

Better starts to school in South Australia: using linked data to investigate earlier opportunities to support positive school transitions

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March 2025

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Acknowledgement of country

BetterStart acknowledge Aboriginal and/or Torres Strait Islander people as the First Peoples and Nations of the lands and waters we live and work upon. Sovereignty of these lands has never been ceded. It always was and always will be, Aboriginal land.

We acknowledge the Kurna people who are traditional owners and custodians of the lands this work was undertaken on, and we pay our respects to Kurna Elders, past, present and emerging. We recognise and respect their cultural authority, cultural heritage, beliefs and relationship with the land.

Who we are

The *BetterStart* Health and Development Research Group comprises inter-disciplinary researchers from epidemiology, public health, criminology, paediatrics, biostatistics, and psychology who are trying to better understand how to support health, development and human capability formation over the life course.

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Acknowledgement

We are grateful for funding that has supported development and the continuing operation of the SA BEBOLD platform (Better Evidence, Better Outcomes, Linked Data) from:

- National Health and Medical Research Council (NHMRC) Australia Fellowship (570120);
- NHMRC Partnership Project Grant (APP1056888);
- NHMRC Centre for Research Excellence (APP1099422);
- NHMRC Clinical Trials and Cohort Studies Grant (APP1187489)

as well as contributions from:

- SA Department of the Premier and Cabinet;
- SA Department of Human Services;
- SA Department for Health and Wellbeing;
- SA Department for Education;
- SA Department for Child Protection; and,
- the University of Adelaide

We would like to thank SA NT DataLink and all of the data custodians and data managers from all government departments at State and Federal levels who have contributed to the development of the BEBOLD platform.

Disclaimer

The views expressed here do not necessarily reflect those of our government and non-Government partners. This report uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education. The findings and/or views reported are those of the author and should not be attributed to the Department or the Australian Government.

Suggested citation

Mercer, G., Montgomerie, A., Kaesler, M., Lynch, J., & Pilkington, R. (2025). Better starts to school in South Australia: using linked data to investigate earlier opportunities to support positive school transitions. Adelaide: *BetterStart* Health and Development Research Group, The University of Adelaide.

The aim of the reports that we deliver is to provide an evidence base from which decisions can be made that will lead to improved outcomes for families and children experiencing different forms of disadvantage. However, as these reports primarily focus on data analysis, this can appear to depersonalise the real-life experiences that underlie these data. We would like to acknowledge the data in these reports represent serious experiences that can have a lifelong impact on children and families.

Using data in this way is only one way to tell important stories, however, we hope that this work contributes to ensuring we are better placed to make informed decisions about how best to support children and families.

Executive Summary

The case for early investment in children and families to support better school transitions is clear

This project is an example of how de-identified linked government data can be used to generate evidence to support informed decisions around investment in early life child and family supports. While early life disadvantage is not deterministic of later poor outcomes, the case for investment in effective and supportive responses for children and families to support better school transitions is clear.

Evidence from this report clearly illustrates that the experience of early-life disadvantage is common. In South Australia by age 5:

- More than 1 in 6 children were reported to child protection indicative of a concern being raised by community and professionals related to child safety and/or wellbeing
- 1 in 5 children experienced elevated acute health system contact with hospitals, illustrating the seriousness of early life health challenges and opportunities to consider the role of primary and community-based health care in supporting children and families
- More than 1 in 3 experienced early life social and perinatal factors related to disadvantage, highlighting the need to consider system capacity for concrete responses to poverty and its impacts
- 1 in 7 children had parents with their own child protection history, 1 in 18 had a parent with indicators of poor mental health or substance misuse and 1 in 50 had a parent imprisoned- highlighting the urgent need to holistically consider family experiences of disadvantage in terms of the impact these have directly on parents, as well as the child.

The results have added to our understanding of the flow on effects of early life disadvantage to multiple indicators of poor school transitions. All forms of early life disadvantage consistently increased the risk of poor school transitions across multiple measures. For example:

- Children who had parents who were imprisoned or had their own child protection history, and children with their own child protection system contact consistently had the highest relative risk of poorer school transitions. These children had twice the risk of developmental vulnerability on one or more domains of the AEDC, more than twice the risk of chronic absenteeism and 4 to 5 times the risk of behavioural incidents in reception, year 1 or year 2.
- The more domains of disadvantage experienced in early life, the more common the experience of poor school transitions. Nearly two-thirds of children with 3 or more domains of early life disadvantage self-reported low wellbeing in year 4 related to school belonging, readiness and/or emotional wellbeing.

We explored early life disadvantage and indicators of poor school transitions for Aboriginal and Torres Strait Islander children. Results showed elevated experiences of early life disadvantage, and that a higher proportion of Aboriginal and Torres Strait Islander children experienced poorer school transition

outcomes. Mirroring what is reported nationally, there were 41.6% of Aboriginal and Torres Strait Islander children identified as developmentally vulnerable on one or more AEDC domains. Nearly a third (32.6%) experienced chronic absenteeism, and 7% experienced a behavioural incident in reception, year 1 or year 2. The message from the Aboriginal community has been clear for some time – achieving better outcomes requires upholding and respecting the right of Aboriginal children, families and communities to self-determination. This report provides locally relevant and contemporary evidence that adds to the case for long-term investment in Aboriginal-led, and community-based solutions.

Evidence from this report includes estimates of the prevention potential if targeted effective supports were offered to specific priority populations early in life. For example, if effective supports were offered to children and families where children had been reported to child protection, developmental vulnerability on one or more AEDC domains could be reduced by up to 29%, chronic absenteeism could be reduced by up to 35%, and high levels of behavioural incidents in the first three years of school could be reduced by up to 64%. While it is unlikely any support offered would achieve the reach or impact to achieve this level of prevention, these estimates provide a starting point to understand the population-level benefit that could potentially be gained from early investment.

Project Background

This project was delivered by BetterStart on behalf of the Data Catalyst Network (DCN) Working Group in South Australia (*an initiative funded by the Paul Ramsay Foundation and delivered in collaboration with Infoxchange*). The Data Catalyst Network's purpose is to, "*bring together people from across sectors, to break cycles of disadvantage through the innovative use of data*".

Research Background and Aims

Approximately 21,000 South Australian children will transition to full-time schooling each year. The Australian Education Research Organisation (AERO) recently conducted a literature review and found that an effective school transition to school could be defined as, "*when a child feels a sense of belonging in their new school community*" (pg. 4.) [4] [5]. They regard the transition to school as being a social process, which involves not only the child, but also their family, teachers and many others. The transition process is also thought to start well before the child commences at school and continues until the child experiences a sense of belonging in their new school, which is the key essence of a 'successful transition' under this definition. However, there is relatively little evidence or consensus about what constitutes a "good" or "poor" transition to school. Furthermore, there are few pre-existing consistent and robust sources of data which can be used to analyse all of the elements of school transitions.

The BEBOLD linked data platform is uniquely positioned to provide deeper insight into what contributes to poor or successful transitions to school, with linked data from over 15 Government and non-government agencies. This includes data from the Australian Early Development Census (AEDC), which utilises a comprehensive, teacher-completed, national assessment (Australian version of the Early Development Instrument; AvEDI) conducted every 3 years to examine how children have developed by the time they start their first year of full-time school. Whilst the AEDC provides a critical piece of evidence for this analysis, other data sources related to school engagement and student wellbeing such as school absences and behavioural management data, and the Wellbeing &

Engagement Collection (WEC) are also available through BEBOLD platform. These data sources, combined with information about a child's circumstances at birth and their contact with key Government services (hospitals, child protection etc.) up to age 5 will be used to explore characteristics of children who experience successful and poor transitions to school.

The aims of this project are to:

- Identify the factors which predict different types of transition to school.
- Identify opportunities to provide earlier supports for children which can improve the quality of their transition to school, particularly for children and families experiencing disadvantage.
- Work collaboratively with Government and non-Government partners to harness data in ways that help to inform policy making and service delivery.

Study Population

There were three populations included in this report;

- **Population 1:** children who had a birth registration in South Australia (SA) who also had an AEDC conducted in 2009¹, 2012, 2015 or 2018 (N = 64,115). In simple terms this means the cohort primarily included children born in South Australia who attended a South Australian school for reception in a year when the AEDC was being conducted.
 - **Population 2:** children who had a birth registered in SA, who also had an AEDC and who were enrolled at a SA Government operated school from reception up to year 2 (N = 38,444; for analysis of absences and behaviour)
 - **Population 3:** children who had a birth registration in SA, who also had an AEDC in reception, who were enrolled at a SA Government school for all years between Reception and Year 4, and who also undertook the WEC in Year 4 (N = 6,439~; for analysis of the WEC).

Key outcomes

There are five key outcomes spanning different perspectives of a child's transition to school at age 5 in reception, and up to year 4, including:

1. The child being classified as "developmentally vulnerable" on at least one AEDC domain
2. Whether a child was assessed by the Multiple Strength Indicator as having well developed strengths
3. High levels of absenteeism (20 or more days in a single term) from school during Reception, Year 1 and/or Year 2
4. Behavioural management incident(s) recorded during Reception, Year 1 and/or Year 2 (Term 2 only)
5. Level of wellbeing (low, medium, high) on eight WEC items relating to school belonging (school belonging, school connectedness, peer belonging, academic self-concept) and emotional wellbeing (happiness, optimism, sadness, worries) in Year 4.

¹ The 2009 AEDC cycle includes some children who had the assessment undertaken in the 2010 calendar year

Early Life Indicators of Disadvantage

This first stage of the project utilised data available in the BEBOLD platform to support our understanding of the precursors of poor school starts. Overall, there were 22 discrete early life indicators of disadvantage. These 22 early life experiences of disadvantage were categorised into 6 overarching early life domains of disadvantage:

1. **Parental justice system contact** – any parent incarcerated in the 2 years pre-birth and/or up to the child's fifth birthday.
2. **Parental Alcohol/Drug or Mental health related system contact** – any parent who had contact with emergency department, or was hospitalised (for an AOD or MH related diagnosis) and/or utilised a service offered by Drug & Alcohol Services South Australia (DASSA) in the 2 years prior to birth and/or up to the child's fifth birthday.
3. **Parental child protection system contact** – any parent who had a contact (notification through to OOHC) with child protection services at any time prior to the birth of the child.
4. **Child health system contact** – child attended an emergency department and/or was hospitalised for any reason on 5 or more occasions up to their fifth birthday.
5. **Child's child protection system contact** – child had any contact with child protection (CP) system, including an unborn care concern, and/or a notification through to out-of-home care up to their fifth birthday.
6. **Social and Perinatal Factors** – any indicator of socio-economic disadvantage at the time of birth, including key factors related to living conditions (disadvantaged area, public housing), perinatal factors (low birth weight, pre-term birth, young mother, number of prior births), and/or economic factors (jobless family).

We estimated the prevalence of each indicator and domain of early life disadvantage in the general child population before focussing on the following:

1. **Looking forward (positive predictive value) →** we generated estimates of the proportion of the population who transitioned from experiencing each early life indicator of disadvantage, to also experiencing the outcome. *E.g. among those children who experienced parental incarceration, what proportion were subsequently identified as developmentally vulnerable or chronically absent from school.* We also calculated the proportion of the population experiencing different combinations of early life disadvantage domains. This enabled a view of the relative risk of the outcome among sub-populations experiencing early life risk indicators.
2. **Looking back (sensitivity) ←** we estimated the proportion of each population with the outcome also experienced each indicator of early life disadvantage. *E.g. of those who were classified as developmentally vulnerable, what proportion had previously experienced parental incarceration?* We calculated the proportion of the population experiencing different combinations of early life disadvantage domains. This provided a view of 'prevention potential', or in other words – how much of the outcome could be prevented, if there was investment in early effective supports for children experiencing particular forms of disadvantage?

Along with the overall population prevalence, these estimates ‘looking forward’ from early life disadvantage, and ‘looking back’ from different school transitions, should be considered when making decisions about potential opportunities to prevent later life poor school transitions.

Key Findings

Early life disadvantage

- The experience of early life disadvantage is not uncommon, although the population proportion of disadvantage varied by type of disadvantage. For example, 1 in 50 (2%) of all children had a parent who had been incarcerated by the time the child turned 5, while 1 in 6 (15.6%) children had their own child protection contact and over 1 in 3 (35.4%) were born into circumstances indicative of social and perinatal disadvantage.
- The most common co-occurring forms of disadvantage were social and perinatal with child health with ~2 in 50 (3.8%) of children experiencing this combination, ~3 in 100 (3%) experiencing co-occurring social and perinatal disadvantage and child protection contact.

Developmental Vulnerability on one or more AEDC domains:

- **Looking forward →** Children experiencing early life disadvantage experienced developmental vulnerability at 1.4 to 2 times to population average.
 - In absolute terms, of children who had a parent incarcerated - 46% were identified as developmentally vulnerable on one or more AEDC domains and an additional 10% were identified as having medically diagnosed special needs.
 - In relative terms, children who experienced contact with the child protection system (2.3 times), or whose parents were imprisoned (2.3 times) or had child protection contact (2.0 times) had the highest relative risk of being developmentally vulnerable on at least one AEDC domains.
 - The proportion of children developmentally vulnerable on one or more AEDC domains increased in step with the number of early life disadvantage domains, e.g. 14% of children with no early life disadvantage were identified as developmentally vulnerable compared to 21% with one domain of early life disadvantage, and 43% with 3+ domains of disadvantage.
- **Looking back ←** Children identified as developmentally vulnerable on one or more AEDC domains, or with medically diagnosed special needs were more likely to experience any early life disadvantage.
 - In absolute terms, of children who were developmentally vulnerable on one or more AEDC domains - 4% had a parent who was imprisoned, 9% had a parent with AOD and/or MH, 23% with parental CP contact, 23% child health, 29% child CP contact, and 49% social and perinatal early life disadvantage factors. Of children who had medically diagnosed special needs, a higher proportion (33%) had experienced early life disadvantage.

- In other words, if you were to target effective supports to 100% of children who had a parent imprisoned, you might reduce developmental vulnerability by 4%, whereas effective targeted supports to children with their own child protection contact could reduce developmental vulnerability by 29%.
- The proportion of children with multiple forms of early life disadvantage was higher among those who were developmentally vulnerable on one or more domain(s) of the AEDC. For example, of children developmentally vulnerable on one or more AEDC domains, 5.7% had social and perinatal factors and their own child protection contact compared to 3.3% of children who were not developmentally vulnerable.

School Absenteeism

- More than 1 in 10 children (10.8%) were absent for 20 or more days in a single term during reception, year 1 or year 2 – this reflects our definition of chronic school absenteeism.
- **Looking forward →** Children experiencing early life disadvantage experienced chronic school absenteeism (absent for 20+ days in single term) at 1.4 to 2.9 times higher risk than those who did not experience early life disadvantage.
 - In absolute terms, chronic absenteeism was elevated amongst all forms of early life disadvantage. For example, of children who had a parent incarcerated - 30% were chronically absent (20+ days) and an additional 32% were absent for 10 to 19 days in a single term; of children who had their own CP contact 22% were chronically absent, with an additional 32% absent for 10 to 19 days in a single term.
 - The proportion of children chronically absent increased in step with the number of types of early life disadvantage. For example, 26% of children with 3+ types of early life disadvantage were chronically absent, compared to 9% of children with one type of early life disadvantage, and 6% with no domains of early life disadvantage.
 - In relative terms, children who experienced contact with the child protection system (2.5 times), or whose parents were imprisoned (2.9 times) or had their own child protection contact (2.1 times) had the highest relative risk of chronic absenteeism.
- **Looking back ←** Children who were chronically absent were more likely to experience any early life disadvantage.
 - In absolute terms, of children who were chronically absent - 6% had a parent who was imprisoned, 12% had a parent with AOD and/or MH, 27% had parental CP contact, 23% child health, 35% child CP contact, and 56% social and perinatal early life disadvantage.
 - In other words, if you were to target effective supports to 100% of children who had a parent imprisoned, you might reduce chronic absenteeism by 6%, whereas effective targeted supports to children with their own child protection contact could reduce chronic absenteeism by 35%.
 - Nearly half of children (46%) who were chronically absent had previously been identified as developmentally vulnerable on one or more domains of the AEDC (36%) or with medically diagnosed special needs (10%).

- The proportion of children with multiple forms of early life disadvantage was higher among those who were chronically absent. For example, of children chronically absent, 7.4% had social and perinatal factors and their own child protection contact compared to 2.9% of children who were absent <10 days in a single term.

School Behavioural Incidents

- Approximately 1 in 45 children (2.2%) had recorded a behavioural incident (i.e. suspension, exclusion) in their first three years of school.
- **Looking forward →** Children experiencing early life disadvantage also experienced behavioural incidents in reception, year 1, or year 2, more than those who did not experience early life disadvantage.
- In absolute terms, behavioural incidents were increased relative to all forms of early life disadvantage. For example, of children with a parent incarcerated, 10.4% experienced one or more behavioural incidents (6% 1 to 2, 4.4% 3+); of children with their own child protection contact 4.3% experienced 1 to 2 behavioural incidents, and 2.3% experienced 3+ behavioural incidents.
- The proportion of children experiencing behavioural incidents increased in step with the number of types of disadvantage. For example, 7.9% of children with 3+ types of early life disadvantage experienced one or more behavioural incidents compared to 2.6% with one domain of early life disadvantage.
- Children who had child protection contact (5.1 times), whose parents had been imprisoned (5.1 times), whose parents had AOD/mental health indicators (3.0 times), whose parents had their own prior child protection contact (4.5 times), who experienced socioeconomic disadvantage (3.4 times), or elevated health system contact (2.3 times) were more likely to have recorded at least one behavioural incident between Reception and Year 2.
- **Looking back ←** Children who experienced one or more behavioural incidents were more likely to experience any early life disadvantage.
 - In absolute terms, of children who had *three or more* behavioural incidents - 16% had a parent who was imprisoned, 19% had a parent with AOD and/or mental health concerns, 54% had parental child protection contact, 34% had indicators suggestive of child health disadvantage, 64% had their own child protection contact, and 74% had disadvantage indicators related to social and perinatal factors.
 - In other words, if you were to target effective supports to 100% of children who had a parent imprisoned, you might reduce high levels (3+) of early life behaviour incidents by 16%, whereas effective targeted supports to children with their own child protection contact could reduce high levels of behavioural incidents (3+) by 64%.

Wellbeing and Engagement Collection (school belonging and emotional wellbeing)

- Most children self-reported medium or high wellbeing across the 8 belonging and wellbeing items included in this report. For example, more than 93% of children had medium or high wellbeing for academic self-concept and connectedness to adults at school. Although, the lowest levels of medium to high wellbeing were seen for worries (85.3%) and school belonging (86.9%).
- Children who experienced a greater number of types of early life disadvantage were more likely to self-report low wellbeing. For example, 61% of children with 3+ domains of early life disadvantage reported low wellbeing on at least one WEC item, compared to 42% of children with one domain of disadvantage and 34% with no early life disadvantage.
- When we examined the number of adverse school transition outcomes (i.e. developmental vulnerability on one or more AEDC domains in the first year of school, chronic school absenteeism and/or behavioural incidents in reception, year 1, and year 2) in relation to self-reported wellbeing, we could see that children who experienced fewer adverse school transition outcomes self-reported better emotional wellbeing and school belonging in year 4.

Aboriginal and Torres Strait Islander Children

- The report explores what proportion of Aboriginal and Torres Strait Islander children experienced early life disadvantage to help inform the design and resourcing of culturally appropriate responses.
- There were high levels of early life disadvantage across all forms of disadvantage, with child protection contact and social and perinatal factors present in the most common combinations of disadvantage.
- Aboriginal and Torres Strait Islander children also experienced higher levels of adverse school transition outcomes, further reinforcing the need to consider culturally appropriate, Aboriginal-led and Aboriginal-Community Controlled Organisation-led approaches to supporting Aboriginal children, families and communities in the early years.

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About this report

This project was delivered by BetterStart on behalf of the Data Catalyst Network (DCN) Working Group (WG) in South Australia (*an initiative funded by the Paul Ramsay Foundation and delivered in collaboration with Infoxchange*). The Data Catalyst Network's main stated purpose is to, "*bring together people from across sectors, to break cycles of disadvantage through the innovative use of data*". A key stated goal of the project being commissioned was to promote cross-sector collaboration and insight-sharing relating to data assets and how they can be used to disrupt cycles of disadvantage.

Background

Approximately 21,000 South Australian children will commence formal schooling each year. However, there is relatively little evidence or consensus about what constitutes a "good" or "poor" transition to school. Some definitions focus specifically on a child's school readiness or ability to adjust [1], whilst others highlight that the whole family are involved and transition requires the adoption of new identities (e.g. as a school student, or a school parent) [2]. Dunlop [3] highlights the tension and lack of consensus in research about school transitions, stating that they may be presented as,

"single or multiple; continuous or discontinuous; suggest readiness or lack of it; highlight resilience or vulnerability; imply agency or lack of control; be visible or silenced; rest on a developmental or a sociocultural model; may infer that the child should be the site of change or conversely that the system should change to accommodate the child." (pg. 2).

In the Australian context, the Australian Education Research Organisation (AERO) recently concluded that an effective school transition to school could be defined as, "*when a child feels a sense of belonging in their new school community*" (pg. 4.) [4] [5]. Based on an extensive literature review, the transition to school was described as being a social process, which involves not only the child, but also their family, teachers and many others. It was also highlighted that the transition process starts well before the child commences their first year of full-time school and continues until the child experiences a sense of belonging in their new school, which is the key essence of a 'successful transition' under this definition. The authors suggest that the Australian Early Development Census (AEDC) can provide a valuable source of information about children's transitions to school, but also highlight its limitations. Whilst the concepts of school readiness and school transition appear to be constructs which are still evolving and being refined, there are some key early life indicators of disadvantage and outcomes which have been the subject of research in this area. Equally, there are many aspects of school transition which are not measured consistently or adequately for research purposes, especially those involving the voice of children.

Objective

Our objective is to understand opportunities to provide earlier support, and given resource constraints – whether it is possible to target specific sub-populations who have an increased risk of poor school transitions. Leveraging the existing BEBOLD platform, we’ve taken multiple views of what are proxies of risk of poor school transitions (e.g. using the AEDC), or indicators of poorer school transitions (i.e. absenteeism, behavioural management, self-reported wellbeing). This reflects what is currently routinely collected at the population level. By themselves, none of these are a wholistic measure of school transitions, but they do provide relevant views of where we might improve the capacity for children to benefit from school. Alongside these indicators of school transition, we have analysed a series of 22 early life indicators of disadvantage spanning from 2 years pre-birth up to age 5 that may increase the risk of poor school transitions. We explore how these different early life indicators flow on to developmental vulnerability measured by the AEDC, behavioural management and school absenteeism, as well as student self-reported wellbeing from the Wellbeing and Engagement Collection. (4).

Advisory Group Input

This project was ably supported throughout by an advisory group including:

- Claire Ralfs, Chief Executive Officer, Relationships Australia South Australia;
- Sarah DeCrea, Manager Family Led Decision Making Practice, Relationships Australia South Australia;
- Chantell Hotham, Senior Aboriginal Policy/Project Officer, Early Intervention Research Directorate, Department of Human Services
- Nikki Clinch, Aboriginal Advisor Early Years, Office for Early Childhood Development
- Dr Henry Pharo, Director, Early Intervention Research Directorate, Department of Human Services;
- Jo Fildes, Assistant Director, Data Sharing & Analysis, Office for Early Childhood Development
- Kristen Moeller-Saxone, Data Catalyst Network Lead, Infoxchange

The project team would like to acknowledge, the time, expertise, cultural knowledge and authority, and dedication of all involved to achieving better outcomes for South Australian children and families. We are very appreciative of and wish to thank all members for their input. However, it must be noted that all final decisions relating to communication of project findings or results, as well as any errors of omission or mistakes are that of the authors.

Data sources

This project utilised data from the Better Evidence Better Outcomes Linked Data (BEBOLD) platform, a comprehensive whole-of-population de-identified linked data platform. BEBOLD contains de-identified data on 1.2 million children and young people in South Australia born from 1991 onwards and their parents, and spans more than 30 different government administrative data sources. Figure 1 details the data sources in the BEBOLD platform.

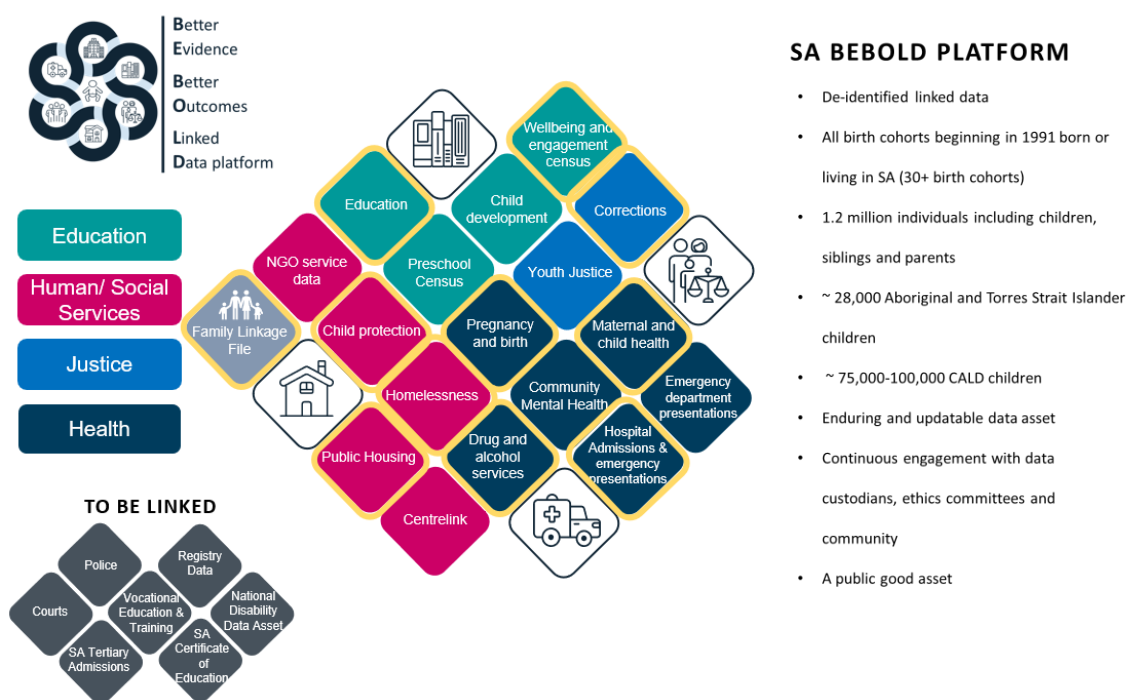


Figure 1: Description of the BEBOLD platform and data sources

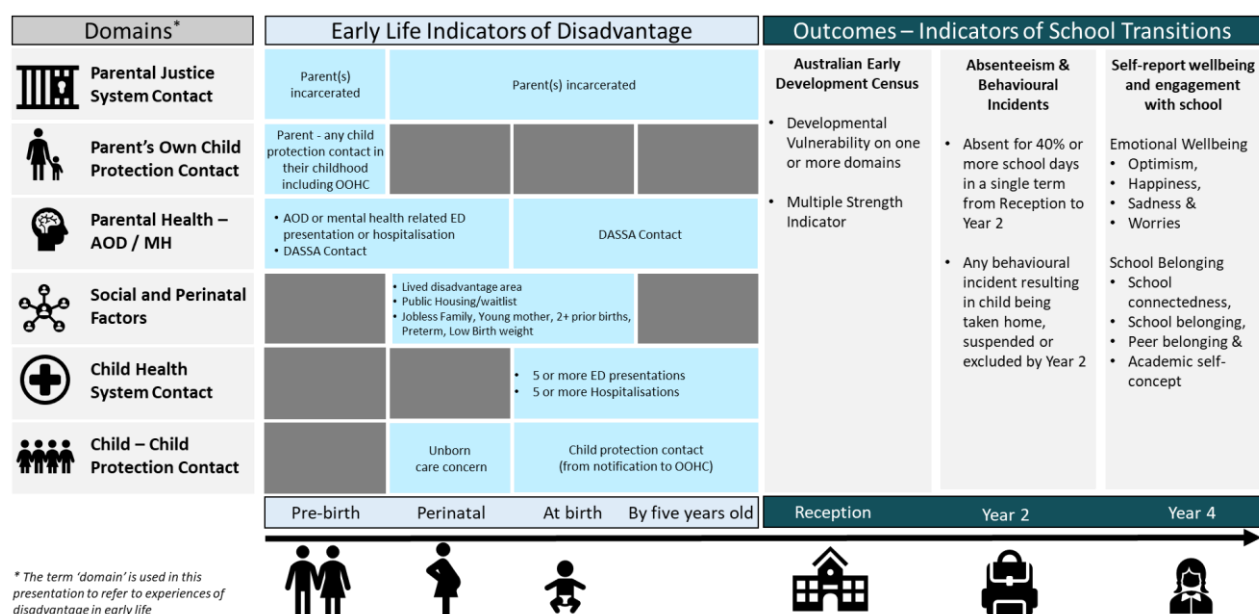
Data used for this analysis came from:

- Birth registrations, Attorney General's Department
- Perinatal Statistics Data Collection, Preventive Health SA
- Integrated South Australian Activity Collection (ISAAC) Data, SA Health;
- Emergency Department Data Collection (EDDC), SA Health;
- Child Protection, SA Department for Child Protection
- Adult Imprisonments, SA Department for Correctional Services
- SA Public Housing; and
- SA Specialist Homelessness Services (Homelessness to Home, H2H).
- Absences, Behavioural Management, Wellbeing & Engagement Collection, Enrolments, SA Department of Education
- The Australian Early Development Census, Commonwealth Department of Education
- Drug & Alcohol Services South Australia; SA Health

Early Life Indicators and Domains of Disadvantage and Indicators of school transition outcomes

The purpose of this analysis was to explore how parental and early life experiences of disadvantage are associated with school transitions. The analysis was conducted in a cohort of children born and educated in South Australia who also participated in the AEDC in 2009, 2012, 2015 or 2018. Figure 2 depicts the indicators included in the 6 early life domains of disadvantage and the five key outcomes used as different views of school transitions. Details on the outcomes used for school transitions are below and the indicators included in the 6 early life domains of disadvantage are detailed on page 19.

Figure 2: Indicators included in the 6 early life domains of disadvantage and the five key outcomes used for school transitions.



Outcomes used for school transitions

Leveraging the existing BEBOLD platform, we've taken multiple views of what are proxies of risk of poor school transitions (e.g. AEDC), or indicators of poorer school transitions (i.e. absenteeism, behavioural management, self-reported wellbeing). The five key outcomes were:

1. **Outcome 1:** Children developmentally vulnerable on one or more domains of the AEDC or being identified as having “medically diagnosed special needs”, page 24;
2. **Outcome 2:** The Multiple Strength Indicator measured using the AEDC, page 34;
3. **Outcome 3:** School absenteeism, page 37;
4. **Outcome 4:** Behavioural incidents in school, page 44;
5. **Outcome 5:** School belonging and emotional wellbeing measured using the Wellbeing and Engagement Census (WEC), page 51.

Early Life Indicators and Domains of Disadvantage

There are a number of dimensions to consider when considering whether measures of disadvantage early in life may be helpful in identifying opportunities for earlier support. Overall, there were 22 early life indicators of disadvantage sourced from the BEBOLD platform – 16 were pre-birth and 6 were post-birth up to before starting full-time schooling.

The 22 pre and post-birth early life indicators were categorised into 6 overarching early life domains of disadvantage:

1. **Parental justice system contact** – any parent incarcerated in the 2 years pre-birth and/or up to the child's fifth birthday.
2. **Parental Alcohol/Drug or mental health related health system contact** – any parent had contact with emergency department, or was hospitalised (for an AOD or MH related diagnosis) and/or utilised a service offered by Drug & Alcohol Services South Australia (DASSA) in the 2 years prior to birth and/or up to the child's fifth birthday.
3. **Parental child protection system contact** – any parent had a contact (notification or OOHC) with child protection services at any time prior to the birth of the child.
4. **Child health system contact** – child attended an emergency department and/or was hospitalised for any reason on 5 or more occasions up to their fifth birthday.
5. **Child's child protection system contact** – child had any contact with child protection system, including an unborn care concern, notification and/or OOHC up to their fifth birthday.
6. **Socio-economic disadvantage** – any indicator of socio-economic disadvantage at the time of birth, including key factors related to living conditions (disadvantaged area, public housing), perinatal factors (low birth weight, pre-term birth, young mother, number of prior births) and/or economic factors (jobless family).

These indicators were based on what was available in BEBOLD, noting very few variables held in BEBOLD (or in any Government administrative data) focus on strengths, positive system interactions or signify thriving. However, understanding the transition from experiences of early life disadvantage to poor outcomes inform a more targeted use of supports to improve the school transition.

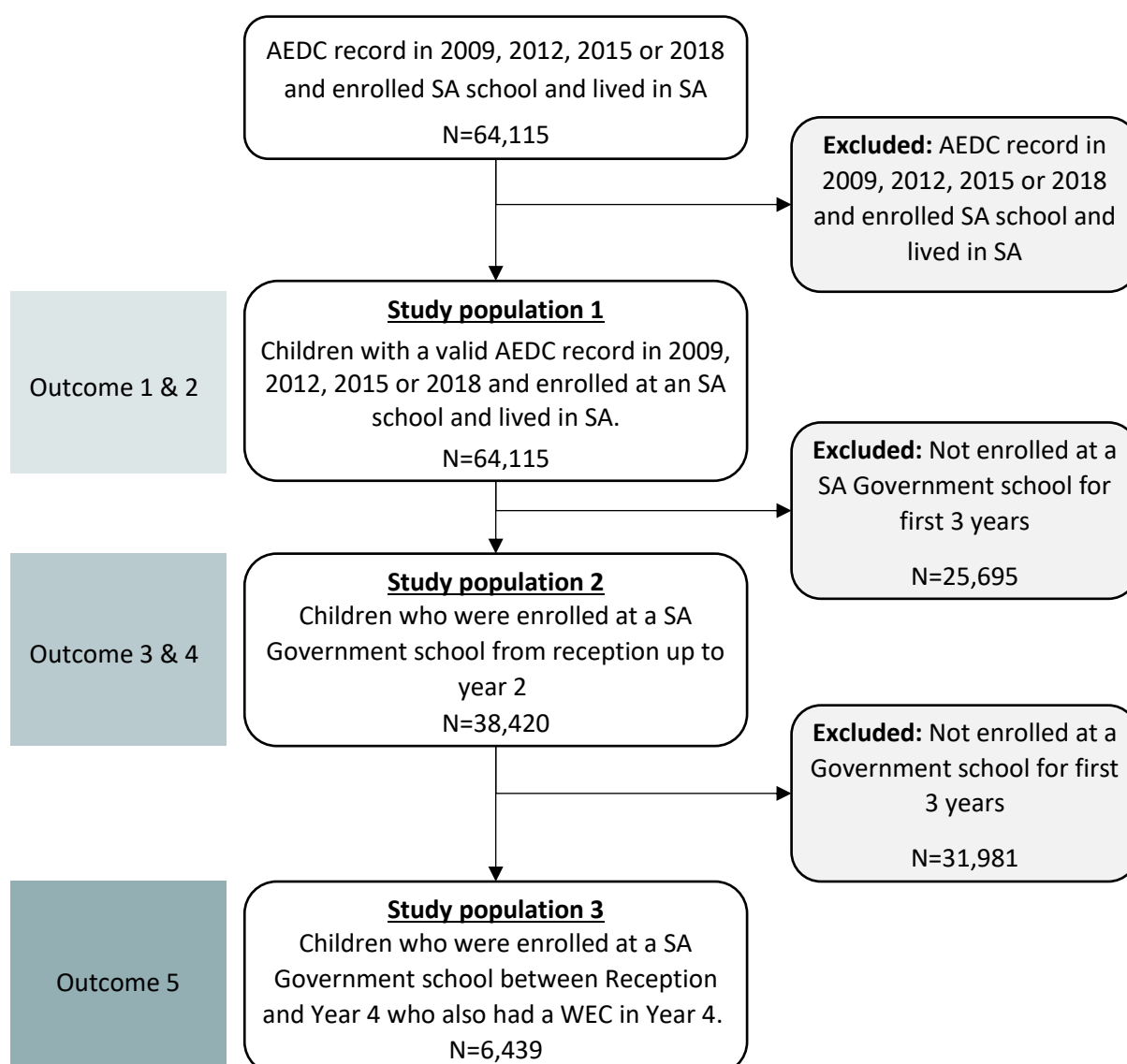
The proportion of the study population that experience each of these indicators and domains of disadvantage can be viewed on Table 1 on page 22, and Figure 4 on page 23. The patterning of a wide range of experiences of early life disadvantage on developmental vulnerability, absenteeism, behavioural incidents and WEC outcomes were explored.

Study population

Figure 3 details the study populations and includes;

- **Study Population 1:** 64,115 children born and educated in South Australia who also participated in the AEDC in 2009, 2012, 2015 or 2018, and then two subsets of that population;
 - **Study Population 2:** 38,444 children who were enrolled at a SA Government school from reception up to year 2 (; for analysis of absences and behaviour)
 - **Study Population 3:** 6,439 children who were enrolled at a SA Government school between Reception and Year 4 who also had a WEC in Year 4.

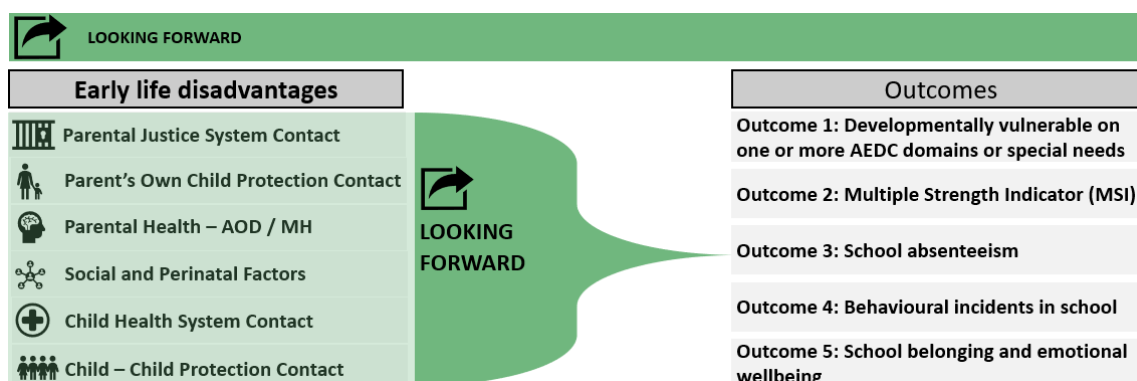
Figure 3: Study populations for each outcome included in the analysis



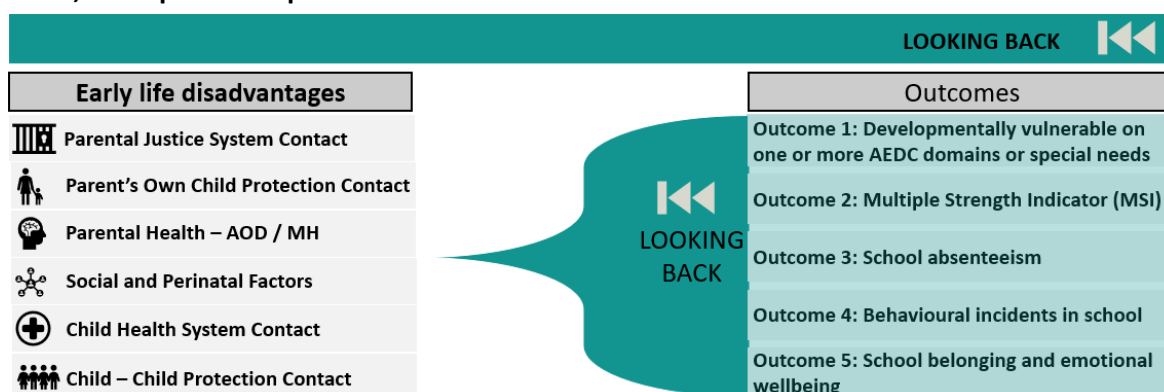
Analysis

The analysis is focused on early life experiences of disadvantage and their relationship to developmental vulnerability, school absences, behavioural incidents and scores on the Wellbeing & Engagement Collection (WEC). A key purpose of the analysis is to identify potential opportunities to provide earlier supports to children and families who may be at risk of poorer transitions to school. For this we presented the following views;

Positive predictive value (looking forward): Figures where you see “**Looking Forward**” present the proportion of children that experienced each early life domain of disadvantage who subsequently experienced an outcome (e.g. developmental vulnerability, chronic absenteeism, behavioural incidents). Example Statement: “**Of those who experienced parental incarceration, 46% were classified as developmentally vulnerable on one or more AEDC domains**”



Sensitivity (looking back): Figures where you see “**Looking Back**” present the proportion of children who experienced an outcome (e.g. developmental vulnerability, chronic absenteeism, behavioural incidents) who previously experienced each type of early life disadvantage. Example Statement: “**Of those who were developmentally vulnerable on one or more domains of the AEDC, 4% experienced parental incarceration**”



These different views ensure that the relative impact of different types of early life disadvantage in predicting the quality of school transitions can be determined. For example, we might be able to see that about half of all (46%) of children who experienced parental incarceration were classified as developmentally vulnerable, but we can also see that of those who were developmentally vulnerable only 4.3% experienced parental incarceration. In other words, for the children affected by parental incarceration, it is an important signifier of risk but targeting this issue at a population level may not yield significant improvements in developmental vulnerability.

Results

Indicators of early life disadvantage

Table 1 shows the prevalence of the 6 domains and 22 early life indicators of early life disadvantage for all children.

Table 1: Number and prevalence of the 6 domains and 22 early life indicators of early life disadvantage for all children

Domain of Early Life Disadvantage	Early Life Indicator	All children (n = 64,115)	
		n	%
Parental Justice System Contact	Any parent imprisoned in the 2 years before birth	393	0.6%
	Any parent imprisoned between birth & child starting school	1,123	1.8%
	At least one parental Justice Contact	1,296	2.0%
Parental Health - AOD or MH	Any parent had an ED presentation / hospitalisation related to AOD in the 1 year prior to birth	1,535	2.4%
	Any parent had an ED presentation / hospitalisation related to MH in the 1 year prior to birth	3,223	5.0%
	Any parent had DASSA contact in the 1 year prior to birth	68	0.1%
	Any parent had DASSA contact up to child's fifth birthday	294	0.5%
	At least one Parental Health - AOD/MH	3,499	5.5%
Parental Child Protection System contact	Any parent had a child protection contact (excluding OOHC) prior to birth of the child	8,985	14.0%
	Any parent experienced OOHC prior to the birth of the child	1,471	2.3%
	At least one Parental Child Protection Contact	8,985	14.0%
Child Health System Contact	Child had 5 +ED visits up to turning 5 years old	10,988	17.1%
	Child had 5+ hospital admissions up to turning 5 years old	7,340	11.4%
	At least one Child Health System Contact	11,791	18.4%
Child - Child Protection Contact	Child had any unborn care concern	372	0.6%
	Child had contact with CP in the first 30 days of life	1,116	1.7%
	Child was ever notified to CP by 5 years old	9,944	15.5%
	Child ever experienced OOHC by 5 years old	569	0.9%
	At least one Child - Child Protection Contact	10,000	15.6%
Social & Perinatal Factors	Mother lived in the most disadvantaged area when child born	10,390	16.2%
	Child had low birth weight (<2499 grams)	4,125	6.4%
	Child was born pre-term (<37 weeks gestation)	5,179	8.1%
	Child was born to a young mother (<20 years old)	2,745	4.3%
	No parent in the workforce at the time of the child's birth	5,843	9.1%
	Child/parent on public housing waitlist at the time of their birth	2,035	3.2%
	Child/parent was public housing tenant at the time of their birth	2,104	3.3%
	Mother had 2+ prior births at the time the child was born	5,270	8.2%
	At least one Socio-economic Disadvantage	22,714	35.4%

AOD: Alcohol or other Drug; MH: Mental Health

Combinations of early life disadvantage

Figure 4 shows an upset plot of the prevalence of combinations of early life disadvantage indicators for all children.

How to read the Figure 4:

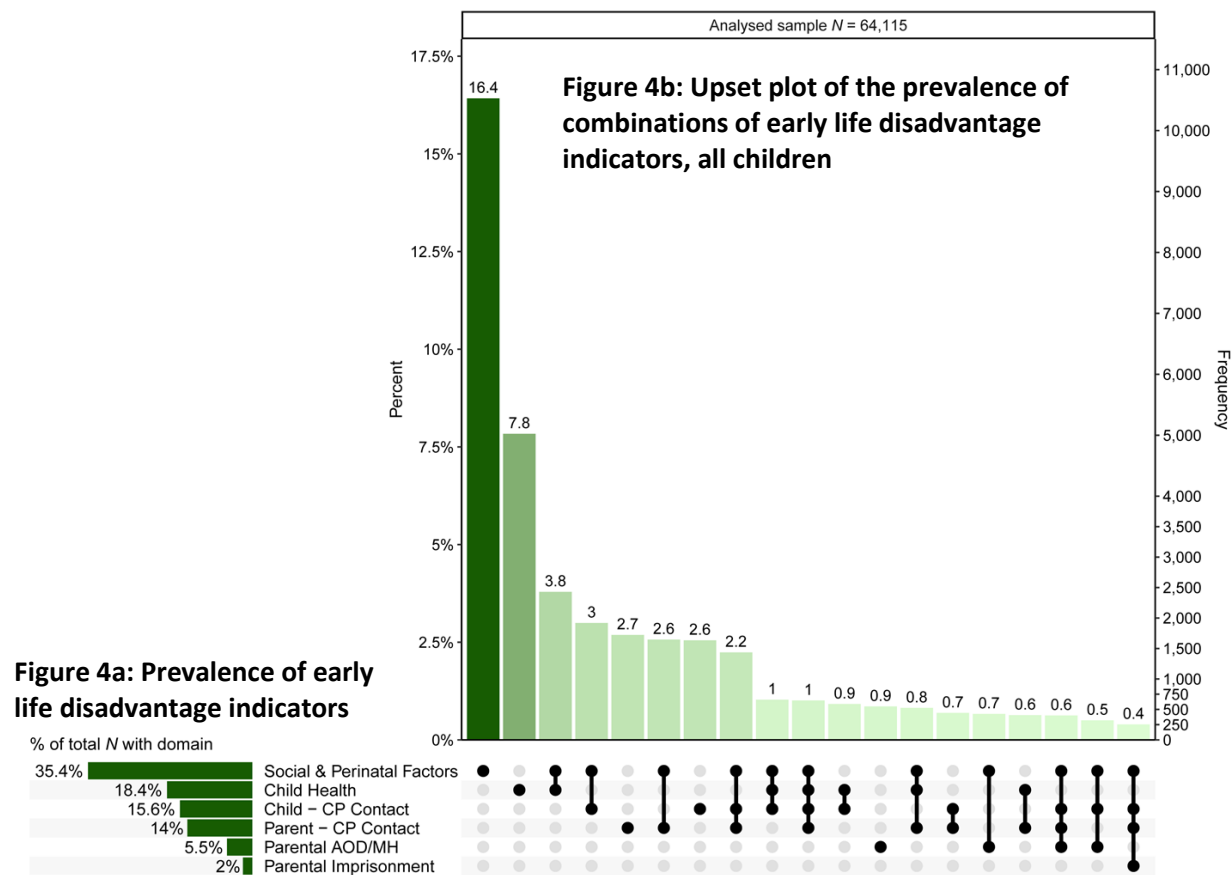
Figure 4a of the figure shows a bar graph that represents the proportion of all children with any of the early life disadvantage indicators. For example;

- 35.4% of children had a social perinatal factor; 18.4% had child health early life disadvantage; 15.6% had child protection contact; 14.0% had parent child protection contact; 5.5% had parent health early life disadvantage; and 2.0% had parental imprisonment history.

Figure 4b of the figure (the column graph) illustrates the combinations of indicators that align with the filled in circles, each on a row specific to a different indicator (e.g. first row= social perinatal factors, second row= child health etc.) below. For example;

- The first column shows that 16.4% of children had social perinatal factors in isolation; and
- The second largest column shows that 7.8% of children had child health early life disadvantage in isolation.
- The third largest column illustrates that 3.8% of the population experienced social, perinatal and child health factors.

Figure 4: Upset plot of the prevalence of combinations of early life disadvantage indicators for all children



Key Message

Across all children who participated in the AEDC, social and perinatal factors and child health were the most common experiences of disadvantage; however, almost half (46.4%) had zero domains of disadvantage. The most common combinations of disadvantage included only one or two types of disadvantage, with more complex presentations of disadvantage concentrated in a smaller sub-population (11.3%).

Outcome 1: Australian Early Development Census (AEDC)

Developmental vulnerability is measured by the Australian Early Development Census (AEDC) which is conducted every 3 years for children entering their first formal year of schooling (during Reception). The AEDC is a wholistic measure of development during a child's first year of formal schooling. Specifically, the AEDC measures whether a child is developmentally on track or if there are areas where they are developmentally at risk, or developmentally vulnerable, across 5 domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication and general knowledge. Children whose results fall below the 10th percentile are regarded as being developmentally vulnerable on that domain, and children with a domain level result between the 10th and 25th percentile regarded as developmentally at risk. Those above the 25th percentile are classified as developmentally on track. Children can also be identified as having medically diagnosed special needs, which has been defined as, "*Children requiring special assistance because of chronic medical, physical or intellectually disabling conditions based on a diagnosis or diagnoses (e.g., autism, cerebral palsy, down syndrome) are defined in the AEDC as having 'special needs'*" [6]. Children identified as having medically diagnosed special needs are not included in the counts of the 5 different areas of developmental vulnerability.

Studies have linked developmental vulnerability identified through the AEDC to prior experiences of childhood maltreatment [7], exposure to DFV [8], and having a parent with a psychiatric condition [9]. Other studies have identified a range of characteristics (e.g. smoking in pregnancy, maternal age, socioeconomic disadvantage, premature birth etc.) of the child and parent at the time of birth as predicting the likelihood of a child being developmentally vulnerable at the time of the AEDC [10, 11]. Children classified as developmentally vulnerable on one or more AEDC domains when they commenced their first year of full-time school were found to have later life poorer educational outcomes including: lower average NAPLAN scores, lower rates of reading comprehension, lower rates of general wellbeing, more likely to be bullied, experience behavioural problems and to disengage from school up to year 7 [12-14]. A key report focused on school readiness suggested the AEDC is valuable indicator of the quality of a child's transition to school, including their potential for academic attainment and emotional wellbeing [4].

Developmentally vulnerable on one or more AEDC domains or special needs

Table 2 shows the number and proportion of children developmentally vulnerable on one or more AEDC domains, or identified medically diagnosed special needs included in the study population.

Table 2: Number and proportion of children developmentally vulnerable on one or more AEDC domains or with identified medically diagnosed special needs

	n	%
Not developmentally vulnerable	46,552	72.6
Developmentally vulnerable on one or more AEDC domains	13,735	21.4
Medically diagnosed special needs	3,828	6.0
Total	64,115	100.0

Key Message

- 21.4% of children were developmentally vulnerable on one or more AEDC domains
- 6.0% were identified as having special needs related to a diagnosed medical condition

Domain-specific results

Table 3 includes the proportions of children who were developmentally on track, at risk, or vulnerable for each of the five AEDC domains.

Table 3: Proportion on children developmentally on track, at risk, or vulnerable for the five AEDC domains (N = 60,283; excluding medically diagnosed special needs) *

AEDC Domain	Developmentally on Track	Developmentally at Risk	Developmentally Vulnerable
Physical Health & Wellbeing	76.4%	13.2%	10.4%
Social Competence	73.5%	15.7%	10.7%
Emotional Maturity	74.1%	16.1%	9.8%
Language & Cognitive Skills (school-based)	83.5%	10.1%	6.4%
Communication Skills & General Knowledge	77.2%	15.2%	7.6%

* Percentages across domains are not mutually exclusive - children can be developmentally vulnerable on more than one domain.

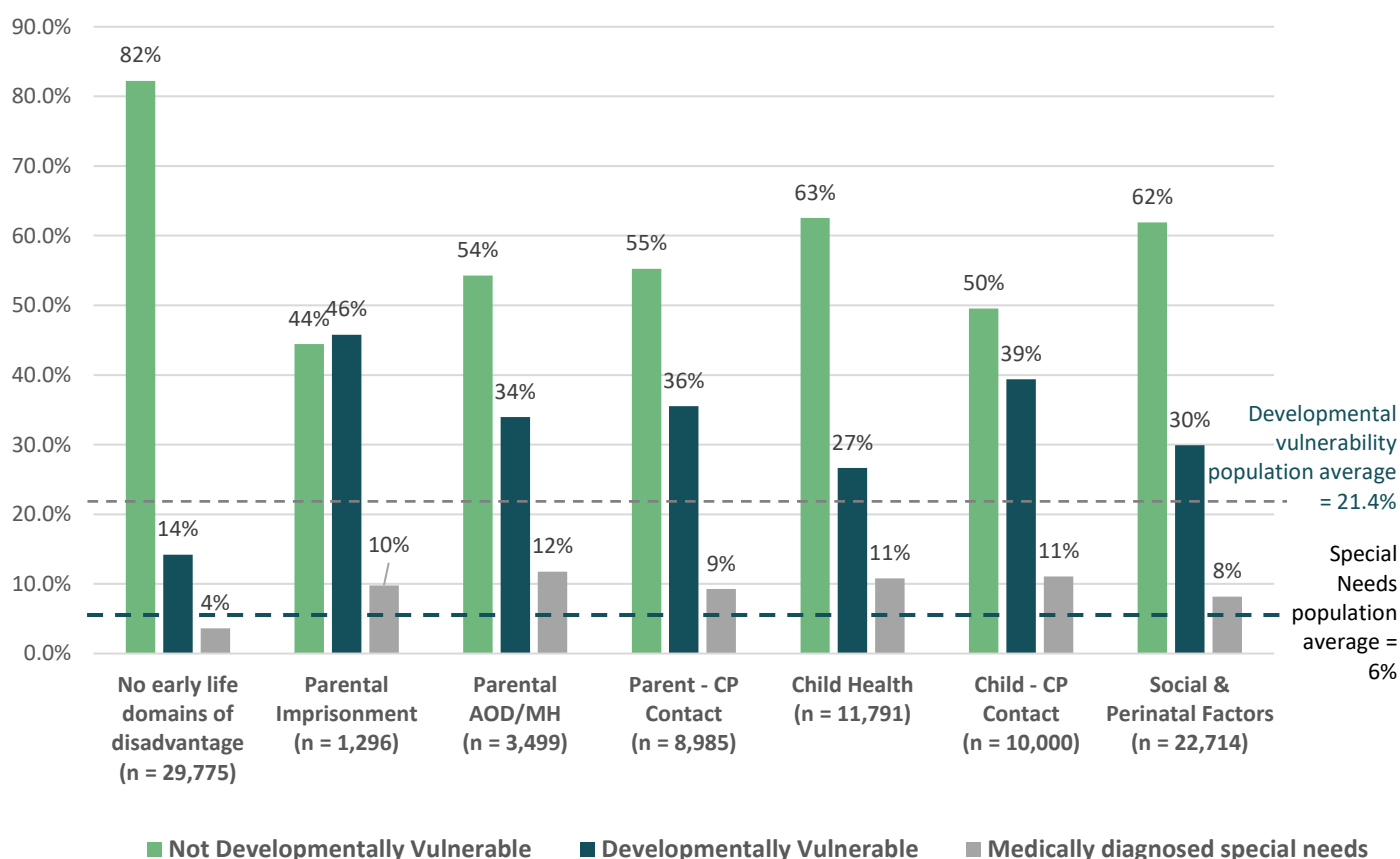
Key Message

- 10.7% of children were developmentally vulnerable on the social competence domain and 10.4% on the physical health and wellbeing domain and 9.8% for the emotional maturity domain.
- Overall, for each domain between 89% and 94% of children were not classified as developmentally vulnerable

Looking forward: Of children who experienced early life disadvantage - what proportion were developmentally vulnerable on one or more AEDC domains?

Figure 5 presents the proportion of children who were not developmentally vulnerable, developmentally vulnerable on one or more AEDC domains or who had medically diagnosed special needs, for each early life domain of disadvantage. An example interpretation: for children who had no early life domains of disadvantage, 82% were not developmentally vulnerable, 14% were developmentally vulnerable on one or more domains of the AEDC, and 4% were classified as having medically diagnosed special needs. In contrast, of children whose parents experienced imprisonment, almost half (46%) were classified as developmentally vulnerable on one or more domains of the AEDC.

Figure 5: Proportion of children who were not developmentally vulnerable, developmentally vulnerable on one or more AEDC domains or who had medically diagnosed special needs for each early life disadvantage



Key Message



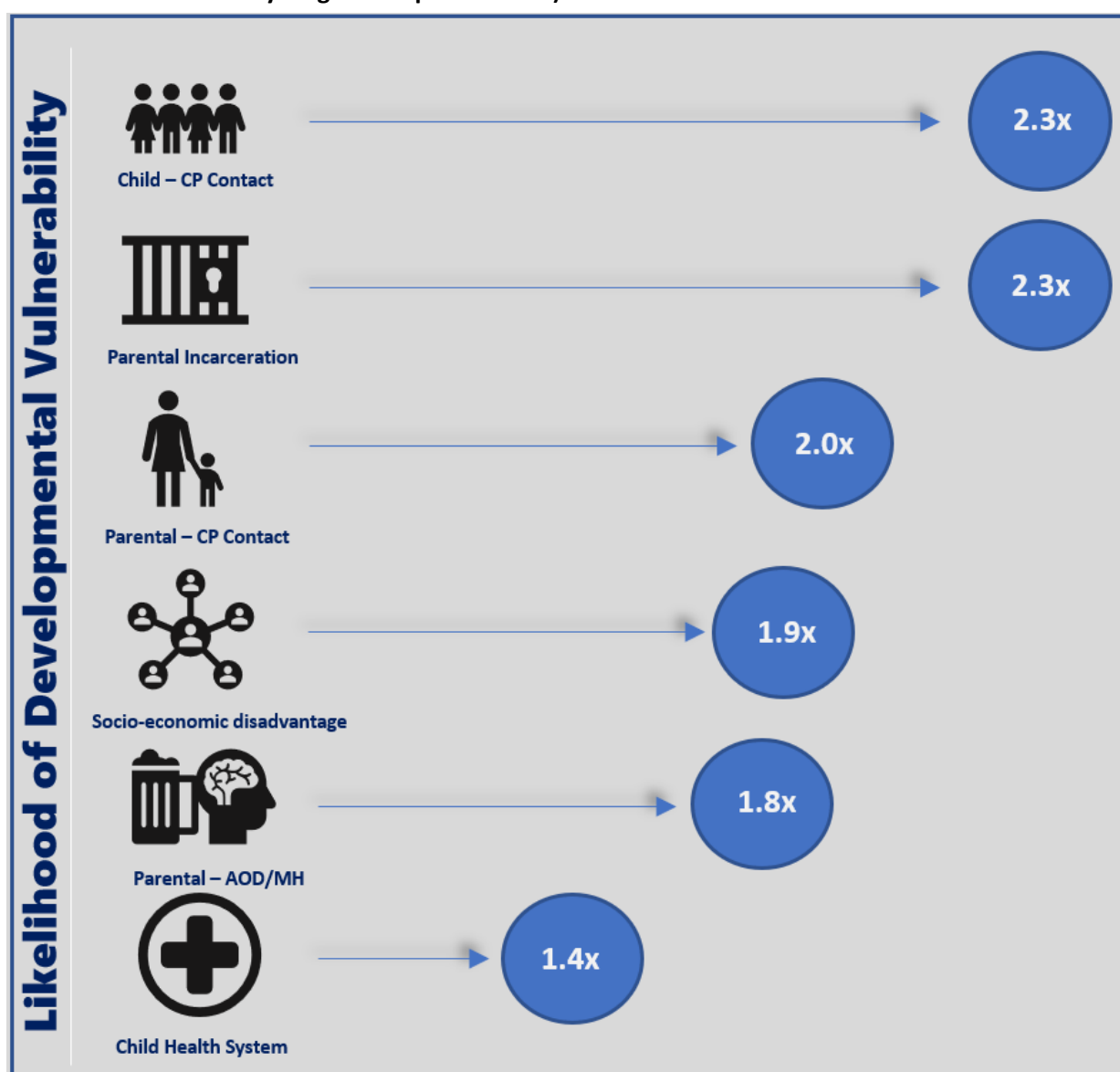
LOOKING FORWARD

- Children who experienced early life disadvantage were more likely to be classified as developmentally vulnerable than children who did not experience early life disadvantage
- Almost half of children (46%) who had a parent imprisoned, and 39% of children with their own child protection contact were developmentally vulnerable on one or more AEDC domains

Looking forward: Relative risk of developmental vulnerability on one or more AEDC domains by early life disadvantage

Figure 6 shows the relative risk of developmental vulnerability for each early life disadvantage domain.

Figure 6: Relative risk of developmental vulnerability by early life disadvantage (excludes children classified with medically diagnosed special needs)



Key Message



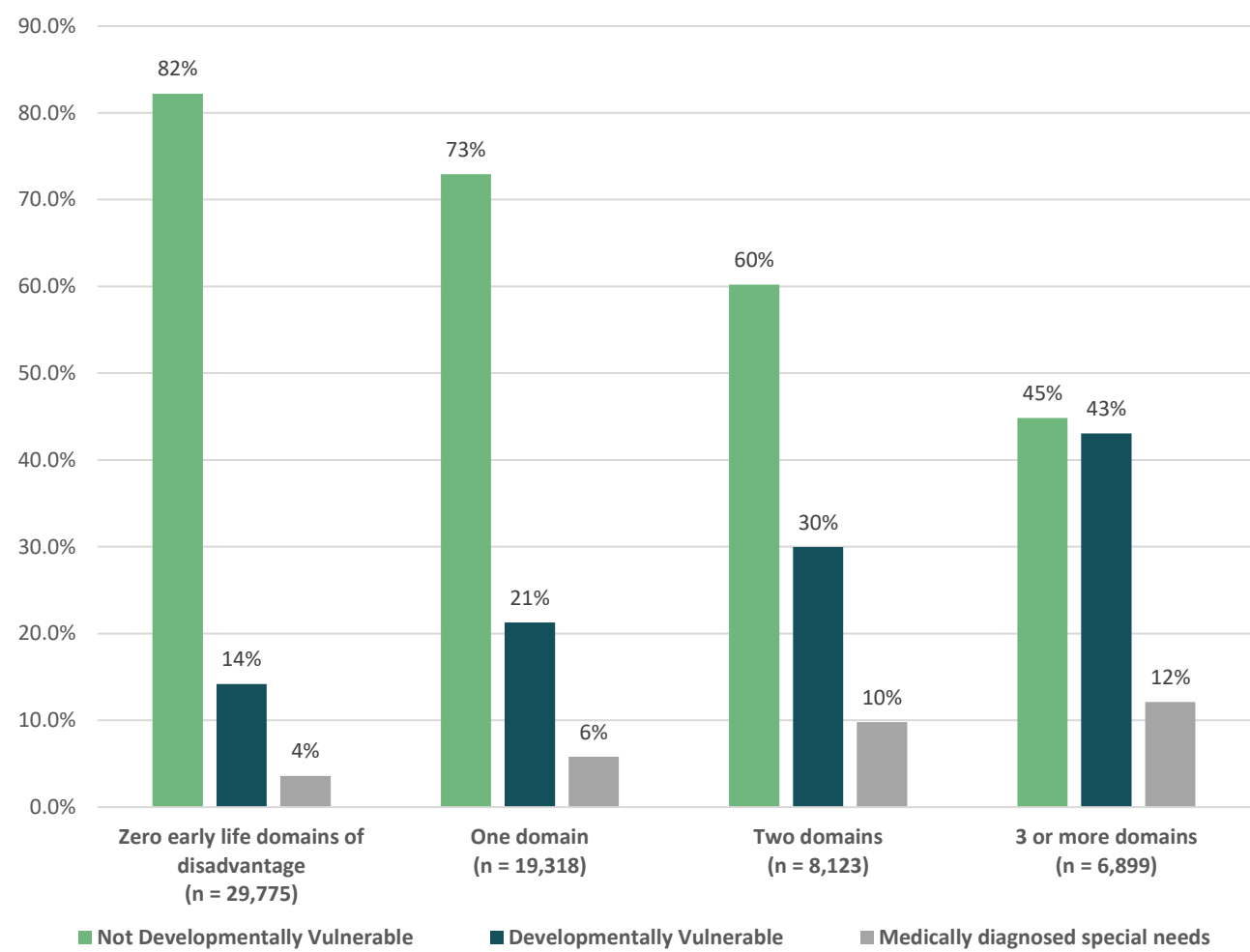
LOOKING FORWARD

- Children who experienced child protection contact or parental incarceration were 2.3 times as likely to be classified as developmentally vulnerable compared to those without those early life experiences of disadvantage
- All types of early life disadvantage were related to an increased risk of being classified as developmentally vulnerable

Looking forward: Of children who experienced multiple domains of early life disadvantage, what proportion were developmentally vulnerable on one or more AEDC domains?

Figure 7 shows of children who experienced early life disadvantage, what proportion were not developmentally vulnerable, developmentally vulnerable on one or more AEDC domains or were identified as having medically diagnosed special needs.

Figure 7: AEDC outcome by number of early life domains



Key Message



LOOKING FORWARD

- Children who experienced more types of disadvantage were more likely to be classified as developmentally vulnerable on one or more AEDC domains, or to be identified as having medically diagnosed special needs
- More than 2 in 5 (43%) children who experienced 3 or more types of disadvantage were classified as developmentally vulnerable on one or more AEDC domains

[Looking back: Of children who were developmentally vulnerable on one or more AEDC domains – what proportion experienced early life disadvantage?](#)

Table 4 shows the prevalence of the 6 domains and 22 early life indicators of early life disadvantage for all children by type of AEDC outcome.

Table 4: Number and prevalence of the 6 domains and 22 early life indicators of early life disadvantage by Developmentally Vulnerable on one or more domains of the AEDC or medically diagnosed special needs

Domain of Early Life Disadvantage	Early Life Indicator of Disadvantage	All children (n = 64,115)		Developmentally Vulnerable on one or more domains of the AEDC or special needs					
				No (n = 46,552)		Yes (n = 13,735)		Medically diagnosed special needs (n = 3,828)	
		n	%	n	%	n	%	n	%
Parental Justice System Contact	Any parent imprisoned in the 2 years before birth	393	0.6%	171	0.4%	188	1.4%	34	0.9%
	Any parent imprisoned between birth & child starting school	1,123	1.8%	500	1.1%	518	3.8%	105	1.8%
	At least one Parental Justice Contact	1,296	2.0%	576	1.2%	593	4.3%	127	3.3%
Parental Health - AOD or MH	Any parent had an ED presentation / hospitalisation related to AOD in the 1 year prior to birth	1,535	2.4%	765	1.6%	588	4.3%	182	4.8%
	Any parent had an ED presentation / hospitalisation related to MH in the 1 year prior to birth	3,223	5.0%	1,760	3.8%	1,080	8.0%	383	10.0%
	Any parent had DASSA contact in the 1 year prior to birth	68	0.1%	33	0.1%	27	0.2%	8	0.2%
	Any parent had DASSA contact up to child's fifth birthday	294	0.5%	141	0.3%	123	0.9%	30	0.8%
	Total Parental Health - AOD/MH	3,499	5.5%	1,899	4.1%	1,188	8.7%	412	10.8%
Parental Child Protection System contact	Any parent had a child protection contact (excluding OOHC) prior to birth of the child	8,985	14.0%	4,963	10.7%	3,190	23.2%	832	21.7%
	Any parent experienced OOHC prior to the birth of the child	1,471	2.3%	677	1.5%	623	4.5%	171	4.5%
	Total Parental Child Protection Contact	8,985	14.0%	4,963	10.7%	3,190	23.2%	832	21.7%

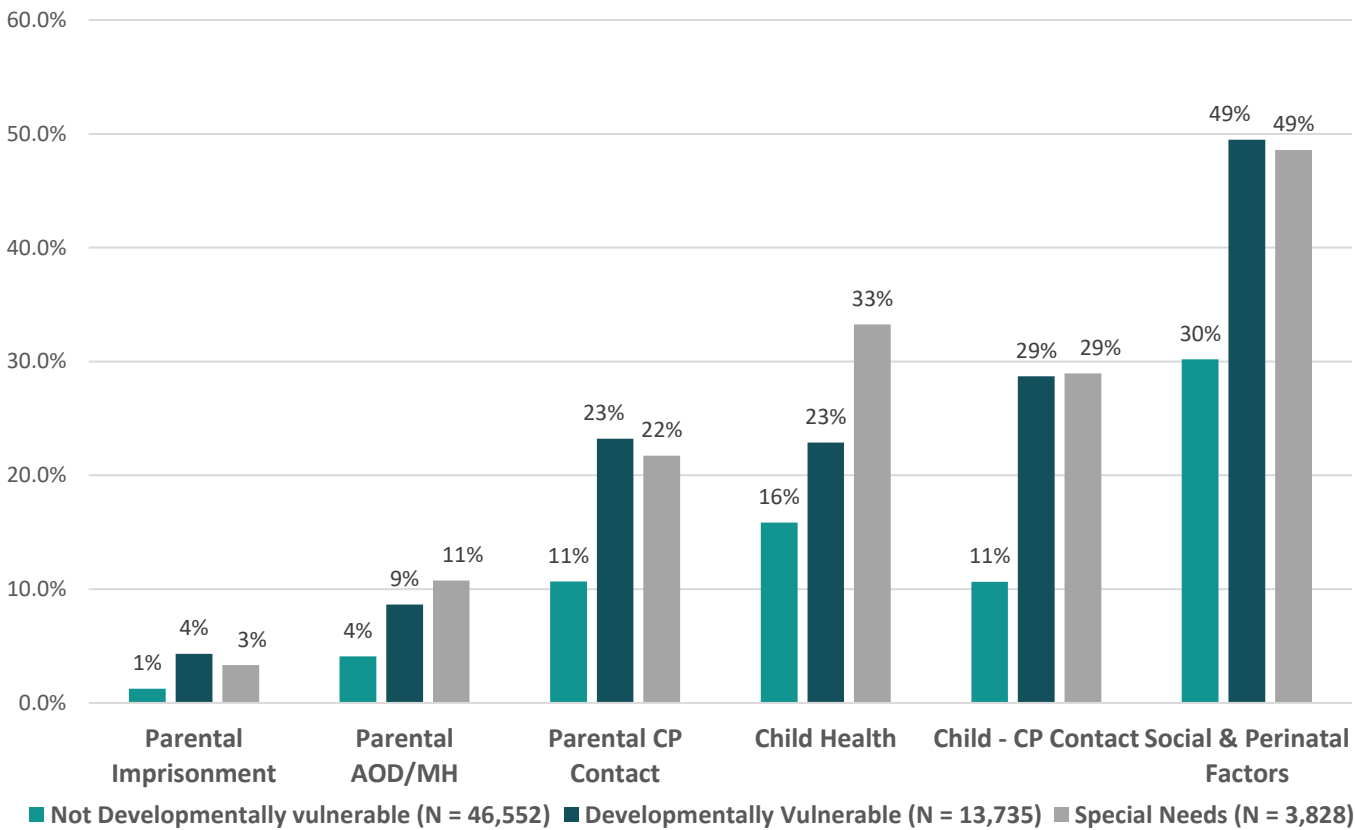
AOD: Alcohol and Other Drug; MH: Mental Health

Table 4: Number and prevalence of the 6 domains and 22 early life indicators of early life disadvantage by Developmentally Vulnerable on one or more domains of the AEDC or medically diagnosed special needs (continued)

Domain of Early Life Disadvantage	Early Life Indicator	All children (n = 64,115)		Developmentally Vulnerable on one or more domains of the AEDC or medically diagnosed special needs					
				No (n = 46,552)		Yes (n = 13,735)		Medically diagnosed Special Needs (n = 3,828)	
		n	Col %	n	Col %	n	Col %	n	Col %
Child Health System Contact	Child had 5 +ED visits up to turning 5 years old	10,988	17.1%	6,961	15.0%	2,949	21.5%	1,078	28.2%
	Child had 5+ hospital admissions up to turning 5 years old	7,340	11.4%	4,259	9.1%	2,009	14.6%	1,072	28.0%
	Total Child Health System Contact	11,791	18.4%	7,375	15.8%	3,143	22.9%	1,273	33.3%
Child - Child Protection Contact	Child had any unborn care concern	372	0.6%	141	0.3%	185	1.3%	46	1.2%
	Child had contact with CP in the first 30 days of life	1,116	1.7%	473	1.0%	521	3.8%	122	3.2%
	Child was ever notified to CP by 5 years old	9,944	15.5%	4,924	10.6%	3924	28.6%	1096	28.6%
	Child ever experienced OOHC by 5 years old	569	0.9%	210	0.5%	250	1.8%	109	2.8%
	Total Child - Child Protection Contact	10,000	15.6%	4952	10.6%	3940	28.7%	1108	28.9%
Social & Perinatal Factors	Mother lived in the most disadvantaged area when child born	10,390	16.2%	6,286	13.5%	3237	23.6%	867	22.6%
	Child had low birth weight (<2499 grams)	4,125	6.4%	2,574	5.5%	1130	8.2%	421	11.0%
	Child was born pre-term (<37 weeks gestation)	5,179	8.1%	3,337	7.2%	1339	9.8%	503	13.1%
	Child was born to a young mother (<20 years old)	2,745	4.3%	1,457	3.1%	1054	7.7%	234	6.1%
	No parent in the workforce at the time of the child's birth	5,843	9.1%	2,851	6.1%	2384	17.4%	608	15.9%
	Child/parent was on the public housing waitlist at the time of their birth	2,035	3.2%	942	2.0%	873	6.4%	220	5.7%
	Child/parent was a public housing tenant at the time of their birth	2,104	3.3%	929	2.0%	915	6.7%	260	6.8%
	Mother had 2+ prior births at the time the child was born	5,270	8.2%	3,054	6.6%	1764	12.8%	452	11.8%
	Total Socio-economic Disadvantage	22,714	35.4%	14057	30.2%	6797	49.5%	1860	48.6%

Figure 8 shows what proportion of children experienced each early life disadvantage, according to what outcome they were classified into on the AEDC. For example, for children who were developmentally vulnerable on one or more AEDC domains - 4% had a parent who was imprisoned, 9% had a parent with AOD and/or MH, 23% with parental CP contact, 23% child health, 29% Child CP contact, and 49% social and perinatal factors.

Figure 8: The proportion of children who experienced early life disadvantage relative to developmental vulnerability on one or more domains of the AEDC



Key Message:

With respect to the populations who were not developmentally vulnerable, developmentally vulnerable, or classified as having medically diagnosed special needs:

- The prevalence of different types of disadvantage varied from less than 5% (parental incarceration) through to almost half the population (social & perinatal factors)
- The prevalence of experiences of disadvantage were generally higher for children who were developmentally vulnerable or who had medically diagnosed special needs, relative to children who were not developmentally vulnerable

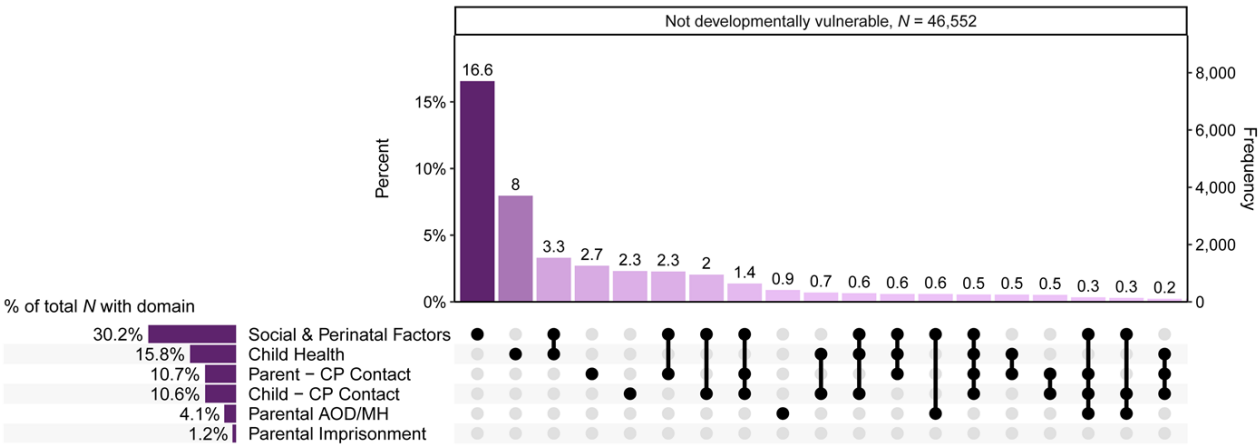
LOOKING BACK



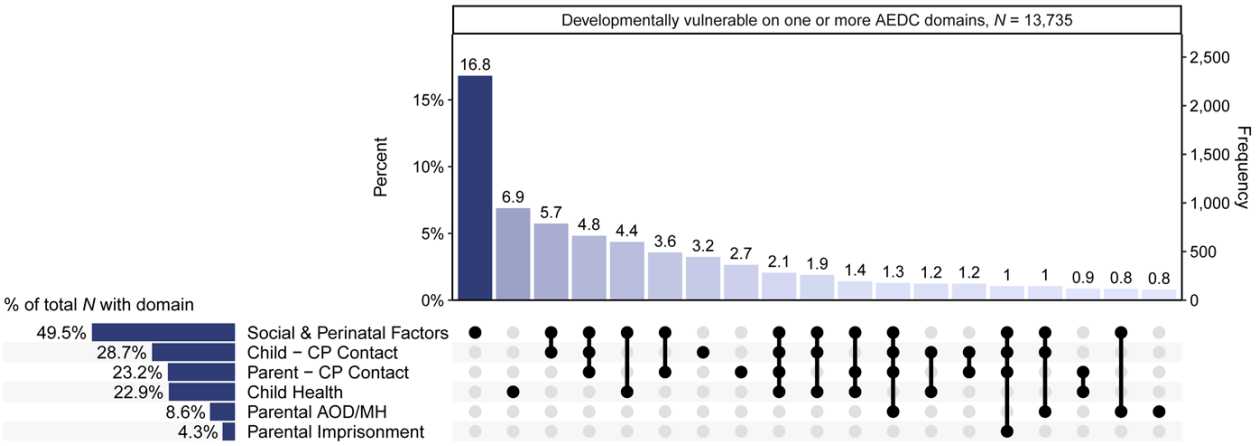
Looking back: Combinations of early life disadvantage according to developmental vulnerability on one or more AEDC domains

Figure 9 shows an upset plot of the prevalence of combinations of early life disadvantage indicators for children, within the population groups who were *not* developmentally vulnerable, and who were developmentally vulnerable on one or more AEDC domains.

Figure 9: Upset plot of the prevalence of combinations of early life disadvantage indicators for children who were not developmentally vulnerable and developmentally vulnerable on one or more AEDC domains



Not displayed: 52.7% (n = 24,533) children without any early life disadvantage indicators. Of those included (47.3% of the total pop), 94% (n = 20,676) of children with any disadvantage are displayed



Not displayed: 30.9% (n = 4,248) children without any early life disadvantage indicators. Of those included (69.1% of total pop) 89.4% (n = 8,484) of children with any disadvantage are displayed.

Key Message:

LOOKING BACK



- Social and perinatal factors were the most common type of disadvantage, regardless of developmental vulnerability (16.6% and 16.8%).
- 3.2% of children who were developmentally vulnerable one or more AEDC domains had a Child CP contact only disadvantage compared to 2.3% of children who were not developmentally vulnerable

KEY FINDINGS

Child protection contact (both for child and parents) and parental incarceration were consistently associated with children being identified as developmentally vulnerable on one or more AEDC domains at school entry.

KEY OPPORTUNITIES

Four in 10 children who had a child protection notification prior to their fifth birthday were classified as developmentally vulnerable on one or more AEDC domains. This cohort has been growing in size, from 1,700 in 2009 to over 3,000 children in the 2018 AEDC cycle. More targeted and intensive supports for this cohort may reduce the number and proportion of children classified as developmentally vulnerable.

Outcome 2: Multiple Strength Indicator

The Multiple Strength Indicator (MSI) uses a subset of questions within the AEDC to explore a child's development through a positive lens intended to complement the view presented by focusing on developmental vulnerability. The MSI focuses on social and emotional developmental strengths, including: self-control, pro-social skills, respectful behaviours, & curiosity about the world. The MSI classifies children in the lowest 25% as having emerging strengths, those between the 25th and 50th as well-developed strengths, and those with scores above the 50th percentile as having high strengths. As the MSI draws on items within the AEDC and classifies emerging strengths (scores less than the 25th percentile) in a similar manner to developmental vulnerability there is likely to be strong concordance between these constructs [15].

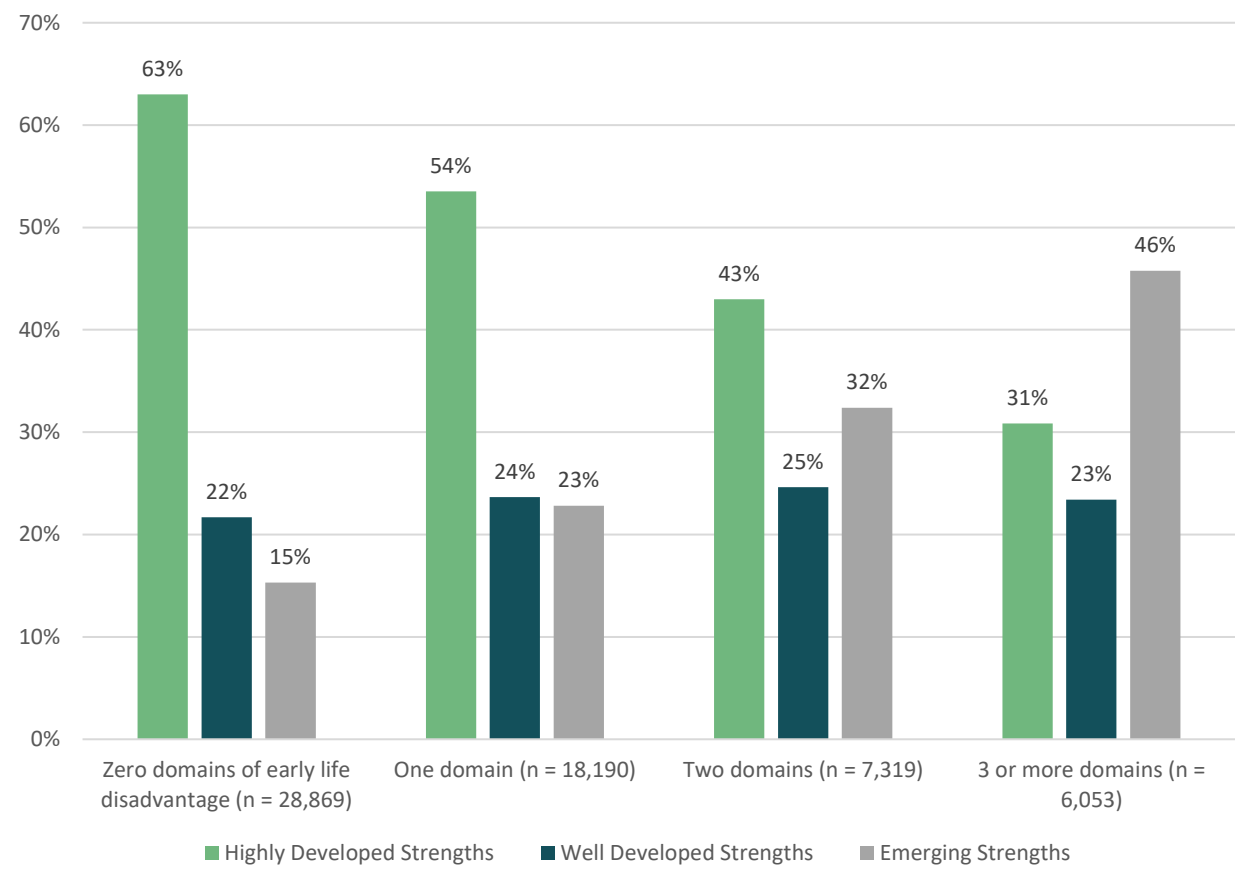
Children were classified into 3 groups as having:

1. **Emerging strengths** - Children may be meeting developmental expectations when they start school but they do not demonstrate a high number of strengths. Children in this category range from those with strengths in none of the 39 MSI items, to children with strengths in about half of the MSI items.
2. **Well developed strengths** - Children are showing strengths in 50-70% of the following skills: relating to peers and teachers, self-control, curiosity about the world, working independently, reading and writing simple words, communicating effectively with peers and teachers, and story-telling.
3. **Highly developed strengths** - Children have strengths in most of the 39 MSI items. These children are likely to be on track on all five AEDC domains, and show strengths across all AEDC domains.

Looking forward: Of children who experienced early life disadvantage, what proportion had highly developed, well developed or emerging strengths?

Figure 10 presents the proportion of children who were classified as highly developed, well developed or emerging strengths among those with no domains of early life disadvantage, one domain of disadvantage, two domains of disadvantage and 3 or more domains of disadvantage. For example, 28,869 children had no domains of early life disadvantage, of those children, 63% were classified as having highly developed strengths, 22% well developed strengths and 15% emerging strengths on the AEDC MSI.

Figure 10: The proportion of children who had highly developed, well developed or emerging strengths relative to number of domains of early life disadvantage



Key Message

- Nearly two-thirds of children with no indicators of early life disadvantage were classified as having highly developed strengths
- Almost half of children (46%) who experienced 3 or more domains of early life disadvantage were classified as having emerging strengths



LOOKING FORWARD

KEY FINDINGS

More than half (54%) of children who experienced 3 or more domains of early life disadvantage were classified as having well developed or highly developed strengths. This result suggests that despite experiencing disadvantage many children have well developed or highly developed strengths.

TAKEAWAY

Viewing child development through a strengths-based lens highlights the resilience of children's development even in the context of early life disadvantage.

Outcome 3: School Absenteeism

Absenteeism in the early years of schooling is a relatively under-researched area, with most research focused on absenteeism in adolescents [16, 17]. However, the limited research available suggests high rates of school absenteeism during early primary school years are linked to poor academic outcomes (literacy and numeracy) and a reduced sense of school belonging [18-22]. Research exploring the causes of school absenteeism in the early years found children who had experienced child protection contact [23] or DFV [24], and those experiencing socioeconomic disadvantage were at increased risk of chronic absenteeism [25, 26].

The measure of attendance / absenteeism employed for this project differs from the approach employed by the Australian Government Productivity Commission's Report on Government Services (RoGS) and the SA Department for Education. Both of these agencies analyse and report attendance rates by year level, using a formula which divides the number of possible school days for enrolled students (e.g. 100 students multiplied by 50 days in a term = 5,000) by the number of days actually attended (e.g. 4,500 days attended divided by 5,000 possible days = 90%). The most recent attendance rate reported (RoGS in 2023) for school children in years 1 to 6 at SA Government Schools was 89.5%. Whilst this attendance rate can be a useful measure for the purposes of reporting at the school or area level, it does not capture absences at the child level. In contrast, the method employed in this project allows for a nuanced understanding of the number and proportion of children who have entrenched issues with absenteeism and importantly, this created a view of the association between chronic absenteeism and early life disadvantage.

School absenteeism was measured using data provided by the Department for Education on absences from government schools which occurred between 2007 and 2022. For consistency and comparability, only children who were enrolled at a SA government school in reception, year 1 and year 2 were included in this analysis. Data for Terms 1 and 2 were available for the years spanning 2007 to 2014 and data for Terms 1, 2 & 3 were available between 2015 and 2020. Given the data were limited to 2 and 3 terms, respectively, we assume the findings are likely to underestimate the true rate of chronic absenteeism in a single term between reception and year 2.

The maximum number of days absent the child experienced in any term during reception, year 1 and year 2 was calculated and categorised into three groups – 0 to 9 days absent, 10 to 19 days absent and 20 or more days absent. A Department of Education policy document defines 10 or more absences as chronic non-attendance; however, due to the large proportion of children (37.9%) who fell in this category, a decision was taken to include the 20 or more days absent category to better capture entrenched patterns of non-attendance likely to be indicative of a poor school transition. The findings should be carefully considered, particularly in the context that it is likely to be an underestimate of the true rate of absenteeism, given the limitations of the data (i.e. only having data for some school terms).

Prevalence of absenteeism between reception and year 2

Among children who were born in SA and were enrolled at a SA Government School for reception, year 1 and year 2 a majority of children had 9 or less days (up to 2 weeks) recorded as absent in a single term (62.1%). However, more than 1 in 3 children reached the threshold for what the Department of Education defines as 'chronic non-attendance', being 10 or more days (2 or more weeks) absent in a single term (37.9%) and more than 1 in 10 children or 10.8% were recorded as having 20 or more days absent (4 or more weeks).

Table 5: Number and proportion of children by number of absences in a single term

Number of absences	n	%
0 to 2 weeks (0 to 9 days)	23,846	62.1%
2 weeks but less than 4 weeks (10 to 19 days)	10,407	27.1%
4 or more weeks (20 or more days)	4,167	10.8%
Total	38,420	100.0%

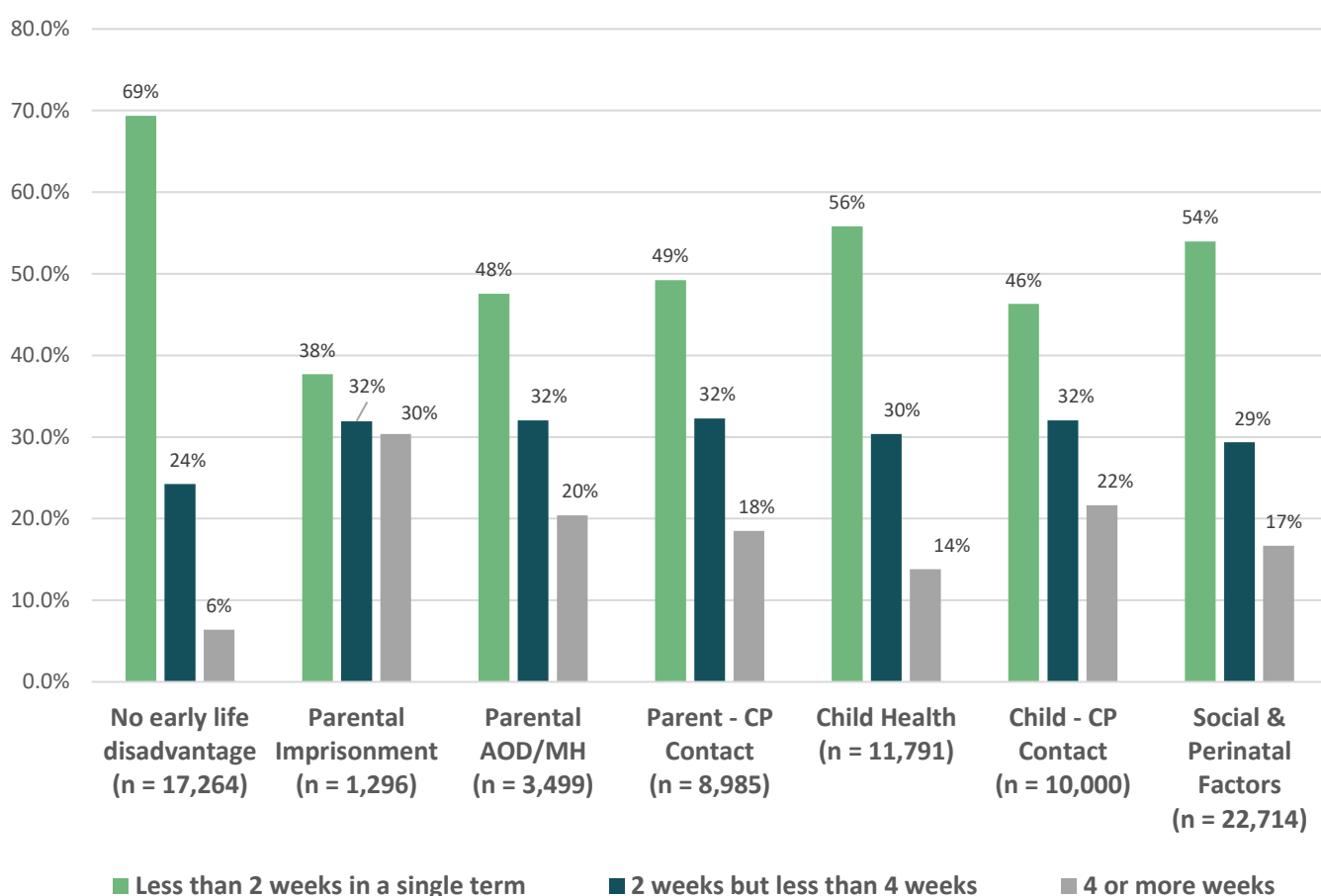
Key Message

Most children were absent for 9 or less days in a single term; however, 37.9% recorded 10 or more days absent, and more than 1 in 10 recorded 20 or more days absent in a single school term between reception and year 2.

Looking forward: Of children with early life disadvantage, what proportion were chronically absent from school?

Figure 11 shows the proportion of children with different patterns of absences recorded in a single term including- those absent for less than 2 weeks, those absent for between 2 and less than 4 weeks, and those absent for 4 or more weeks, according to different domains of early life disadvantage. For example, for children who had no early life domains of disadvantage, 69% were absent for less than 2 weeks, 24% were absent for more than 2 weeks (but less than 4 weeks), and 6% recorded 4 or more weeks absent. In contrast, of children whose parents experienced incarceration, almost one-third (30%) recorded 4 or more weeks absent in a single term.

Figure 11: Number of days absent in a single term between reception and year 2, by type of early life disadvantage



Key Message

- Children who experienced early life disadvantage were more likely to experience chronic absenteeism between reception and year 2, relative to children who had no indicators of early life disadvantage.
- Chronic absenteeism was most common for children who had experienced parental incarceration (30%) and for children who had child protection contact (22%)

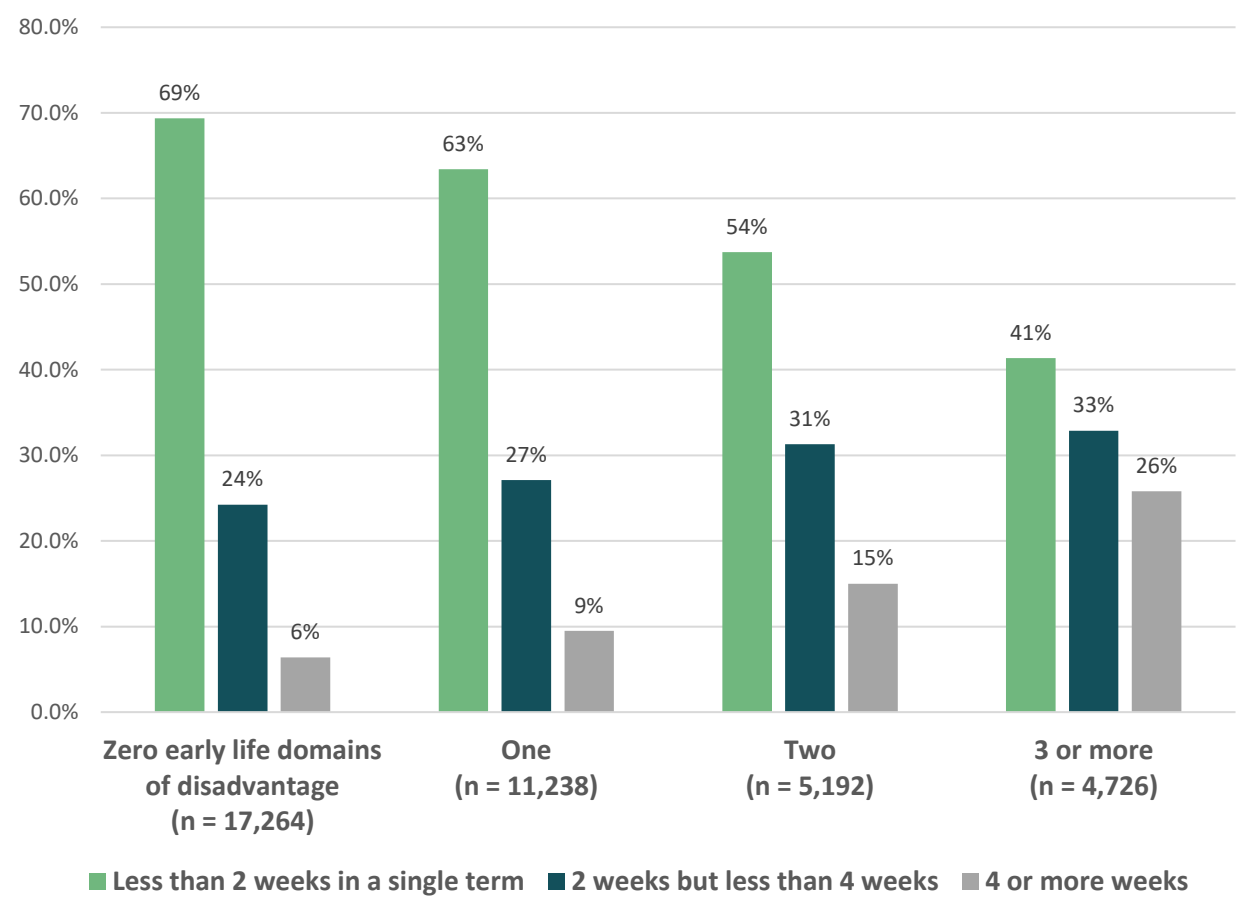


LOOKING FORWARD

Looking forward: Of children who experienced multiple domains of disadvantage, what proportion were chronically absent from school?

Figure 12 presents the proportion of children absent according to the number of domains of early life disadvantage. For example, 17,264 children had no domains of early life disadvantage, of those children, 69% were absent for less than 2 weeks in a single term, 24% were absent for more than 2 weeks but less than 4 weeks, and 6% were absent for 4 or more weeks.

Figure 12: Numbers of absences by number of early life domains of disadvantage



Key Message

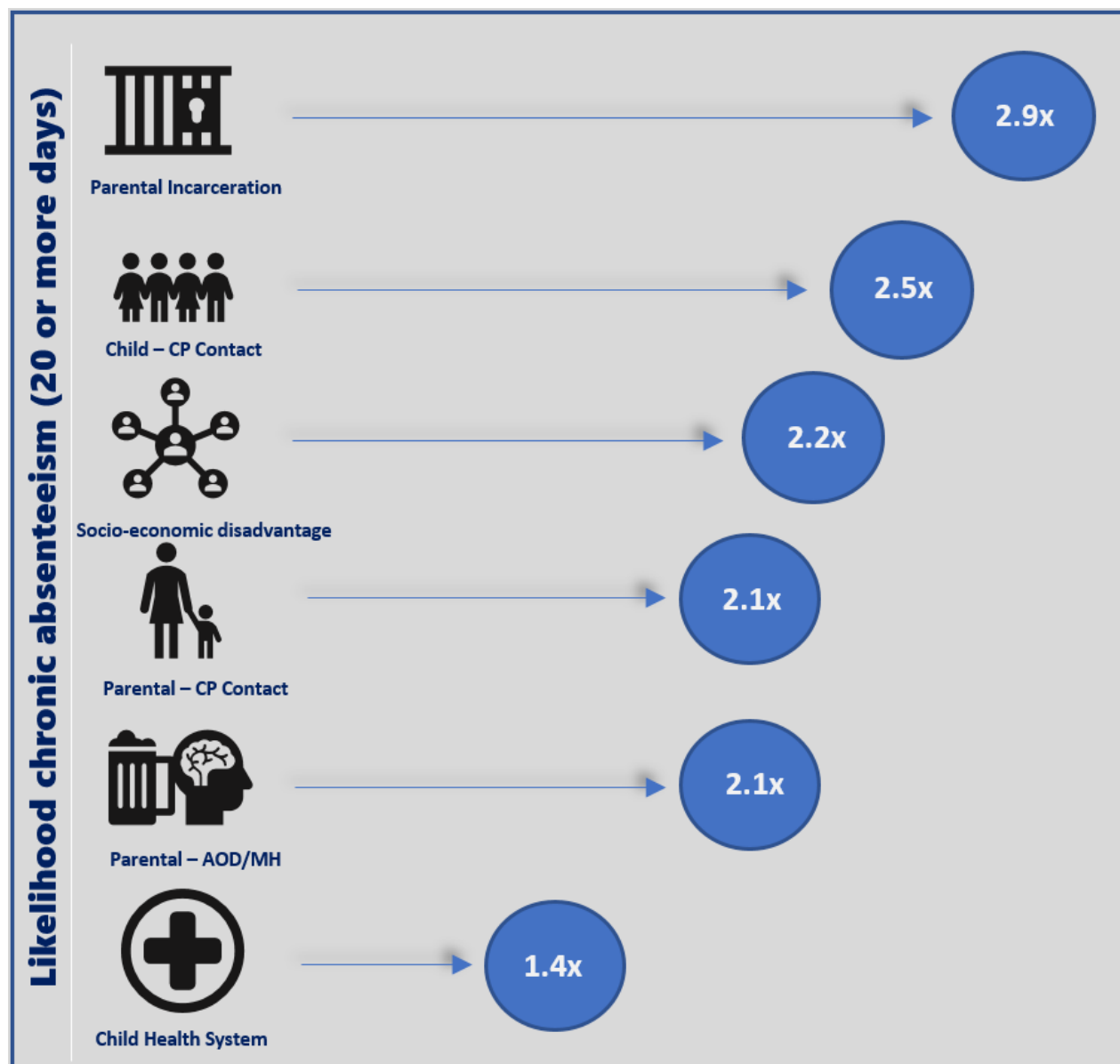
Absenteeism appeared to increase as experiences of early disadvantage increased, with more than 1 in 4 children who experienced 3 or more domains of disadvantage being classified as chronically absent (4+ weeks absent in a single term between reception and year 2).



Looking forward: Relative risk of chronic school absenteeism by early life disadvantage

Figure 13 shows the relative risk of chronic absenteeism in the early years of school for each early life disadvantage domain.

Figure 13: Relative risk ratios of chronic absenteeism by early life domain of disadvantage (excludes medically diagnosed special needs)



Key Message



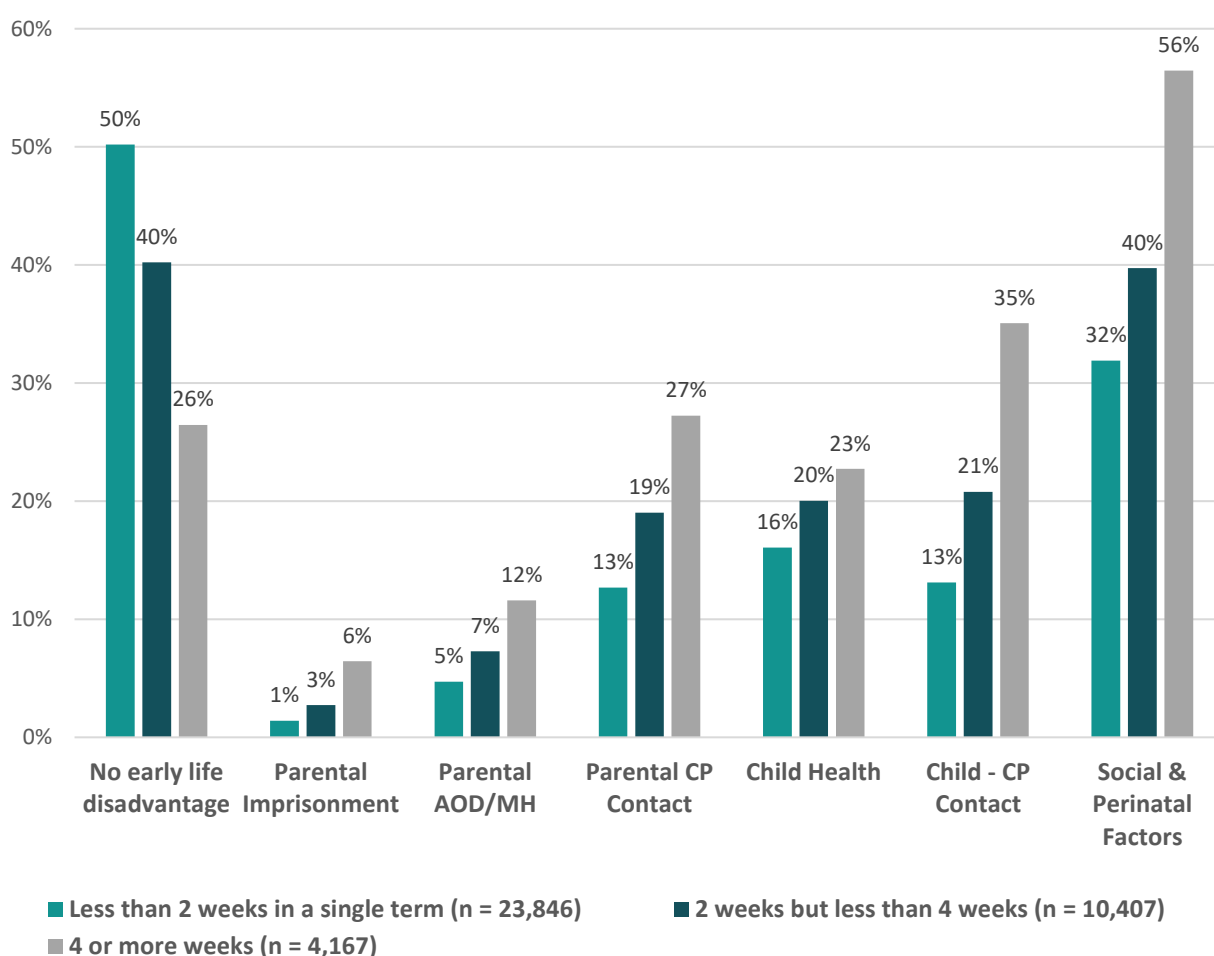
LOOKING FORWARD

Children who experienced parental incarceration (2.9 times) and child protection contact (2.5 times) had the highest increased risk of experiencing chronic absenteeism (>4 weeks absent in a single term from reception to year 2).

Looking back: Of children who were chronically absent, what proportion experienced early life disadvantage?

The prevalence of early life disadvantage within each cohort of absenteeism is presented in Figure 14. For example, we can see that of children who recorded <2 weeks absent in a single term, 1.4% had experienced parental incarceration compared to 6.5% of children who had 4 or more weeks absent. Similarly, of children who were absent for 4 or more weeks the proportion who had contact with child protection (35%) was much higher than children who were absent for <2 weeks (13%). Overall, the prevalence of early life disadvantage was consistently higher amongst children who were recorded as absent for 4 or more weeks, relative to those who had lower levels of absences recorded.

Figure 14: Proportion of children who experienced early life disadvantage by number of absences (n = 38,420)



Key Message

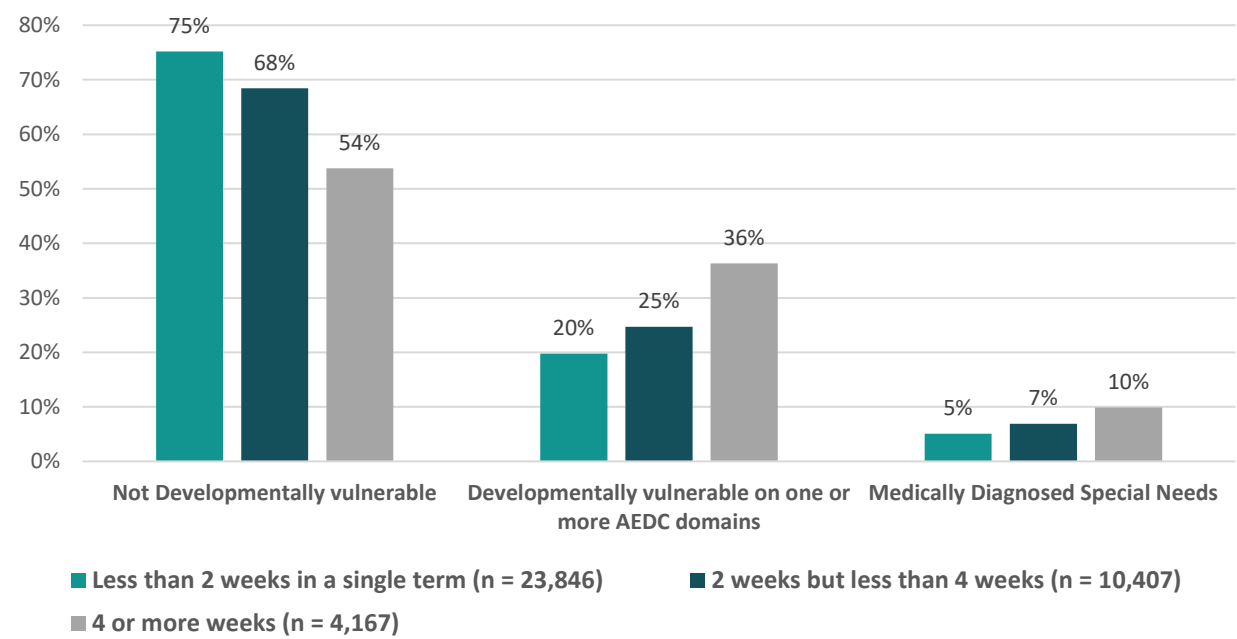
- Children who recorded more weeks of absenteeism in a single term in Reception, Year 1 or Year 2 had experienced higher rates of early life disadvantage
- More than half (56%) of children who experienced social & perinatal factors were absent for 4 or more weeks in a single term
- Of children who recorded 4 or more weeks absent 26% had no experience of early life disadvantage

LOOKING BACK

Looking back: Of children who were chronically absent, what proportion were developmentally vulnerable on one or more AEDC domains?

Absenteeism appeared to differ by AEDC outcome, with three quarters, or 75% of children who had <2 weeks absent in a single term classified as not developmentally vulnerable, compared to 54% of children who were absent for 4 or more weeks in a single term. Children with medically diagnosed special needs appeared to have similar patterns of absenteeism to children who were classified as developmentally vulnerable.

Figure 15: AEDC outcome by number of absences



Key Message

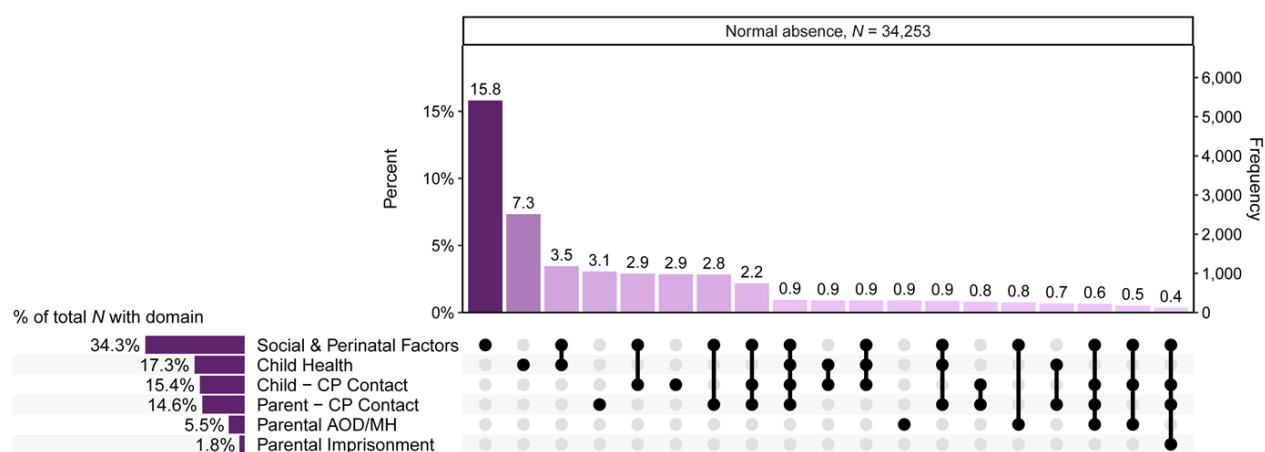
LOOKING BACK

Nearly half (36% + 10%) of children who were absent for 4+ weeks in a single term were identified as developmentally vulnerable or with medically diagnosed special needs, compared to 25% of children who were absent for less than 2 weeks in a single term.

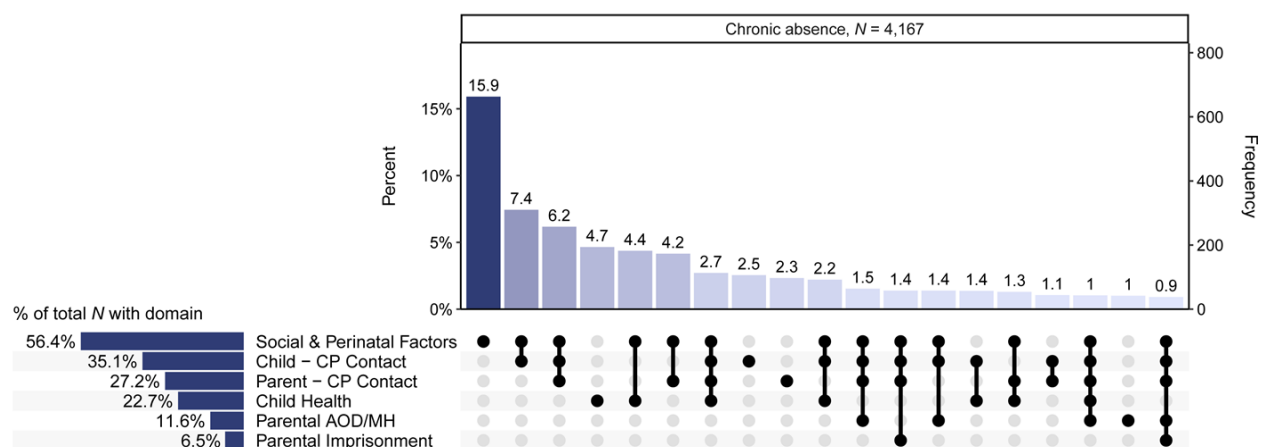
Looking back: Of children who were chronically absent, what were the combinations of disadvantage experienced in early life?

Figure 16 shows an upset plot of the prevalence of combinations of early life disadvantage indicators for children who were absent for <4 weeks, compared to those who were chronically absent (4+ weeks in a single term from reception to year 2). Example interpretation – among children with chronic absenteeism (the bottom plot), the most common presentation of disadvantage was of social and perinatal factors (15.9%), the second most common was the combination of social and perinatal factors, with child protection contact (7.4%), and the third most common was the experience of social and perinatal factors, child protection contact, and parental child protection contact (6.2%).

Figure 16: Upset plot of the prevalence of combinations of early life disadvantage indicators for children who were absent from school



Not displayed: 52.7% (n = 24,533) children without any early life disadvantage indicators. Of those included (47.3% of the total pop), 94% (n = 20,676) of children with any disadvantage are displayed



Not displayed: 30.9% (n = 4,248) children without any early life disadvantage indicators. Of those included (69.1% of total pop) 89.4% (n = 8,484) of children with any disadvantage are displayed.

Key Message:

LOOKING BACK



- Among children with chronic absenteeism, 7.4% experienced the combination of social and perinatal and child protection contact, while 6.2% experienced these two forms of disadvantage as well as parental child protection contact.
- Social and perinatal factors were the most consistent form of disadvantage across all combinations regardless of absenteeism outcome.

Outcome 4: School Behavioural Incidents in reception to year 2

Similar to school absenteeism, the research on behavioural incidents at school (i.e. suspension, exclusion) tends to focus on older children [27]. The evidence which is available suggests there is a link between suspension from school and child protection contact, male gender, and the presence of aggressive behaviours (a sub-domain on the AEDC emotional maturity domain) [28], with another study finding a link to a child's prior exposure to DFV [24]. Studies have also linked suspension / exclusion to poorer academic outcomes [29], increased risk of youth justice system contact [30], and poorer health outcomes [31].

School behavioural incidents were measured using data provided by the Department for Education on behavioural incidents in government schools which occurred between 2007 and 2022. Consistent and comparable data were only available for one term per school year so are likely to significantly underestimate the true rate at which children are reported for a behavioural incident in reception, year 1 and year 2; with the available data only representing 3 out of 12 school terms. Given the relatively low prevalence of behavioural incidents for children in their early years of schooling, all incidents were included in the count, rather than being separated into different types of incident (e.g. take home, suspension, exclusion).

In this cohort of children enrolled at SA government schools, the overwhelming majority (97.8%) had not recorded a behavioural incident in their first 3 years of schooling. However, about 1 in 45 children (2.2%) recorded at least one incident between reception and year 2, and a small proportion of children recorded 3 or more (0.6%).

Table 6: Number and proportion of children with a behavioural incident by Year 2

Number of behavioural incidents	n	%
None	37,589	97.8%
1 or 2	612	1.6%
3 or more	243	0.6%
Total	38,444	100.0%

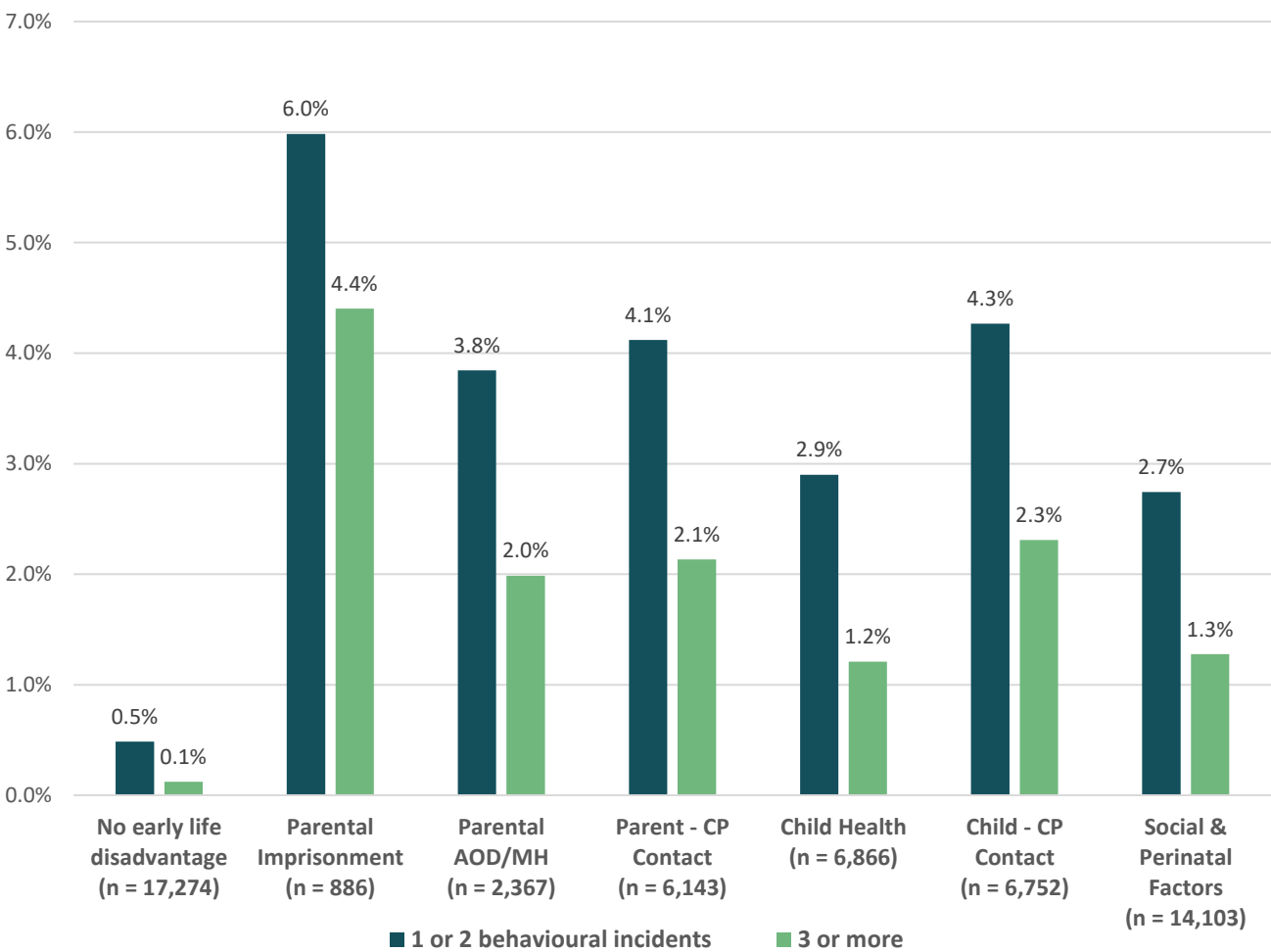
Key Message

Overall, behavioural incidents were relatively uncommon with only 2.2% (n = 855) of children who attended a SA Government school in Reception, Year 1 and Year 2 recording any behavioural incident.

Looking forward: Of children who experienced early life disadvantage, what proportion had any behavioural incidents in school?

Figure 17 shows the proportion of children with early life disadvantage by number of behavioural incidents². For example, for children who had no early life disadvantage, 0.5% recorded 1 or 2 behavioural incidents, while 0.1% recorded 3 or more behavioural incidents. In contrast, of children whose parents experienced incarceration, 6% recorded 1 or 2 behavioural incidents, and a further 4.4% recorded 3 or more, meaning that more than 1 in 10 (10.4%) of these children had at least one behavioural incident recorded.

Figure 17: Prevalence of behavioural incidents by type of early life disadvantage



Key Message

Whilst behavioural incidents were not common, rates were elevated amongst children who experienced any form of early life disadvantage when compared to children who did not

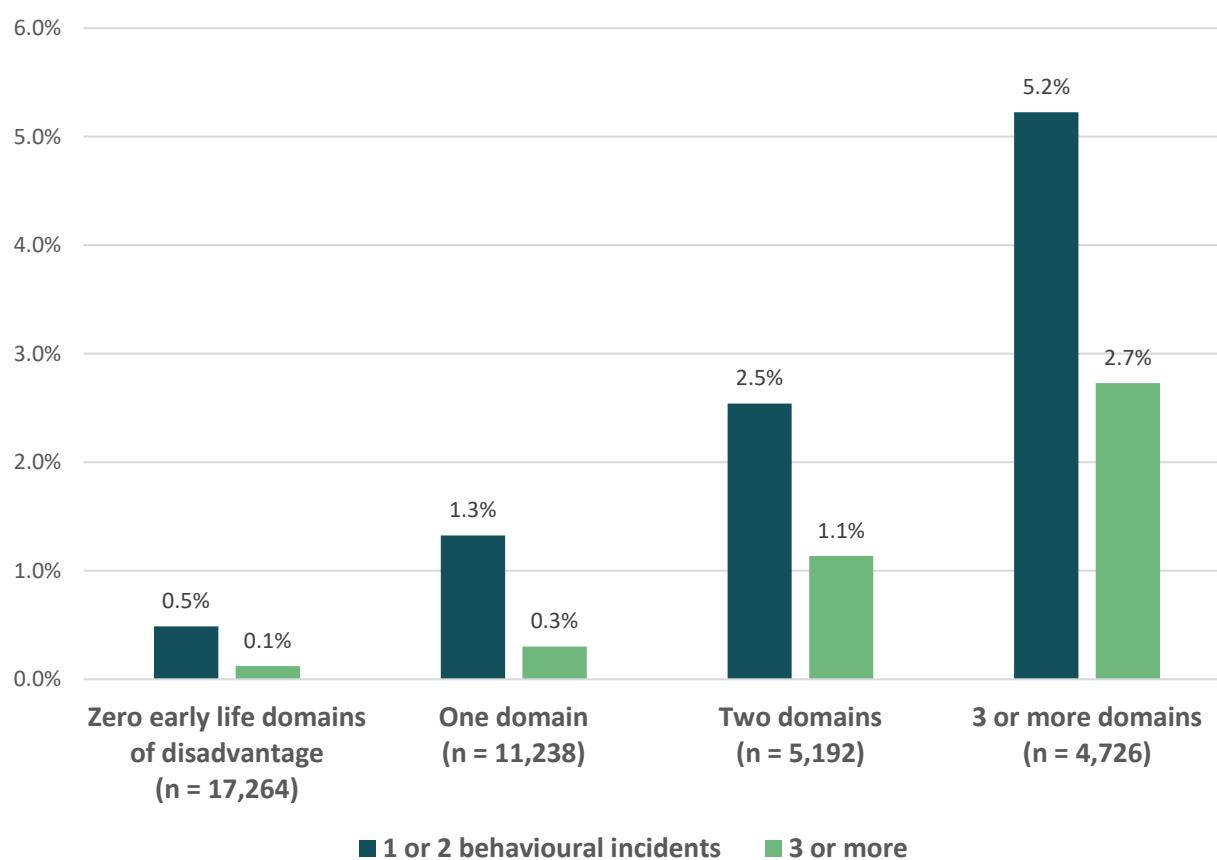


² Given the relative rarity of the incidence of behavioural incidents, Figures 17 & 17 omit a column / bar for children who did not record a behavioural incident to aid interpretation.

Looking forward: Of children who experienced multiple domains of disadvantage, what proportion also experienced behavioural incidents in school?

Figure 18 shows the proportion of children by number of behavioural incidents, including those with 1 or 2, or 3 or more by the number of domains of early life disadvantage. For example, for children who had one early life domains of disadvantage, 1.3% recorded 1 or 2 behavioural incidents, and 0.3% recorded 3 or more. In contrast, of children who experienced 3 or more early life domains of disadvantage, 5.2% recorded 1 or 2 behavioural incidents and a further 2.7% recorded 3 or more.

Figure 18: Number of behavioural incidents by number of early life domains of disadvantage



Key Message

- Whilst remaining low overall, the proportion of children who recorded a behavioural incident was higher among children who had experienced more domains of early life disadvantage
- Of children with 3 or more domains of early life disadvantage, 5.2% or 1 in 20 children who experienced 1 or 2 behavioural incidents and 2.7% or 1 in 37 children experienced 3 or more behavioural incidents.

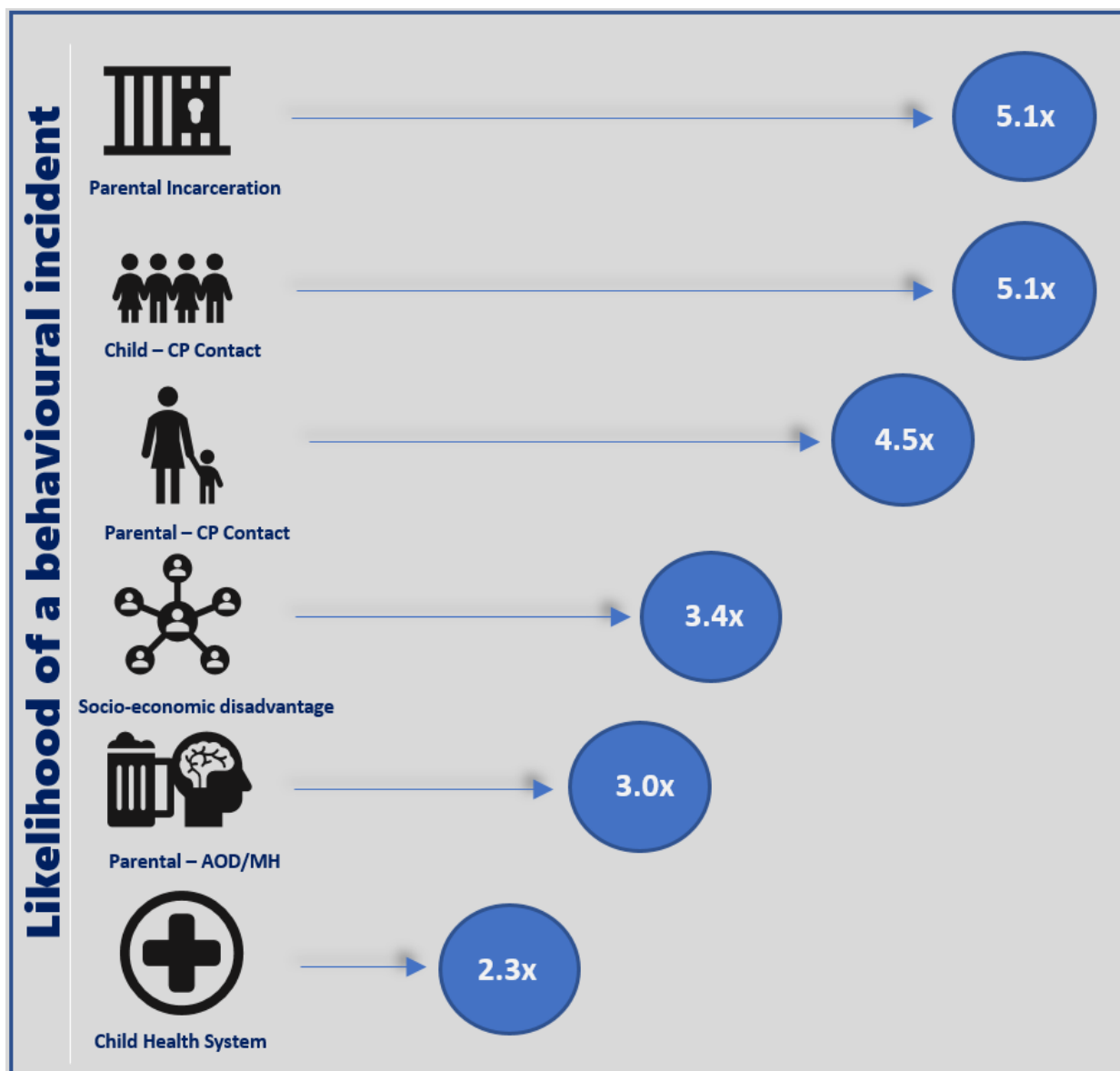


LOOKING FORWARD

Looking forward: Relative risk of behavioural incidents by early life disadvantage

Figure 19 shows the relative risk of behavioural incidents occurring in the early years of school for each early life disadvantage domain.

Figure 19: Relative risk ratios of behavioural incidents by early life domain of disadvantage



Key Message



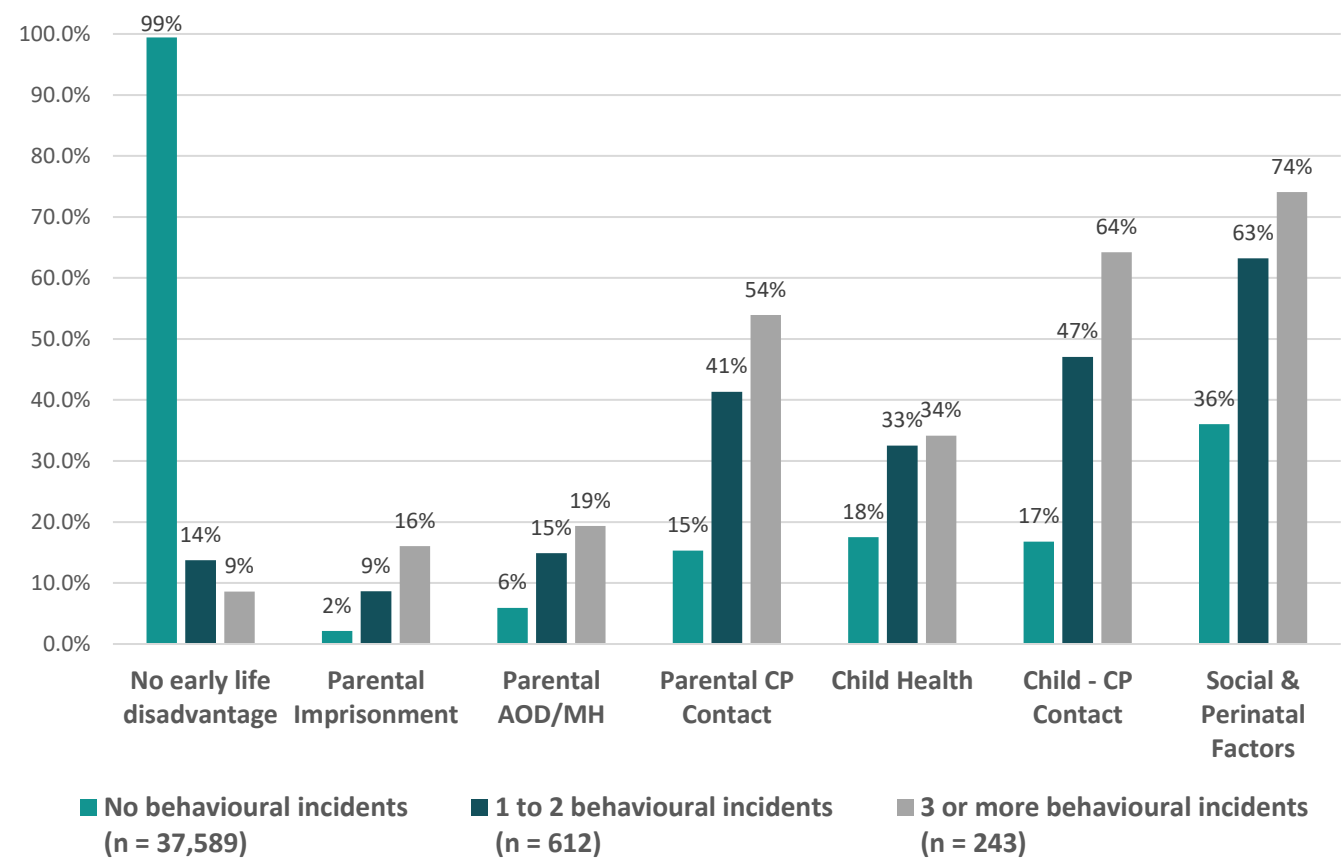
LOOKING FORWARD

- Child who experienced parental incarceration (5.1 times), child protection contact (5.1 times) or whose parents had experienced their own child protection contact (4.5 times) had the highest increased risk of at least one behavioural incidence in reception, year 1 or year 2.

Looking back: Of children who experience behavioural incidents at school - what proportion experienced early life disadvantage?

Figure 20 shows the experience of early life disadvantage, according to later life behavioural incidents in school. For example, of children who recorded 3 or more behavioural incidents, 16% had experienced parental incarceration, a rate 8 times higher than that of children without a behavioural incident. Nearly 2 in 3 children who recorded 3 or more behavioural incidents also experienced child protection contact (64%), which was 3.8 times higher than children with no behavioural incidents (17%).

Figure 20: Proportion of children who experienced early life disadvantage by number of behavioural incidents



Key Message

LOOKING BACK

- Children who experienced 3 or more behavioural incidents in reception, Year 1 or Year 2 had a higher prevalence of early life disadvantage across a number of domains, with over 7 in 10 (74%) experiencing social and perinatal factors, over 6 in 10 (64%) having their own child protection contact, and over half (54%) having parental child protection contact.

KEY FINDINGS

Overall, only 2.2% of young school children (aged 5 to 7) had a behavioural incident recorded. However, the children who did have any behavioural incidents from reception to year 2, were more likely to have experienced forms of early life disadvantage, in particular parental incarceration (5.1 times more likely) and child protection contact (5.1 times).

KEY OPPORTUNITES

Whilst there are relatively few children experiencing behavioural incidents, the proportion has grown from 1.5% (n = 123) in the 2009 AEDC to 2.6% (n = 283) in the 2018 AEDC cycle. Just over 1 in 4 of these children (27.2%; n = 233) had 3 or more incidents recorded, and of those about half (13.6%; n = 116) had 5 or more incidents. Understanding that children who recorded a behavioural incident at such a young age have backgrounds of early life disadvantage may inform the approach to supporting these children and families.

Outcome 5: Wellbeing & Engagement Collection

The Wellbeing and Engagement Collection (WEC), is an adapted version of a Canadian survey of school students called the Middle Development Instrument (MDI) and was launched in 2014 by the SA Department of Education. The WEC is conducted on annual basis and, following a staggered rollout starting with older children, the survey is now administered to students in Year 4 to Year 12. In 2023 there were more than 105,000 students who completed the WEC.

School Belonging and Readiness measured by the Wellbeing & Engagement Collection [32]

Students having a sense of school belonging and readiness has been described as a critical element of the school transition process and is strongly linked to academic motivation and performance [2, 13, 33-36]. Most importantly, compared to the other outcomes focused on the quality of school transition - a child's own perception of their sense of belonging to a school is a more direct indicator of a child's experience [4].

Four items from the WEC were selected as being representative of a sense of school belonging and readiness for this study: school belonging, school connectedness, peer belonging and academic self-concept.

Emotional Wellbeing measured by the Wellbeing & Engagement Collection [32]

Emotional wellbeing and more generally, emotional maturity have been linked to academic performance. Emotion regulation, emotional knowledge, demonstration of emotions in a prosocial manner, appropriate emotional connections and emotional readiness for school have all been identified as mediators of academic performance at various stages of the schooling and education journey, including into early adulthood [37-41]. Accordingly, we have included a measure of emotional wellbeing in this study.

A recent Australian study [14] compared AEDC outcomes to results from the WEC for Year 4 students on four items – life satisfaction, optimism, sadness and worries – and developmental vulnerability on one or more AEDC domains was associated with poorer outcomes all four constructs. This study uses 3 of those 4 variables, substituting life satisfaction for happiness which was regarded as a simpler construct for year 4 children to understand³.

Study population

Given the timing of the AEDC and the availability of WEC data, the population for this part of the study was almost exclusively children who underwent the AEDC in 2015 and completed the WEC in the 2019 calendar year when they were in Year 4. Thus, the population for this study represented just under half (n = 6,507; 48.3%) of the total cohort of children who completed the WEC in year 4 in 2019 (n = 13,472)[42].

³ The study cited here was conducted with year 6 students.

The main reasons for the much smaller cohort was that not all children were enrolled at a SA Government school for all 5 years, the WEC was not undertaken before 2015, the WEC was not undertaken at all schools, and whilst some students had a WEC in a later year, the cohort was limited to WEC's undertaken in Grade 4 only to ensure consistency and comparability. A comparison of item-level outcomes for the broader 2019 WEC Year 4 cohort and the sub-population used in this study found that results were very consistent, with percentages differing by no more than 1 percentage point on any item.

Prevalence of high, medium and low wellbeing by WEC sub-domain

Table 4 below illustrates the proportion of children who had high, medium or low wellbeing across the 8 WEC sub-domains analysed in this study. Of children who completed the WEC and had valid responses for all eight items (n = 4,976), a majority had medium or high wellbeing on all items (65.8%; n = 2,967 – data not shown).

Table 7: Frequency and Proportion of WEC Item Scores⁴

WEC Sub-domain	High Wellbeing		Medium Wellbeing		Low Wellbeing	
	N	%	N	%	N	%
Optimism	4,108	63.3%	1,643	25.9%	689	10.9%
Happiness	4,170	64.8%	1,807	28.1%	462	7.2%
Sadness	3,918	60.2%	1,804	27.7%	785	12.1%
Worries	3,184	49.2%	1,922	29.7%	1,368	14.7%
School belonging	3,975	64.7%	1,369	22.3%	803	13.1%
Peer belonging	3,935	61.7%	1,678	26.3%	766	12.0%
Connectedness to adults at school	4,726	69.5%	1,496	24.3%	384	6.2%
Academic self-concept	4,651	74.5%	1,201	19.2%	388	6.1%

Key Message

Overall, most children had medium or high wellbeing across all items measured, with the highest rates being observed for academic self-concept (93.9%) and connectedness to adults at school (93.8%) and the lowest rates for worries (85.3%) and school belonging (86.9%).

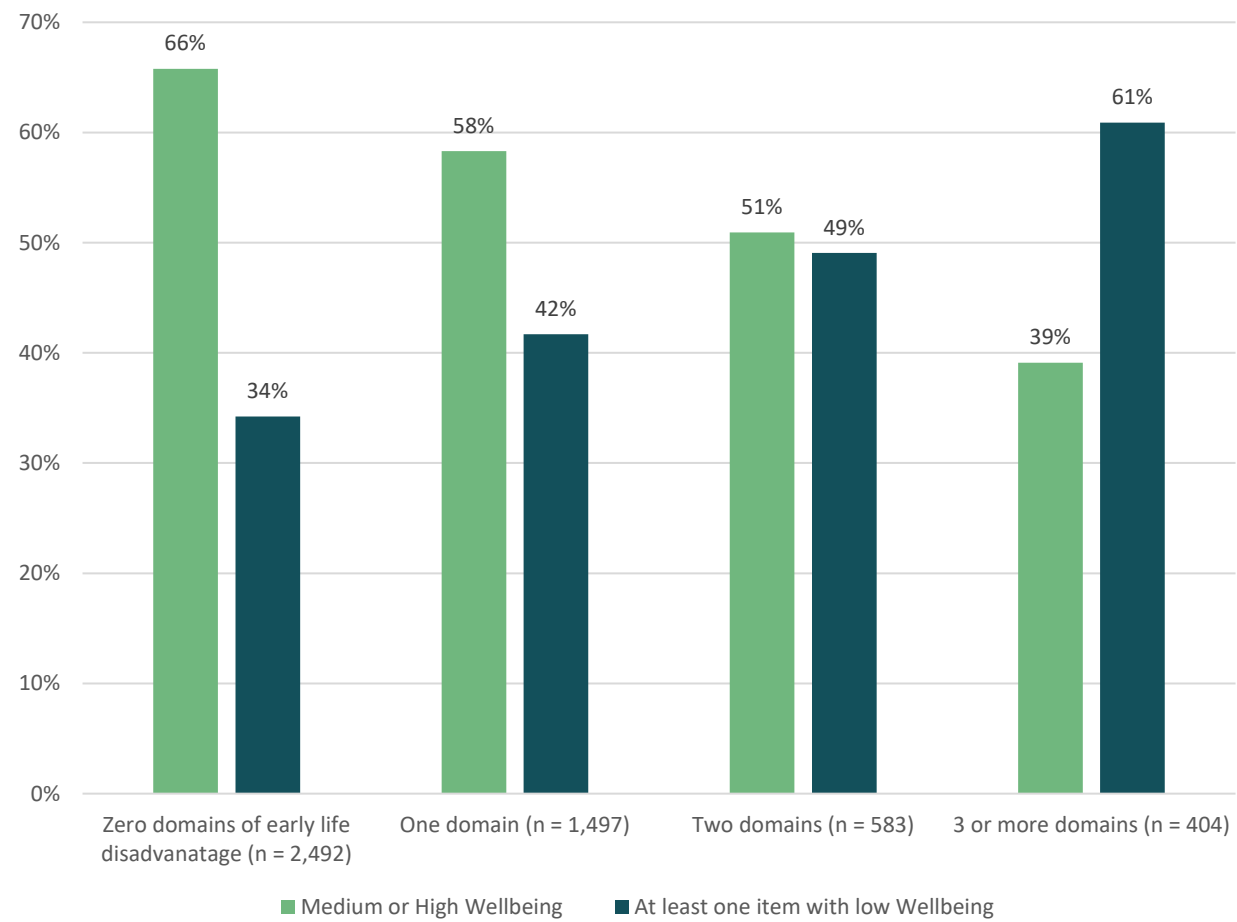
⁴ The overall N was slightly different for each item due to small numbers of children with missing responses on their WEC.

Looking forward: Of children who experienced multiple domains of early life disadvantage, what proportion had high/medium or low wellbeing?

A more detailed look at how WEC scores differ by the number of experiences of early life disadvantage and school transition outcomes can be observed in Figure 21 and

Figure 22. Children who experienced fewer types of early life disadvantage self-reported better wellbeing than children, with this pattern evident across all eight WEC items.

Figure 21: WEC wellbeing by number of domains of early life disadvantage

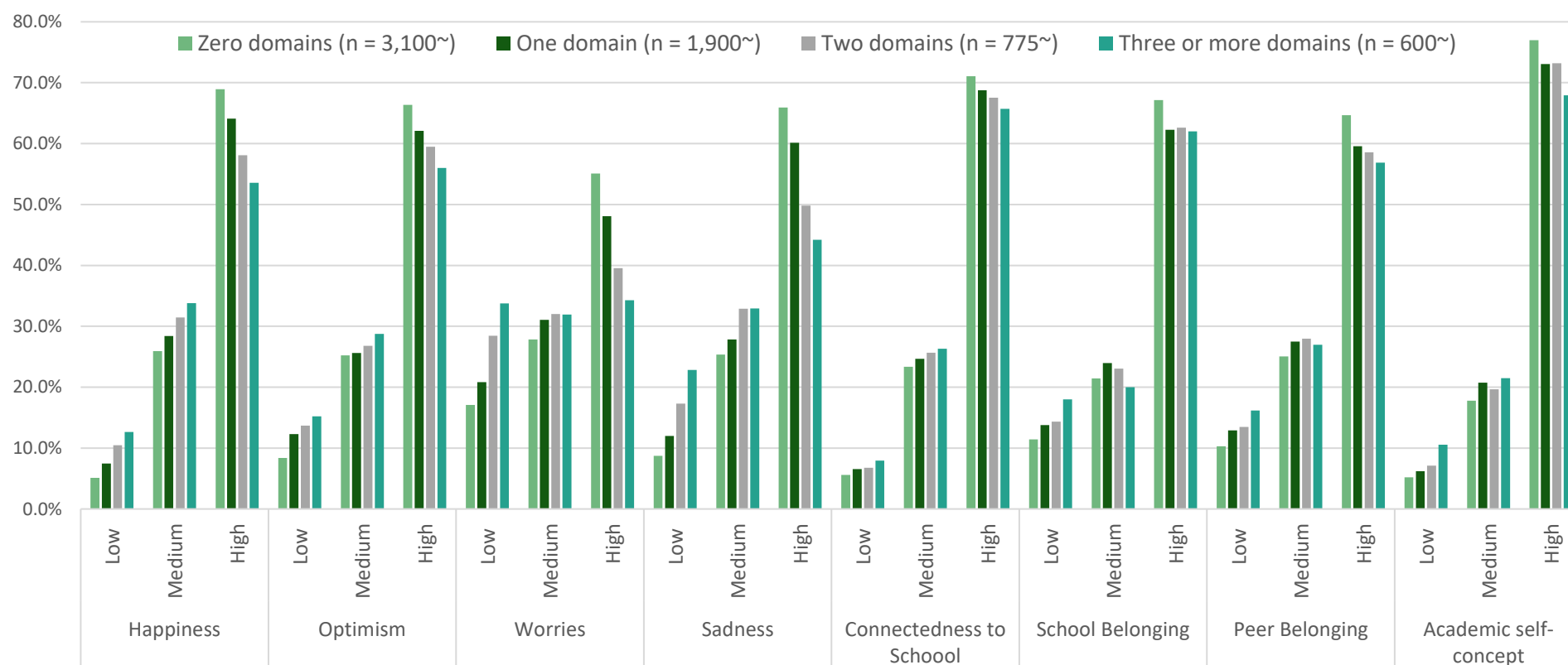


Key Message

Children who had medium or high wellbeing on all eight WEC items generally had experienced fewer domains of early life disadvantage than children who had low wellbeing on at least one WEC item



Figure 22: WEC outcomes by experiences of early life disadvantage^



^ Cohort sizes per WEC item differ slightly so an approximate N has been provided for simplicity

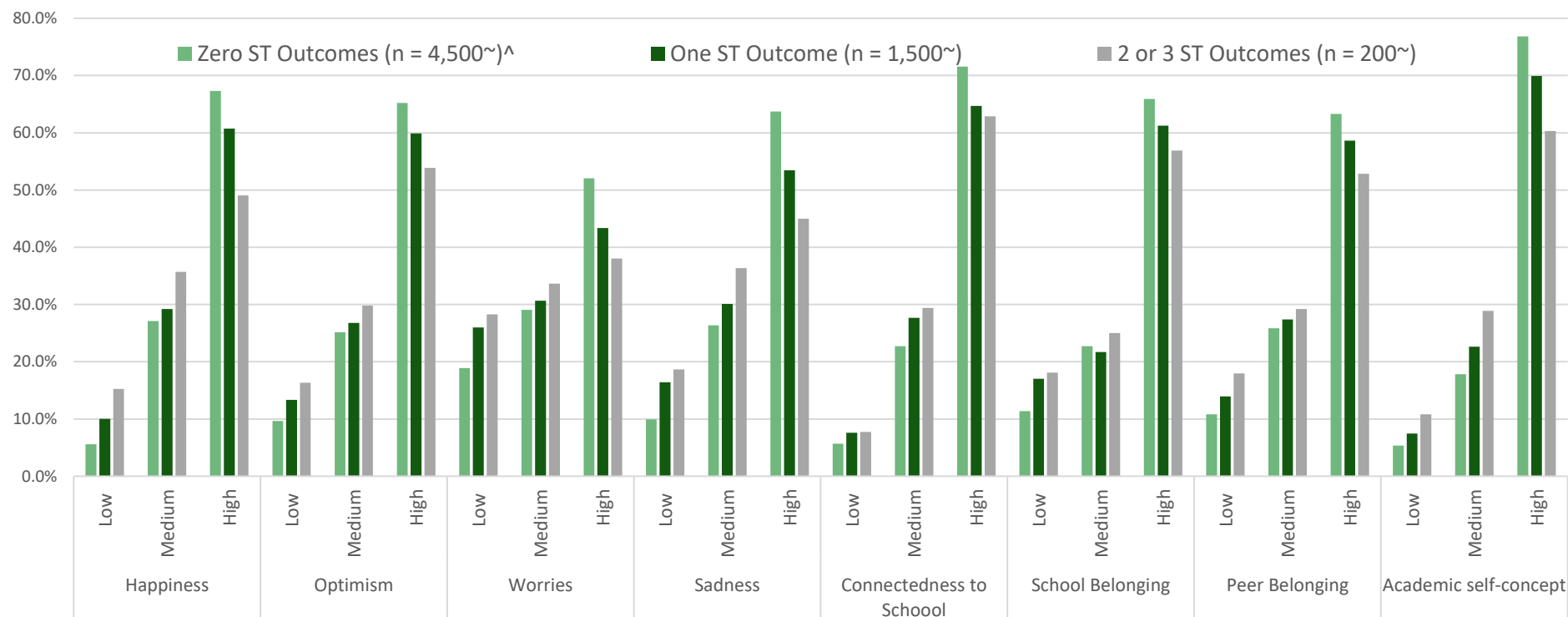
Key Message



Children who experienced zero domains of disadvantage had better self-reported wellbeing scores on the WEC, with this pattern more evident for items relating emotional wellbeing compared to school belonging.

A similar pattern emerged for school transition outcomes – children who experienced fewer adverse school transition outcomes self-reported better emotional wellbeing and school belonging in Year 4 (see Figure 23).

Figure 23: WEC outcomes by number of adverse school transition outcomes



* ST Outcome = developmentally vulnerable on one or more AEDC domains, Chronically absent (4 or more weeks in a single term), or a behavioural incident by Year 2.

^ Cohort sizes per WEC item differ slightly so an approximate N has been provided for simplicity

Key Message

Children who had zero adverse school transition outcomes had better self-reported wellbeing on WEC items relating to emotional wellbeing and school belonging compared to children who recorded one or more ST outcome.



LOOKING FORWARD

Aboriginal and Torres Strait Islander Children

The following analyses were requested and discussed extensively with members of the Project Advisory Group. These analyses focussed specifically on the experiences of Aboriginal and Torres Strait Islander children, giving a more detailed view of the specific types of early life disadvantage and school transition outcomes which are most pertinent.

Table 8 presents the proportion of Aboriginal and Torres Strait Islander children who experienced each early life domain of disadvantage, including by whether they were classified as developmentally vulnerable, not developmentally vulnerable or with medically diagnosed special needs on the AEDC. More than 9 out of 10 of Aboriginal and Torres Strait Islander Children experienced at least one experience of early life disadvantage. For example, for Aboriginal and Torres Strait Islander children who were classified as developmentally vulnerable almost half (48.6%) had a parent who had experienced child protection contact and that, by age 5 over two-thirds (67.5%) had experienced child protection contact themselves.

Table 8: Early life disadvantage experienced by Aboriginal and Torres Strait Islander children

Early Life Domain of Disadvantage*	Aboriginal and Torres Strait Islander children (N = 2,747)		Not Developmentally Vulnerable (n = 1,321)		Developmentally Vulnerable (n = 1,143)		Special Needs (n = 283)	
	n	%	n	%	n	%	n	%
Parental Justice System contact	384	14.0%	138	10.4%	202	17.7%	44	15.5%
Parental AOD/MH Health system contact	459	16.7%	189	14.3%	211	18.5%	59	20.8%
Parental Child Protection contact	1,270	46.2%	572	43.3%	556	48.6%	142	50.2%
Child Health System contact	755	27.5%	324	24.5%	318	27.8%	113	39.9%
Child – Child Protection contact by age 5	1,542	56.1%	580	43.9%	772	67.5%	190	67.1%
Social & Perinatal Factors	2,150	78.3%	932	70.6%	984	86.1%	234	82.7%
Zero domains of early life disadvantage	259	9.4%	178	13.5%	54	4.7%	18	6.4%

Key Message

- The most common experience of disadvantage was social and perinatal factors (78.3%), followed by contact with the child protection system (56.1%) and parental history of child protection contact (46.2%).
- Aboriginal and Torres Strait Islander Children who were classified as developmentally vulnerable were more likely to experience early life disadvantage than those who were not developmentally vulnerable.

Table 9 presents the proportion of Aboriginal and Torres Strait Islander children who experienced each type of adverse school transition outcome, including developmental vulnerability, chronic absenteeism and behavioural incidents by Grade 2. Overall, 60% of Aboriginal and Torres Strait Islander children experienced at least one adverse school transition outcome, with the most common being developmental vulnerability (41.6%), followed by chronic absenteeism (32.6%) and behavioural incidents (6.9%).

Table 9: Proportion of Aboriginal and Torres Strait Islander children by School Transition Outcomes

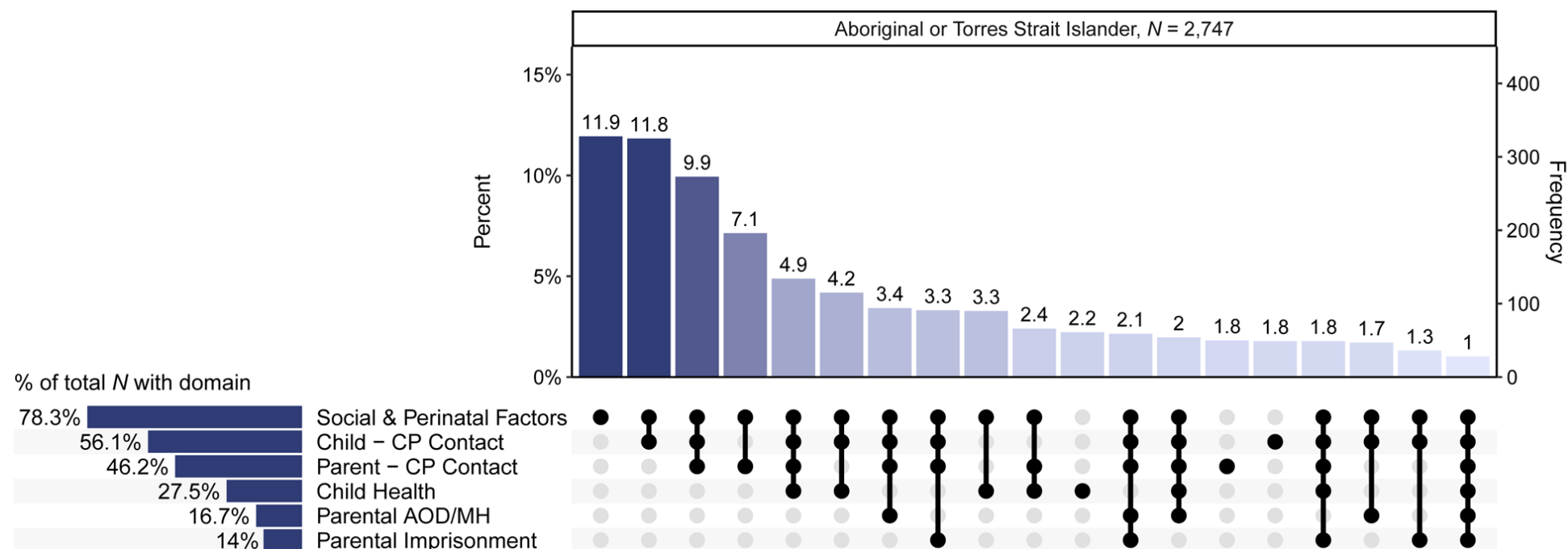
Outcome	At least one adverse School Transition Outcome (n = 1,768)	Developmentally vulnerable (n = 2,747)	Chronic Absenteeism (n = 1,964)	Behavioural Incident by Grade 2 (n = 1,964)
Yes	60.0%	41.6%	32.6%	6.9%
No	40.0%	58.4%	67.4%	93.1%

Key Message

Three out of 5 (60%) Aboriginal and Torres Strait Islander children experienced at least one adverse school transition (ST) outcome and about 1 in 4 (23.1%) children experienced 2 or 3 adverse ST outcomes. Over 41% were classified as being developmentally vulnerable; about one third experienced chronic absenteeism; and, almost 7% (1 in 14 children) had a behavioural incident recorded by Grade 2.

Figure 24 (over page) shows an upset plot of the prevalence of combinations of early life disadvantage indicators for children who were Aboriginal and Torres Strait Islander. This plot allows for a more nuanced view of the overlap between different experiences of early life disadvantage.

Figure 24: Combinations of early life disadvantage - Aboriginal and Torres Strait Islander children



Key Message –

Over 90% of Aboriginal and Torres Strait Islander children experienced at least one form of disadvantage, with social and perinatal factors being identified for 4 out of 5 children. The most common combinations of disadvantage all included social and perinatal factors, in addition to parental or child protection contact.

Conclusions

Children who experienced early life disadvantage were more likely to have a range of adverse school transition outcomes, including:

- more likely to be classified as developmentally vulnerable on the AEDC.
- elevated levels of chronic absenteeism and behavioural incidents in the early years of school; and,
- lower levels of self-reported emotional wellbeing and school engagement

The presence of parental imprisonment, child protection contact (parent or child), and socio-economic disadvantage were consistently important predictors of school transition outcomes. Children who had a greater number of early life experiences of disadvantage present also had poorer school transition outcomes. Aboriginal and Torres Strait Islander children experienced high levels of early life disadvantage with child protection contact and social and perinatal factors present in the most common combinations of disadvantage.

Opportunities to improve transitions to school

This report presents locally relevant evidence that could support planning and resourcing for effective child and family supports aimed at improving school transition outcomes. Targeted supports delivered earlier in the life course may reduce the likelihood of children being classified as developmentally vulnerable, and address other indicators of poor school transitions such as chronic absenteeism, behavioural incidents or lower levels of self-reported wellbeing and school belonging in early schooling years (measured in this study at age 4).

The type and number of experiences of disadvantage in early life (from pre-birth to age 5) can help build the case for resourcing supports to children and families who may benefit from greater support in the early years, and as they transition to school. Evidence about the different forms of disadvantage and its combinations implies responses including family support programs, alcohol and drug focussed interventions, concrete supports to address poverty and its impacts, supports to build trust and connections into the health system, and the need to ensure Aboriginal-community controlled organisations are resourced commensurate to community need.

Opportunities to leverage system contacts are apparent from pregnancy through to schooling. Early life disadvantage is often 'known' to the system during pregnancy, and opportunities to work differently with families could start in the antenatal period with health system responses that could connect into early education and care. Early childhood education and care systems, whether that be formal childcare or preschool, are clearly opportunities to support better development and school transition outcomes.

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