 was conducted by the Centre for Community Child Health. The results in Australia were similar to findings from Canada - communities have found that implementing the EDI or AEDI has led to many significant benefits for the community.

These include:

- Providing a common language for the community when discussing and planning for strategies and programs designed to facilitate optimal early childhood development.
- The AEDI implementation process has assisted in strengthening the relationships among services and community partnerships. This has been one of the most significant benefits noted in Canada and Australia.
- The AEDI mapping can lead to other useful community mapping exercises, for example the locations of local programs, resources and assets. This process can be useful in strategic planning for the needs of young children.
- The AEDI results have provided data to support the development and evaluation of community initiatives in a range of fields such as parent support, family and pre-school literacy, and nutrition.
- Providing data that can be used to support grant or funding applications.
- The AEDI results have prompted organisations to review existing programs and services they offer to improve children's outcomes.

Further reading:

Mort, J. (2004). **The EDI (Early Development Instrument) impact study**. Human Early Learning Partnership, Vancouver. (http://www.rch.org.au/emplibrary/australianedi/EDI_Impact_Study.pdf).

Centre for Community Child Health. (2007). **Australian Early Development Index: Building Better Communities for Children final evaluation report**, Melbourne, Victoria, March (http://www.rch.org.au/emplibrary/australianedi/AEDI_Final_Evaluation_Report_March_07.pdf).

Sayers, M., Coutts, M., Goldfeld, S., Oberklaid, F., Brinkman, S., & Silburn, S. (2007). **Building Better Communities for Children: Community implementation and evaluation of the Australian Early Development Index**, Early Education and Development, 18(3): 519–534 (http://www.rch.org.au/emplibrary/australianedi/EDI_Special_Issue_Mary_Sayers.pdf).

Appendix 5:
Community Engagement Resources

Community Engagement Resources

Cox, E. (2002). **The Social Audit Cookbook: recipes for auditing the way we connect**. Sydney, NSW: The Lance Reichstein Foundation.

http://www.communitybuilders.nsw.gov.au/download/social_audit_cookbook.pdf

This book is a guide for community advocates wishing to achieve social change to improve the way society functions. It is a practical guide detailing how to undertake social research (particularly on social capital) and how to use this research as the basis for more effective advocacy activities.

Department of Victorian Communities (2004). **Indicators of Community Strength in Victoria**. Melbourne, Victoria: Strategic Policy and Research Division, Department of Victorian Communities.

http://www.dvc.vic.gov.au/web14/dvc/rwpgslib.nsf/8CF90DC96788CB47CA2569D600063621/5C594A766EA8C709CA25705F00147335/$File/2027_Comm_Strength_A4_V4.pdf

This document describes indicators that can be used to measure community strengths. It presents research about changes in community strengths over time and across local government boundaries in Victoria.

Community Builders

http://www.communitybuilders.nsw.gov.au

"Community builders" is a New South Wales Government website presenting practical information on supporting communities to enhance and strengthen their community.

Community Building-Communities Growing Together

http://www.communitybuilding.vic.gov.au

This website is a Victorian Government initiative designed to support the development of stronger Victorian communities. It aims to inform and connect people involved in community strengthening projects across Victoria.

The Asset Based Community Development Institute

http://www.northwestern.edu/ipr/abcd/abcdtopics.html

The Asset-Based Community Development Institute (ABCD), based in the United States, produces many useful resources to help capacity-building and community development. In particular, it produces practical resources and tools for community builders to identify, nurture, and mobilise neighbourhood assets.

The Community Toolbox

http://ctb.ku.edu/tools/en/sub_section_main_1381.htm

The Community Toolbox website (from the Work Group on Health Promotion and Community Development at the University of Kansas, U.S.A) has a substantial amount of practical information to support work in promoting community health and development.

Mrazek, P., Biglan, A., Hawkins, J.D. **Community-Monitoring Systems: Tracking and improving the well-being of America's children and adolescents**. Society for Prevention Research.

www.preventionresearch.org.

This report from the United States reviews the actions required for effective monitoring of child and adolescent well-being and discusses how to use this information to develop effective programs and policies. The recommendations are relevant at a federal, state and community level.

The Community Portal

http://www.community.gov.au/

The Community Portal provides access to online services and information for Australian community organisations and communities. This information is provided by the Commonwealth Government and includes services provided by all levels of government and the non-government sector. There are over 3,000 relevant sites with an alphabetical listing that include links to such topics as funding, volunteering, evaluation and social capital.

Community Engagement in the NSW Planning System

http://www.communitybuilders.nsw.gov.au/builder/participation/censw.html

A handbook published by Planning NSW in 2003 to promote community engagement. See *Resources / Community Engagement in NSW Planning System*

Negotiation Skills - A communitybuilders.nsw Toolkit

http://www.communitybuilders.nsw.gov.au/getting_organised/people/negtkt.html

This is a summary from a variety of sources of some of the principles, steps and strategies in the process of negotiation.

Building Your Community: an Asset Based Community Development Toolkit

http://www.communitybuilders.nsw.gov.au/download/Making_Headway_ToolKit.pdf

The Toolkit provides a practical guide on how to build on a community's strengths and assets through a range of community activities. The Tool Kit was produced by the Central Coast Community Congress Working Party 2003 in response to the overwhelming success of the inaugural *Making Headway Central Coast Community Congress* held in February 2002.

AIFS Stronger Families and Communities

http://www.aifs.gov.au/sf/communities.html

For online references and resources

Communities by Choice Booklet - an introduction to sustainable community development

http://www.communitybuilders.nsw.gov.au/getting_started/needs/cbc.html

This illustrated booklet explores three basic dynamics of community, introduces sustainable community development as a process for making choices about the future, and outlines a series of steps to guide communities toward becoming sustainable.

Department for Victorian Communities (2004). **Getting to Know Your Community - A Guide to Using Local Data**. Melbourne, Victoria: Office of Community Building, Department for Victorian Communities.

http://www.dvc.vic.gov.au/doc/Local%20Data%20Guide.pdf.

This guide on using local data has been produced by the Office of Community Building to meet the information needs of communities and support local community planning. A 'first of its kind', it is both an excellent guide to all community statistics on local communities produced by state government, and a tool for communities to compile a community profile of their own community.

Department of Sustainability and Environment and Department of Primary Industries (2004). **Effective Community Engagement: Workbook and Tools**. Melbourne, Victoria: Community Engagement Unit, Resource and Regional Services Division, Department of Sustainability and Environment.

http://www.cbt.infox

This workbook provides a practical process for building the capability of individuals and groups to engage effectively with stakeholders and the community. It includes tools and resources underpinned by principles, concepts and tested models to develop purposeful and effective engagement plans that respect and are inclusive of the diversity of stakeholders and community. Importantly, the workbook also incorporates a philosophy of learning to continuously improve. The workbook is a dynamic resource and is expected to continue to evolve as the skills and capacities are extended in balance with community and government needs.

Department of Sustainability and Environment (2006). **Effective Engagement Kit**

http://www.dse.vic.gov.au/dse/wcmn203.nsf/Home+Page/8A461F99E54B17EBCA2570340016F3A9?open

The Victorian Department of Sustainability and Environment has recently developed a three-part kit to assist people seeking to engage with various communities. This kit has been developed as part of a suite of approaches to build the capacity of its engagement practitioners in:

- Informing the community of policy directions of the government.
- Consulting the community as part of a process to develop government policy, or build community awareness and understanding.
- Involving the community through a range of mechanisms to ensure that issues and concerns are understood and considered as part of the decision-making process.
- Collaborating with the community by developing partnerships to formulate options and provide recommendations.
- Empowering the community to make decisions and to implement and manage change.

Cooper, L., Verity, F. and Bull, M. (2005). **Good Practices and Pitfalls in Community-Based Capacity Building and Early Intervention Projects: A Toolkit**. Canberra, ACT: Australian Department of Family and Community Services.

http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-toolkit.htm

O'Leary, T. (2006). **Asset Based Approaches to Rural Community Development: Literature review and resources**. Edinburgh, Scotland: International Association for Community Development.

http://www.iacdglobal.org/documents/resource/rsrcAssetBasedCommunityDevelopmentResourceIACDE-book.pdf

Appendix 6: Community Engagement Planning Proforma

Community Engagement Planning Proforma

Stakeholder/ Organisation/ Group	Engagement Strategies	Who is responsible?	Timeframe	Resources needed	What was the result

Appendix 7:
Key Contacts List

Key Contacts List

Name	Organisation	Address	Phone	Fax	Mobile	E-mail

Appendix 8: Sample Results Dissemination Plan Proforma

AEDI Results Dissemination Plan

Who are the key people/groups in the community we need to provide the results to?	Why do we need to disseminate results?	Methods used to disseminate results? Eg. Forums, copy of report, media release	When should we do this	Outcome

Prepared by:

The AEDI National Support Centre

Centre for Community Child Health

The Royal Children's Hospital

Parkville, Victoria 3052

Telephone: 1300 558 422

Fax: 03 9345 5900

Email: australian.edi@rch.org.au

Web: www.aedi.org.au

ERC: 081163