EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO IMPROVING EDUCATIONAL OUTCOMES FOR WESTERN AUSTRALIANS OF ALL AGES

TRANSCRIPT OF EVIDENCE TAKEN AT PERTH WEDNESDAY, 21 SEPTEMBER 2011

SESSION TWO

Members

Dr J.M. Woollard (Chairman)
Mr P.B. Watson (Deputy Chairman)
Mr P. Abetz
Ms L.L. Baker
Dr G.G. Jacobs

Hearing commenced at 11.08 am

KINKADE, MRS ROBYN

Manager, Special Projects, Department of Education, examined:

CLARK, MS GAIL CAROL

AEDI Coordinator, Department of Education, examined:

KIELY, MS SUSAN TERESE

Acting Senior Coordinator, Service Development, Child and Adolescent Health Service, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into improving educational outcomes for Western Australians of all ages. At this stage I would like to introduce myself, Janet Woollard, and the other members of the committee; next to me is Peter Watson, Peter Abetz, Graham Jacobs and Lisa Baker. Our research staff are Brian Gordon and Lucy Roberts, and from Hansard we have Heather Willan. The Education and Health Standing Committee is a committee of the Assembly. This hearing is a formal procedure and therefore commands the same respect given to proceedings in the house. This is a public hearing. Hansard is making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions we have for you today, I need to ask you: have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: Would you please state your full name and the capacity in which you appear before the committee today.

Mrs Kinkade: I am Robyn Christine Kinkade, and I am the manager of special projects, office of early childhood. One of the special projects that I oversee is the AEDI.

Ms Clark: My name is Gail Clark. I am the state AEDI coordinator and I sit within the Department of Education.

Ms Kiely: Susan Kiely, I am the acting senior coordinator for service development within the child and adolescent health service.

The CHAIRMAN: Maybe we will start with you, Robyn, as you introduced yourself first. You received a copy of our terms of reference. Particularly for you, the two areas I guess that we are interested in are terms of reference 2 and 5. The second term of reference is the factors influencing childhood development and our fifth term of reference is foetal alcohol syndrome of which there is no clear measurement tool at the moment. In relation to the AEDI, I am hoping that you can give us a summary but tell us how it is being used also here and how that varies maybe with how it is being used also in other states. It is a very good tool, so could you explain to us more about that tool, current usage of that tool and possible future usage of that tool?

Mrs Kinkade: I am just going to give you a little overview but I am going to actually then hand over to Sue and to Gail because—particularly Gail being the state coordinator, she is working daily on working across the state in terms of how the AEDI is actually used and implementation of the AEDI. The AEDI is a population measure as a tool; it is not an individualised measure. It is not a diagnostic tool to diagnose things, like foetal alcohol syndrome.

The CHAIRMAN: Whilst it is a population measure, I thought that it could be used to say for these postcodes we have identified this problem therefore we could maybe put more resources into this area.

Mrs Kinkade: Absolutely.

The CHAIRMAN: I accept that it is not a, you know, one-on-one but I believe that it possibly could be used in a greater capacity with identified problems in particular areas.

Ms Clark: So the data is collected in schools at pre-primary—for children in pre-primary age. The data is then analysed and reported back at the local government area level, so we get a summary of the population of the development of children at that population level, and then we are able to deaggregate it at a suburb level. Now, we needed a minimum of 15 children and two teachers to be able to release that information publicly to the community. That does then provide information on five developmental domains.

The CHAIRMAN: Could you just go back? You need a minimum of two teachers and 15 parents —

Ms Clark: Children.

The CHAIRMAN: Is that from each school or from that suburb?

Ms Clark: From that suburb.

The CHAIRMAN: So it could be two schools within the suburb, but you can release that information.

Ms Clark: That is right. It could be one school within the suburb, but generally you will find because of the placements of schools that that suburb will attract children from different schools that are operating potentially outside that particular suburb.

Mrs Kinkade: And the reason for that is in terms of the rigour of using the tool, but also to not be able to identify the individual student.

The CHAIRMAN: Because I believe that with the tool you can identify problems in one domain or more than one domain.

Mrs Kinkade: That is correct.

The CHAIRMAN: We have only just started this inquiry and other members have not had an opportunity to look into that tool, so maybe if you could talk a little bit more and also include how you can identify problems in different domains. I think that is really important then in terms of government funding for those areas where you have seen that there is a, you know, failing within the system and those domains.

Mrs Kinkade: And also enhancing local communities to look at ways that they can kind of put the resources they can put into it.

Ms Clark: What may be useful and what we thought would be useful for today's session is we did prepare some form of presentation which really was just to provide some background information to the AEDI and also to talk about what the results were from our state's perspective with some examples then drilling down at a local level to a local community. That is just one example that we can provide, so we are happy to do that. I have some packs here, so we have got some information that would be useful for you to refer to as we talk about some of the results. Then we can provide some local examples of how communities are using the AEDI to support and promote children's early development.

The CHAIRMAN: I need to say to you that unfortunately today is a sitting day, so members will need to leave by quarter to or ten to at the very latest to get over there. But if we do not get through everything today, because we have only just started this inquiry, we could maybe ask you to come back again next year when we have got more of an understanding of the area.

Ms Clark: Yes, sure; no problem. We will sort of race through and provide you simplified information that you can then take away and use. I suppose the purpose would be so you would get a basic understanding to then progress some of your thinking. I will provide just a few basic concepts around the AEDI to put you in the picture but, first of all, I will just talk about what is in your pack. We have provided some graphs with information providing the results. I have also provided in there some fact sheets, which provide background information to the AEDI, how to understand the results, and information about the developmental domains. We will not go into the details of the developmental domains because of time. I have also provided the national report that was produced at the end of the 2009 data collection, which you may find useful to compare WA results with other jurisdictions.

So first of all to start off with, the AEDI is a population measure. It means that then we are able to use the tool to shift the focus from the individual to populations of children, which I think you have some understanding of because it is used and the results are provided at a suburb level. Basically, we gather information on individual children. The results are then analysed and reported back at a group level. As I mentioned before —

[11.15 am]

Mr P.B. WATSON: Can I just ask a question? How do you pick the children you are going to evaluate?

Ms Clark: All schools are involved. Every school within our state was involved in the AEDI. We did that through an engagement process with all children enrolled in a pre-primary class. Teachers collected that data through a comprehensive checklist of over 100 questions.

Mrs Kinkade: Gail is located in the Department of Education; however, she works as a coordinator across all sectors to facilitate this process, and her salary comes from commonwealth funding to do that.

Ms Clark: I think what you are saying is that we collect information from public schools and Catholic schools.

Mr P. ABETZ: It is every child.

Ms Clark: For the first 2009 national collection, Western Australia collected information on over 99 per cent of the estimated residential population.

Mrs Kinkade: Which was quite a high figure. It was a very good figure in terms of the return.

Mr P. ABETZ: It is a good sample size!

Ms Clark: It is a fantastic data set. It is local information and it is comprehensive. The checklist contains over 100 items. That provides very solid information based on teachers' observations.

Mr P. ABETZ: The challenge now is to work with it.

Ms Clark: That is correct. Hopefully we can provide you with some examples today. Another concept behind the tool is it is a relative measure. That means we can compare how different suburbs are going. We can compare one local government area with another local government area and from suburb to suburb not only within Western Australia, but also suburbs across Australia.

Dr G.G. JACOBS: What questionnaire tool do you use to go across the five developmental domains? How do you implement it? Who asks the questions and who fills them out?

Ms Clark: Pre-primary teachers complete the instrument. It is a secure online tool that has been developed in combination between the Telethon Institute for Child Health Research and the Centre for Community Child Health Research. ACER has further developed the tool so that it is online. Teachers input the information straight online and it goes straight back to ACER. It removes the names of the children.

Dr G.G. JACOBS: Is every child graded by a teacher in physical health and wellbeing, social competence and social maturity? Does it give a score of one out of 10 or one out of five?

Ms Clark: No. It would be useful if we provided you a sample of the questions. We talked about bringing that today but we did not. It is important to realise that it is not a test; we are not grading children. It is about looking at children's development and providing information back based on checklist items. It might be a score of one out of 5 or it might be a "yes" or "no" or an "I don't know". I think it would be useful for you to see the checklist items.

Mrs Kinkade: They are example checklist items because the entire checklist is confidential and cannot be released. Certain items in the checklist are linked to the particular domains. Test banks aggregate to certain domains.

Dr G.G. JACOBS: I am asking if there is a fair bit of objectivity to it rather than subjectivity?

Mrs Kinkade: The teachers are provided with training and it happens from May to July, so they get to know the child first.

Ms Clark: In any collection tool there will always be an element of teacher judgement. What we consider is that the teachers are trained professionals. They are trained also in the observation of children and children's development. In using the AEDI, what we have developed to minimise the amount of teacher judgement is we provide them with one hour's teacher training and also provide them with a comprehensive teachers' guide. The teachers' guide provides information about the intent of the questions to reduce the subjectivity in responding to the questions. Through the aggregation of information, it has a moderating effect, as does teachers using the teacher guide. Cultural consultants are used when the teacher is providing information on Aboriginal children, so we have an Aboriginal education officer and a teacher working together to provide information on an Aboriginal child. When teachers work through the questions, the guide is detailed. It provides information supporting the teacher to be able to provide information on that question, so it is reliable.

The CHAIRMAN: But not all schools have Aboriginal education officers.

Ms Clark: No, they do not. We recommend that a cultural consultant is used, where available. We would encourage that for all Aboriginal children. It would be particularly useful to have an Aboriginal consultant.

The CHAIRMAN: So the school would have to use their—I am trying to think of the funding source if they wanted to bring someone into the school for those two months if they had a large number of Aboriginal students and no Aboriginal —

Mrs Kinkade: Generally, where schools have a large proportion of Aboriginal students they are able to access an appropriate person to assist them.

Ms Clark: I think schools have allocated resourcing. Generally you will find that there will be an Aboriginal education officer available. Teachers are paid as part of the process to complete the checklist, as are cultural consultants. They are paid per checklist because it is not necessarily —

The CHAIRMAN: Is that in addition to their salary?

Ms Clark: When teachers are paid, it is not necessarily to the individual. It might be for supply of teacher relief so they can complete the instrument. Some teachers may choose to do it in their own time and get paid in their own time. That would be their choice. The child does not have to be available at the time the teacher completes the checklist. It is based on teacher observation and on children's development.

The CHAIRMAN: What was the age?

Ms Clark: The average age is five years.

Mrs Kinkade: It is pre-primary. It is the first year of full-time pre-compulsory schooling. It is actually meant to be a checklist of where children are up to developmentally upon entry to full-time schooling, but entry being that—this is really good—we run it from May through to July so that the teacher has had an opportunity to get to know the child so that they can compare.

The CHAIRMAN: With the COAG goals for all children to have 30 or 40, or so many weeks, of preschool education —

Mrs Kinkade: Fifteen hours. That is kindergarten.

The CHAIRMAN: Obviously our education act will have to change for that. Will their assessment still stay at the current pre-primary level, or when that is introduced, would you move it a year forward?

Mrs Kinkade: Western Australia is very good because we actually have 11 hours of kindergarten already, so we only have to top it up by four hours. We would still keep it across the nation as the year the kids were in full-time schooling.

Ms Clark: For national consistency, it will be kept in pre-primary unless there is a national move to change it, but there has been no suggestion around that.

It measures the proportions of children who are on track, those who are developmentally at risk and those who are developmentally vulnerable. Developmentally vulnerable children are in the bottom 10 per cent compared with the population measured on the AEDI instrument. They are the children we would be concerned about—those in the bottom 10 per cent—but we would also have concerns about those children who are at risk. We would want to be considering that in any universal or targeted approaches to address the results. Our first collection took place in 2009. Across Australia we collected data on over 261 000 children. That was 98 per cent of the estimated population. We have done a phenomenal job collecting information for the community, governments and organisations to use. As part of that collection, as I said, Western Australia collected information on 27 565 children from 857 schools. That means that 90 per cent of our communities have access to AEDI data.

I will talk about the summary of what the results are saying. You will have in front of you an information sheet. That is the AEDI summary of WA children. It is not the results; it is more demographic-type information. Teachers reported that of that five-year group that was surveyed, 1 799 children were Indigenous Australians, or 6.5 per cent; 15 per cent of all Western Australia children spoke languages other than English in the home, with 140 languages spoken; and 10 per cent of children were born outside Australia in 128 different countries. That lets us know just how rich and culturally diverse our state is. In the year before entering school, 95 per cent of WA

children were reported to be in some sort of care or education program, and it is of interest that we had 3.3 per cent of children, or around 900 children, who were reported as having a chronic physical, intellectual or medical need. We describe children as having special-needs status. What is of interest is that teachers reported that a further 11.3 per cent of children were identified by teachers as requiring further assessment. I think that is of interest. I will hand over to Sue.

The CHAIRMAN: Are there any plans for that further assessment?

Ms Clark: At this stage, I am not aware of any. I know that the Disability Services Commission has applied for access to confidentialise unit record information and is undertaking further research to look at where those children are located. That is what I am aware of at this stage. I think it is worthy of further investigation.

[11.30 am]

Mr P. ABETZ: Do schools get their own data results?

Ms Clark: That is a good question. How are the results reported? First of all, schools do get a school profile. It is unique to that school and the information is not publicly released. A school needs to have a minimum of six children before that information is provided back to the school. It is up to the principal to decide how that would be used, and they have a responsibility for that profile, because we do not want to have individual children recognised. We also have online community maps available for anyone to access. That is an example of the interactive mapping. It provides information on each of the developmental domains. It also overlays the AEDI results with some SEIFA information and other ABS data.

The CHAIRMAN: So that online community mapping is by suburb.

Ms Clark: It is by local government area, and then you can drill down. It is geographically organised within our state, so it is organised by region. We do not have information at a regional level, but then you drill down to the local government area level, and then within that local government area, you can drill down, suburb by suburb.

Mrs Kinkade: Part of Gail's job as well—we also have local champions as part of the funding—is about working with communities, local government and other organisations and agencies, not-for-profit agencies et cetera, about how they can actually use the data in terms of program implementation and service delivery. It is using it not on its own but in combination with the other datasets that they might be gathering to look at "where next?"; Playgroup WA—where next to put the playgroups in the suburbs? Where next to be able to put resources to better able to support young people?

Mr P. ABETZ: One of my principals said to me that they had a real issue with the five parameters, the profiles.

Ms Clark: Domains.

Mr P. ABETZ: Sorry, domains is the word. He said, "When is the government going to give us some funding to actually do something? We have got this information, but we are not given any money to do anything with it." I thought that was interesting. I said we are doing this; this is will be interesting.

Ms Clark: It is an interesting question you ask, because a lot of people always ask, "Where do we get the funding to fix things?", but funding is not always required and it is not always funding that is needed. What this information provides, as we mentioned before, is a snapshot. The work has already been done. It provides a snapshot back to schools about how children are travelling. We have some data and then schools can then use this to inform their planning.

The CHAIRMAN: P&Cs or P&Fs can use it for funding for measures to assist the school.

Mrs Kinkade: But also, too, this is a snapshot of where children are at in their first year of full-time schooling. What is actually really important is what are we doing in the birth-to-five group in terms of at the local community level, with families? What infrastructure can we put in there, whether it is government or non-government, so that when they do do the AEDI, we will improve on those results? That is why it is just such an important tool.

The CHAIRMAN: PEDS is given at the commencement of that.

Mr P.B. WATSON: What is PEDS?

Mrs Kinkade: Are you talking about PIPS?

Ms Kiely: PEDS is used by the community school nurse and also by child health nurses, yes. It is used several times, but the majority of times it is used in kindergarten to look at development. It is a different type of tool. It is more: do the parents have concerns about a child on a range of different domains? If the parents express a concern, there is further assessment done. One of the times that is done by community health staff is definitely primarily in kindergarten, and if the child is away, they may be have a catch-up in pre-primary.

The CHAIRMAN: So it is not routinely used in pre-primary, then?

Ms Kiely: It is offered to all children in kindergarten, normally.

The CHAIRMAN: But not in pre-primary?

Ms Kiely: Only if they missed the —

The CHAIRMAN: I am just wondering whether there is an opportunity to look at the two together.

Ms Clark: We encourage the use of AEDI data with other tools, so yes it could be used with other information, for example, like PEDS. In fact in response to your question about how schools use the data or how can anyone use the data, it is overlaying the AEDI data. In fact we encourage people to use the AEDI data in conjunction with other information and not in isolation. We would encourage schools to say: what other data and information do you have about children in your schools, so you can start to develop a picture of the children attending your school, and then put in place some appropriate mechanisms to support positive development.

The CHAIRMAN: In Victoria they have the, I cannot think of the exact title, but it is something like the state of our children report is done on an annual basis. It has about 60 different questionnaires that are put together. I know the Commissioner for Children here is looking at trying to bring all the questionnaires that have been used in different areas together in a booklet so they can be used. Will they then come to you? Are you working in relation to that? It might be a question for Robyn more so than you, Gail, in that —

Ms Clark: I think I can respond to that. You are referring to the Commissioner for Children and the work that she is undertaking.

The CHAIRMAN: Yes

Ms Clark: Yes. I support any researchers to undertake research. We encourage the use of the AEDI for research purposes. The Commissioner for Children has approached us in order to be able to access information. We have facilitated that through the national centre. They have then received confidentialised unit records to develop. It is a framework that they are developing. You are right, I just cannot think of the name of the tool either; it is on the tip of my tongue. But they use some AEDI elements that will be used as a similar measure. The AEDI will be one component, so, yes, we have provided support or actually feedback on the document about how they have used it.

The CHAIRMAN: I will come back to you now.

Ms Clark: What I think would be useful is, before we get too more of the how, if we can provide you with some of the results, which Sue will speak to. That will then feed into how, and then you will have a much deeper understanding of how the results can be used.

Ms Kiely: We thought it would be useful for you to know how WA is doing compared to the national data and then how communities can drill down, like you were asking, to the suburban and regional level to compare their own data to state or national data. Just very quickly, the key findings for Western Australia are that the majority of children are on track in terms of their development—three out of four children are on track. But there were some other interesting or concerning things. One is that there are high proportions of Aboriginal children vulnerable compared to non-Indigenous children. While that is experienced across Australia, it is even more pronounced in Western Australia than it is in some of the other states.

Another thing that we noticed from the Western Australia data is that children living in very remote areas of Western Australia are more likely to be developmentally vulnerable. In fact, the more isolated the community, the greater the proportion of the number of children with vulnerability.

Another trend that we see across Australia is that children living in the most socioeconomically disadvantaged areas are more than twice as likely to be developmentally vulnerable than children living in the least disadvantaged areas. I have provided you with a few graphs to illustrate these points. One is called "Geography" and it just demonstrates the proportion of children developmentally vulnerable on one or more domains. If you look at the very remote areas of Western Australia, on the left hand side you can see that there is a far higher proportion.

The next graph, which is the socioeconomic index, again illustrates the point that there is a strong correlation between the SEIFA index and proportion of children entering school developmentally vulnerable.

Just comparing WA with the national data, 32.2 per cent, about one in three children, living in the most socioeconomically disadvantaged communities in Western Australia are developmentally vulnerable on one or more domains as opposed to 20.7 per cent or one in five children. Sorry; children who are developmentally vulnerable on two or more domains, 20 per cent of those children are in the most socioeconomic disadvantaged communities.

When we look at our Indigenous children or Aboriginal children, the national data shows us that 47.3 per cent of Aboriginal children are vulnerable in one or more domains, but in Western Australia 52.3 per cent of Aboriginal children are vulnerable on one or more domains.

When it looks at the next category, which is children vulnerable on two or more domains, the national data is that 29.5 per cent of children are vulnerable on two or more—that is, Aboriginal children—and in Western Australia it is 32.1 per cent are vulnerable children on two or more domains.

Mr P.B. WATSON: Can you target that to particular areas with Aboriginal children. Is it mainly up north or is it all over the state?

Ms Clark: We are not organising the data based on subgroupings, so we cannot provide that information at that level unless we were to undertake some further analysis.

Mr P.B. WATSON: It is interesting, because a lot of the attention is put up north. I am from Albany, and we have a lot of issues down there that do not get looked at because we are not the high importance of up north. I was just wondering.

Ms Clark: What each community does have, what is actually useful to know is in the community profiles there is information on the proportion of Aboriginal children in the communities. I think that that is really useful data to also look at. Aboriginality is not the only concern. I think that there are other children who are also vulnerable.

Mr P.B. WATSON: Yes. They seem to get the headlines.

Ms L.L. BAKER: With the program that you guys are operating, the AEDI, I have been to several presentations around my electorate both on the AEDI for my region, which, if you have not been to, you need to find out where they are being held and when they are being held and go to them.

Mrs Kinkade: The local champions.

Ms L.L. BAKER: That is right. Could you talk about the local champions program, because I have seen some incredibly innovative projects. We just have the brains in here.

Ms Clark: Oh great! As part of the national project, the Australian government provided \$2.6 million for an AEDI local champions program. Of that, Western Australia received \$500 000. In WA we have a coordinating committee, so the Department of Education in collaboration with the coordinating committee made a decision that we would partner with other organisations throughout the state to deliver the AEDI program, and that was offered through an expression of interest. We had 14 organisations partner with the department to work in communities.

Mrs Kinkade: The reason we did that was that we really wanted organisations or agencies that were locally based and are not government. We have got some local government as well.

Ms Clark: We had health.

Mrs Kinkade: We had health; that is right—down south, we did too. But to also try to get in some of the agencies that were not specifically government, to open it up.

Ms Clark: We felt, placed-based, there is more opportunity to engage with other local organisations. The community engagement process has already begun. It enables the project to be more effective. It is a short-term project. It operated for nine months. We do have some examples of how it has been used. When you are talking about forums, it is local champions. Other facilitating groups are these early years network groups, which are of volunteer groups. They are interagency organisations. They come together of their own accord for the improvement and support of young children. They have good knowledge about the local issues in a particular area, and they will often put on a forum to promote information or the results around the AEDI, so the community can be more informed and then more equipped to be able to provide a localised response.

The CHAIRMAN: Lisa obviously has a lot more knowledge than some other members here about that. How would I, as a local member, find out who my local community champion is; who it is that is working in my area so that I can call them and ask whether I can come along and hear more about this.

[11.45 am]

Ms Clark: We put information about as far and as wide as we can through our promotional channels. The local champions themselves promote themselves, making themselves available, so the information is on websites and that sort of thing. I am separating the local champions and the early years network groups at some level, even though they interrelate, because some of the local champions have been instrumental in bringing a network group together. They will then promote that a forum and a follow-up workshop to consider how and what we can do with this data is available. So, it will be through their own promotion. They might go through a local community newspaper, they might go out to a local library, shopping centres, whole range of strategies, or develop a known stakeholder list and send direct invites out.

The CHAIRMAN: Could I ask by way of supplementary information if you could provide the committee—we could let you know the areas where each of the committee members come from—who the local champions and the early network groups are, because it might then be possible for us each to attend those sessions and gain a better understanding of that.

Mr P.B. WATSON: Albany.

Ms Clark: Albany have already had theirs, but I can put you in contact. There is some really great work going on in the south west.

Mr P.B. WATSON: Excuse me, Great Southern!

Ms Clark: Great Southern, sorry.

Mr P.B. WATSON: We hang people who make that mistake!

Ms Clark: The Great Southern; and I am actually thinking of the Great Southern GP Network.

Mr P.B. WATSON: Yes, they do a great job.

Ms Clark: They do. They have partnered with the department as part of the local champions program.

Mrs Kinkade: We are conscious of time too. Also too, you can certainly go and just google the AEDI and go into it. There is a wealth of information in there and then draw down into Western Australia. But also at the more strategic level, there is a lot of work that went on, and then for Hon Peter Garrett to commit to, with the AEDI being implemented in 2012, 2015 and 2018. So we will have an opportunity to have longitudinal data —

The CHAIRMAN: Is it only every four years that it is going to be done?

Ms Kiely: Three years.

Mrs Kinkade: Yes, every three years; we do not need to do it every year. That is not appropriate. But to do it every three years gives you the longitudinal. In terms of research and in terms of the direction of the Australian and Western Australian population, it will be fantastic. The Australian Bureau of Statistics already is looking at doing some work in the area of an Australian longitudinal learning database where over time we will be able to see from the AEDI right through to primary, secondary school and beyond how we are going with our kids.

Ms Clark: We have a lot of information that we can provide you about some predictive validity studies connecting the AEDI with WALNA and NAPLAN.

Can I make or finish on sort of a key point? Sue did not get to this point, but I think it is really important that we highlight it with the committee. While we know that our most disadvantaged suburbs have high proportions of children and youth—do they have this graph—if you have a look at this graph here, it is Western Australia, it says number: vulnerability on one or more domains by Indigenous and SEIFA, excluding the indigenous data, which is in the orange, and just having a look at the blue bars—

The CHAIRMAN: Sorry, what was SEIFA, before you keep going?

Ms Clark: Sorry, socio-economic indexes for areas; it is the measure of disadvantage. If you have a look at that particular graph, what we have done is provide information, then, not just by percentage or proportion, but by number. I think we look at the AEDI data, it is very important to look at, not just the percentages, but the numbers. So, when we look at this information, if we have a look at the number of children that are appearing as vulnerable in the most disadvantaged suburbs, you can see that we have 1 000 children. But if you have a look in our least disadvantaged areas, you can see that the number is around 1 400. What this graph is representative of is that we have children that are vulnerable across all communities and if we only address the communities in the most disadvantaged suburbs, we are missing a whole population of children. It is just really important to make that point.

The CHAIRMAN: I would like to thank you very much for coming in today and possibly we might ask you, in a few months time when we have learnt a little bit more, to come back and maybe answer some more questions.

Ms Clark: And we would love to. We have some examples about exactly what some of the local champions have done. We have some wonderful examples about how they have used information.

The CHAIRMAN: But this was a great start for us.

A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made, and the transcript returned within 28 days from the date of the letter attached to it. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence.

And once again, thank you very much for coming in this morning.

Hearing concluded at 11.50 am