TRANSCRIPT OF PROCEEDINGS

THE HON JULIA GILLARD AC, Commissioner

THE ROYAL COMMISSION INTO EARLY CHILDHOOD EDUCATION AND CARE

WEDNESDAY, 25 JANUARY 2023
AT 9.40 AM

This transcript is intended as a guide only and as an aide memoire with respect to the audio-visual record, which constitutes the official record of the hearing on 25 January 2023

SARAH ATTAR, Counsel Assisting

< A WELCOME TO COUNTRY WAS HELD BY CLIFFY WILSON

COMMISSIONER

May I start by acknowledging the traditional owners of the land on which we meet in a spirit of reconciliation paying my respects to elders past, present and emerging.

Well it's with a sense of excitement and possibility that we launch the first public hearing of the Royal Commission into Early Childhood Education and Care. Many thanks to the Royal Commission secretariat for all of the arrangements and the patient work over a number of months now that has brought us to this first day of public hearings. And thank you to everybody who's decided to attend today and in advance, thank you to the witnesses who are going to give evidence today. Hopefully it's not too late to wish everybody in the year in the room, a happy new year, possibly a little bit late, but hopefully not too late.

And as we start to embark on this year, I think it's a good moment to reflect on things that have gone before and the possibilities of the future in front of us and to zoom right out and create some context for the work that we will do today. And the work of the Royal Commission. If we take a historical sweep, I think one of the most under remarked achievements of the 20th century was the global focus and development of mass education for young people, school education, which started with an aspiration for primary school education. And then that grew over time so that we see the primary and secondary school education system we have here as a feature of so many parts of the world. And in those parts of the world that are still developing their education systems, they are striving to achieve that kind of model of 12 years of education.

And if we ask ourselves, why did that global movement start? Why did societies right around the world, decide to focus on school education? It was because of their increasing realisation that to be strong nations and strong economies, they had to focus on the ability of every individual to lead a good life and to make their way in the world. And that took them to consideration of basic skills, foundational skills, literacy, and numeracy.

But over time it took people to so much more. The aims of school education became wider to create people who love to learn curious and creative minds to build a sense of place and identity and understanding of history, where we came from and where we want to go, to what is our place in the world, an understanding of the nature of the modern world and how to build a successful life within it. How to have a high aspiration for yourself, how to work with others in teams to have the so-called soft skills. And increasingly over time, school education has come to focus on global citizenship skills, recognising that we live in an ever more interconnected global community.

I think if that is a correct analysis of the 20th century, then the focus of this century will in many ways, be remembered as on early childhood education and care. And I think that is because the degree of science and understanding about brain development now is increasingly taking societies down the path of thinking, what can we do for our youngest children. We know now from neuroscience and so much more that brains develop and develop quickly in our youngest

children. And that the pathways that are created in those early years are very determinative of what will happen later in life. Yes, it is possible to address disadvantage later in life, but all of the research tells us that it becomes harder and harder over time. If a child has missed out on the opportunities and the brain development of those early years.

So inevitably that means that societies are looking at what can be done for children in the years before school, that's taken our nation on a journey of deciding that we wanted to lift the level of early childhood education for children in the year before school. And it's led the State government here to make a commitment to universal access, to preschool, to early childhood education for three year olds. And a big part of the work of this Royal Commission will be thinking through how we can bring that promise to life in the best possible way.

But of course, children are more than little pupils and the science of brain development tells us that actually children thrive the most if they are in an environment of care, if they experience safety and security, particularly secure attachments to adults, and they are shielded from environments of stress and abandonment. And part of the work of this Royal Commission is to look at the first thousand days of life, the period before becoming a three year old and asking ourselves the question, what more can be done in that period of life to help our children thrive.

Now, of course, children come from families. And so much of what we are going to discuss is going to be about families. Opportunities for children can only be taken up if families can access them and accessing them can be quite complex for families depending on where they live, who they are, the resources that they have to bring to the task. I'm sure many parents, many families right now are contemplating the struggle juggle of this year for themselves and their children, as they embark on a new school year and a new year of work and potentially childcare for their youngest. And so what best facilitates parents to take up these opportunities for their children will be part of the work of this Royal Commission that has a labour force dimension, what best enables people to move between work and care.

But it also has a dimension about what best inspires parents to be involved in the early childhood education and care of their children and to be interacting with the services that are provided. So there are a set of quite complex issues in front of us, but I am absolutely sure that whilst these issues are complex, they are solvable, but they will be solvable by harnessing the best of intelligence and thoughts from a wide cross section of the community. Which is why the State government has decided that the right model to help guide decision making here is a Royal Commission that can hear evidence from experts, hear perspectives from community members and weigh all of that into the balance as we try and address these complex, but solvable challenges. I'm looking forward to hearing from so many who will bring their evidence and views before the Royal Commission.

And today is the first formal day of doing that through oral discussion oral evidence though, many submissions have already flowed in, in writing. So we are now going to get on with the work of today and against that backdrop, I would like to call our Counsel Assisting. Thank you very much.

COUNSEL ASSISTING

Thank you, Commissioner. The first two days of hearings of the Royal Commission into Early Childhood Education and Care will focus on the second of its terms of reference. That is how universal quality preschool programs for three and four year olds can be delivered in South Australia, including addressing considerations of accessibility, affordability, quality, and how to achieve universality for both age cohorts. Such a task necessarily entails an understanding of the impact of early childhood education and care on child development, along with the present system offering South Australia and its genesis. As the Commissioner has alluded to, there is a vast body of literature that has demonstrated that the early years of a child's life have a crucial and lasting effect on individual's wellbeing, health, education, employment, and social and economic status.

The first round of hearings aim to dive into some of this literature, to reach an understanding with respect to factors that both disrupt and support child development Such an understanding is crucial to the task of this Royal Commission in determining how quality preschool programs can be delivered. Because universally accepted research tells us that quality preschool programs, are the ones that make a difference. But there is widespread debate about what constitutes quality and for whom. Key questions for this Royal Commission include: how three year old preschool will be defined, how it may differ from the early childhood education and care as currently provided by long day care and family day to three year old sand whether it will differ to preschool as currently provided by the government by preschools or long day care to four year olds.

The question as to what makes a service universal is also key. Does it require the same program, content and service configuration for all? Does it require active efforts to bring children in particularly more vulnerable children? All of these are issues to be explored in the first round of hearings. Before turning to outline the witnesses who will attend over the coming days I will start by providing something of a general overview of the present system in South Australia. At first blush, and to an outsider, it's not necessarily a straightforward one.

Indeed the early childhood education and care system in Australia generally is complex, comprising different service types offered by a mix of government, non-government, not-for-profit and for-profit providers. And it's within this space that preschool sits. There can be vast variation in the terminology used within Australia. For example, the term education and care is sometimes used interchangeably with terms such as childcare and early childhood education and care nationally. And within South Australia, childcare is provided in a range of forms, including formal environments, such as center-based daycare, long daycare, family daycare, and occasional care, as well as informal environments, such as playgroups and care relatives. Whilst the South Australian government is a provider of family daycare and limited long daycare, the majority of childcare in South Australia is provided by private and the not-for-profit sectors. Preschool in South Australia has a mixed market model with services delivered by both government preschools and non-government providers. Although the vast majority of children access a government preschool to add to the confusion, the naming of preschool is not consistent across the sector with services called variously preschool, kindergarten children's centres, early learning centres or child parent centres.

Since 2009 government preschools in South Australia have been funded to provide 15 hours of preschool per week for children in the year before school. This equates to 600 hours annually. Aboriginal children and children in care are entitled to 15 hours a week from the age of three in government preschools. The State funds 12 hours of preschool for children in the year before school, or from the age of three for Aboriginal children and children in care with the Commonwealth government, providing a contribution to increase this to 15 hours.

We know that about 80% of children enrolled in preschool present attend one of about 382 government preschools. Some of those are based on school sites and some are standalone facilities. Some are full-time services while others are not and a small number operate alongside along day-care service. We also know that in order to deliver the entitlement of 15 hours a week, the most common preschool service model in government services is to provide six hours of preschool between 8:30 AM and 3:30 PM with families accessing either two and a half days each week or five full days over a fortnight. The Department for Education also passes on Commonwealth preschool funding to some 200 non-government long daycare centres to support them, to operate a preschool program primarily through contributing to the higher cost of employing a degree qualified early childhood teacher.

So it is against that background of current service provision that this Royal Commission must embark upon its task of determining how quality preschool programs for all three and four year olds can be delivered in South Australia.

The evidence you will hear over the coming days is grouped into five broad themes or topics. However, for logistical reasons, the witnesses will not necessarily be called according to group order. The first topic is an examination into how South Australia's children are faring in the early years in order to understand how they are developing relative to other jurisdictions. The first witness is Dr. Victoria Whitington the current presiding member of the Child Development Council of South Australia and Adjunct Associate Professor at the University of South Australia. Dr. Whitington will appear before the Royal Commission twice in the coming days. In the first session today, she will appear with her Child Development Council hat on and will provide an overview of the role and functions of the council in South Australia, which is an independent statutory body with a key role in monitoring and reporting how children and young people up to 18 are faring in South Australia. Each year, the Child Development Council publishes an annual report. That report draws on data from a wide variety of State and national sources and is able to piece it together to paint a picture as to how our children and young people are faring. Data is recorded across five dimensions, being health, safety, wellbeing, education, and citizenship.

Dr. Whitington will provide an overview as to what the 2022 report can tell us about how children are faring in the early years in South Australia, how childhood development outcomes here compare to other jurisdictions and what gaps, if any, exist in terms of our knowledge of how children are faring in the early years. That data can help us in building a general picture in relation to, for example, the number of children under five in South Australia, where they live, what their socioeconomic background is, as well as building a picture more specifically to early education and care, for example, the number of children enrolled in preschool and their attendance rates, Dr. Whitington will highlight some of the data that may alert us to children at

risk of poorer development outcomes. Significantly, the 2021 census revealed that compared to the national average South Australia had a high proportion of children living in the most disadvantaged socioeconomic conditions.

Now, this is significant because the literature tells us that the provision of quality early preschool programs is particularly beneficial for more vulnerable children. However, Dr. Whitington will also speak to the results from the most recent Australian early development census, which tells us that there are developmentally vulnerable children at every socioeconomic level of the population in South Australia. The most recent census revealed that 23.8 or just under one in four children were found to be developmentally vulnerable at school entry compared to 22% nationally.

This leads into the second topic of examination for this round of hearings; that is what are the key inputs to changing a child's development outcomes? Dr. Rhiannon Pilkington is a post-doctoral fellow in the school of public health at the University of Adelaide, and is presently involved in the Better Start child health and development research group led by Professor John Lynch. The research being conducted by Better Start health and development aims to understand how to give infants and children the best start to life. Better Start has access to de-identified data on 500,000, South Australian children and young people born from 1991 onwards and their parents and carers.

Dr. Pilkington will expand upon some of the figures provided by Dr. Whitington to further our understanding of how early years experiences can impact later development Better Start's unique perspective looks at child protection system contact and notifications, these notifications, and what we know about the children who have been the subject of such notifications can provide a key early alert to developmental risk in life and the potential flow on costs that result in entering school developmentally vulnerable.

To take one example, Dr. Pilkington will tell us that in South Australia of around 20,000 births each year, approximately 2000 of those infants are known to the child protection agency before age one. That is before they can walk and before they can talk. 46% of those infants will go on to be developmentally vulnerable in their first year of formal schooling. Many of these children are born into disadvantaged circumstances.

Having heard from Doctors Whitington and Pilkington, we will hopefully have a better idea as to those cohorts of children at risk of poorer development outcomes, as well as some understanding of the factors that both disrupt and support development. We will then hear about two studies that are looking at how child development outcomes can be altered.

Professor Sally Brinkman is presently an Adjunct Professor in the school of Public Health at the University of Adelaide, and is involved in a study called Language in Little Ones, which is a called LILO for short and is a research study conducted by the Child Health Development and Education team at Telethon Kids Institute here in South Australia.

The study is a longitudinal one, which began in 2017 and investigates language interaction with infants and toddlers living in English speaking backgrounds. Professor Brinkman will tell

us, perhaps not surprisingly, that language is a crucial development accomplishment of early childhood, enabling later literacy education and employment. It's one of life's essential building blocks. It may come as no surprise to hear that parents and caregivers are the most important influence on language development. And that language development trajectories are set early in life.

You will hear from Professor Brinkman that studies consistently show that children of parents who are more socioeconomically disadvantaged, engage in fewer verbal interactions with their children compared to more advantaged parents. Inequalities in parent talk can therefore contribute to intergenerational transmission of inequality. The Language in Little Ones research has shown that language is a potentially modifiable mechanism for mediating large social inequalities in children's health and development. Professor Brinkman will take us through the key findings from that study to date.

Another influential study regarding the lifelong impact of early childhood experiences is commonly referred to as the Dunedin study. The Dunedin Multidisciplinary and Development Sttudy is an ongoing longitudinal study of the health, development and wellbeing of a sample of New Zealanders commencing in the early 1970s. Just over 1000 participants were studied at birth and were followed up and assessed at age three when the study began. Since then, they have been assessed every two years until they day with 15 and and then at regular intervals thereafter. The participants are now some 50 years of age and have had almost every aspect of their lives measured as they've grown up and reached middle age.

Dr. Hayley Guiney joined the Dunedin study team as a research fellow in 2020. We are lucky to have Dr. Guiney join us from New Zealand on Friday via video link to talk about the study and its findings. Through a large body of scientific work. The Dunedin study researchers have demonstrated that childhood experiences play an important role in influencing health and wellbeing outcomes across adulthood. Building on from Professor Brinkmann's evidence, we will start to see a picture emerging in terms of the impact of parenting style and household operation on lifelong in lifelong outcomes, Dr. Guiney's evidence will help to evaluate some of the evidence and some of the figures we will hear about from Doctors Whitington and Pilkington.

For example, the Dunedin study showed that children who grew up in socioeconomically disadvantaged families were more likely in adulthood to have multiple indicators of poor physical health and mental health and to be at greater risk for age related diseases.

The third key topic to be explored in this round of public hearings builds upon the evidence about the impact of early childhood experiences on development and explores the impact of early childhood education and care specifically on child development. In essence, this topic explores what particular interventions have been demonstrated to be effective, and for whom.

The Commission will hear from Professor Sharon Goldfield. Professor Goldfield is a paediatrician and public health physician, and is currently Director of the Centre for Community Child Health at the Royal Children's Hospital in Melbourne. Professor Goldfield will give evidence about a project she's currently involved with there called Restacking the Odds. This

is a project that aims to ensure that children and families can access a combination of high quality evidence informed services, where, and when they need them. Professor Goldfield will draw on her considerable knowledge of the literature and studies in the area of childhood education and care. And she will highlight what that material can tell us about what matters when it comes to quality for preschool, including what we know about what quantity has been shown to be effective in terms of full vs. part-time and over what period or duration of time

Professor Goldfield will also speak to some of the barriers that may operate to prevent children from attending an early childhood education and care services and what the work done by Restacking the Odds suggest can facilitate improvement in the uptake of services, particularly by more vulnerable children.

Following on from Professor Goldfield, Associate Professor Bridget Jordan will give evidence. Associate Professor Jordan is presently the chief investigator in a multidisciplinary University of Melbourne team led by Professor John Jeff Boland that has evaluated the outcomes of an intensive early childhood education and care program for children living with significant family stress and social disadvantage. The aim of this centre-based early years, education and care program for children from birth to three was to provide education and care experiences that enable them to begin formal schooling as confident and successful learners, essentially on par with their peers.

The program provides an insight into the potential benefits of combining early childhood education with other services. And in this case, the involvement of mental health consultants. This intensive early childhood education and care program has been found to have large, significant impacts on children's outcomes, including increases to their IQ and Associate Professor Jordan will help us to understand why the program was able to deliver such results.

Another internationally renowned preschool study is the Effective Provision of Preschool Primary and Secondary Education (EPPPSE for short), which was undertaken in the United Kingdom from 1997 to 2015. We are privileged to be joined by Professor Siraj on Friday to speak to that study. She's presently Professor of Child Development and Education in the Department of Education at the University of Oxford. Professor Siraj will give some evidence about the key findings of that study and in doing so speak to what the study reveals about the characteristics of high quality early childhood education and care.

In essence, the study was instigated as the UK's first major study to focus on the effectiveness of early years education. It investigated the impact on behavioural and cognitive developmental outcomes for a range of children from three to seven, who attended a range of public and private early childhood settings. Significantly the study found that high quality preschool is particularly beneficial and has positive and long-term impacts on children's attainment progress and social behavioural development. The EPPPSE findings are a persuasive illustration of the impact of early childhood education and care on development outcomes for children.

The fourth key topic to be explored in the first round of hearings is a look at preschool provision in South Australia more historically. Such a retrospective is important to draw out the

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core values underpinning early childhood education in South Australia over a long duration, to identify where innovation in early childhood education has come from in South Australia, and to understand why a discussion about three year old preschool might look different here than elsewhere in Australia. Dr. Whitington will return to join Professor Sandie Wong on a panel to discuss these things.

In addition to her current role as presiding member of the Child Development Council, Dr. Whitington has recently been involved through the University of South Australia in compiling an interactive timeline, showcasing the history of early childhood education in South Australia. And she is well placed to help us understand how our history has shaped the current provision of early childhood education and care in South Australia and where we have led nationwide change. Dr. Sandie Wong is a Professor in early childhood at Macquarie University. She will complement Dr. Whitington's SA based perspective by helping us to understand the origin of the current system, in which both the State and Commonwealth governments have those vastly different involvements and how the present mixed economy provision of for-profit and not for profit providers evolved.

Finally, we will hear on Friday from a panel of witnesses with a longstanding history of teaching and implementing preschool in South Australia, Jane Lemon, an education consultant, who's worked extensively with communities in regional, South Australia, Gordon Combes, Director of The Briars specialised early education centre and Catherine Cavouras, Sirector of Education and Care at the Taikurrendi Children and Family centre in Christies Beach. They will share their insights into the provision of quality preschool in South Australia with a focus on children in regional areas, indigenous children and children with additional needs.

Thank you Commissioner, without further ado, I call Dr. Whitington. Thank you.

DR VICTORIA WHITINGTON AFFIRMED

COUNSEL ASSISTING

Thank you, Dr. Whitington. Now, have you provided a written submission to the Royal Commission dated the 13th of January this year of some 31 pages?

DR WHITINGTON

Correct.

COUNSEL ASSISTING

Have you got a copy of that with you today?

DR WHITINGTON
I do

COUNSEL ASSISTING

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Feel free to refer to that during your evidence, if you need to.

DR WHITINGTON

Thank you very much.

COUNSEL ASSISTING

I'm going to start by asking you Associate Professor at the University of South Australia. Is that correct?

DR WHITINGTON

Correct.

COUNSEL ASSISTING

Did you obtain your PhD from this University?

DR WHITINGTON

I did.

COUNSEL ASSISTING

Is it fair to say that both your teaching and your research have been principally in the areas of early childhood?

DR WHITINGTON

That's true.

COUNSEL ASSISTING

You've had involvement in higher degree supervision and research in areas, including critical perspectives on children's learning and development, children's wellbeing and education settings and brain development.

DR WHITINGTON

Yes.

COUNSEL ASSISTING

I understand you're also the current chair of the Gowrie board. We might hear that name mentioned throughout the hearings. What is Gowrie just briefly?

DR WHITINGTON

Gowrie is a children's centre that comprises care for children from birth until five and education, and also comprises a training centre. We also have programs for parents. Uh, we are located on two sites, but we have programs that extend right across the community. We also have an inclusion support agency that provides for South Australia, because we are the chosen provider in South Australia of inclusion in settings for children birth to five years.

COUNSEL ASSISTING

And I believe the first lady Gowrie child centre was established in Adelaide, as far back as 1940.

DR WHITINGTON

That's right. There's a Lady Gowrie centre in all capital cities and they originally set up to support families and children in low socioeconomic areas.

COUNSEL ASSISTING

Now, when we have you return on Friday, we will dive a bit deeper into some of these historical matters, but am I correct that you formally worked for 13 years as a classroom teacher with children from five to 12?

DR WHITINGTON

I did.

COUNSEL ASSISTING

And you're also a member I understand of the Centre for Research in Educational and Social Inclusion at the University of South Australia.

DR WHITINGTON

Yes I am.

COUNSEL ASSISTING

And your current role along with all those others is as Presiding Member of the Child Development Council, is that right?

DR WHITINGTON

That's correct. Since last October,

COUNSEL ASSISTING

What is the Child Development Council and what does it do?

DR WHITINGTON

The Child Development Council is an important body in South Australia, it's independent statutory body. Um, and it comes under part six of the child Children and Young People Oversight and Advocacy Bodies Act of 2016. And it was a recommendation of the 2016 Nyland Royal Commission into Child Protection. And it reports to the Minister for Education.

COUNSEL ASSISTING

Is, oh, I'm sorry.

DR WHITINGTON

It’s function is to establish and maintain South Australia's Outcomes Framework for Children and Young People, including both Aboriginal and non-Aboriginal children. And other function there is to promote the uptake of the framework and to report on that of the findings the da recent data on how children and young people are fearing.

And of course the object is to improve outcomes for children and young people in South Australia. Equity is particularly important. And focusing on those children who are risk of marginalisation, a disadvantage of some kind, and we have an annual report card which is created and published. There's just been a recent one. Um, and we use population level data outcomes for children from birth until 18 years. Um, and our dimensions are health, safety, wellbeing, education, and citizenship, and the object of this particular data collection, which really collects from a whole lot of other sources, so we don't go out and collect our own data in that sense, is to provide an informed whole of government approach to the development of strategies and also policies and objectives to implement children, to implement across the State to implement those policies that are relevant to the lives of children and young people.

We also have a charter which sets out 20 essential life conditions that will enable children and young people to thrive in our State. And we table our report to Parliament and all ministers and chiefs of staff get a copy. And that way they've got a basis for making decisions that are based on, on data regarding our children in South Australia.

COUNSEL ASSISTING

And it's that report we'd like to gain some insight into today. Uh, but firstly, why is the collection of this data so important?

DR WHITINGTON

It's very important because in decision making at a governmental level, we need to know what the situation is in our State how our children are doing and our young people. And if we don't have that information and at a population level basis, then we haven't got a good foundation for making those decisions or knowing what would be the best thing to do in these circumstances

COUNSEL ASSISTING

Are some of the sources of data that the Child Development Council has access to, for example, the Australian Bureau of Statistics?

DR WHITINGTON

Yes, indeed.

COUNSEL ASSISTING

Uh, Report on Government Services - ROGS. What is that?

DR WHITINGTON

So it's government.

COUNSEL ASSISTING

Is it fair to say another source of government data?

DR WHITINGTON

Yeah, that's right. OECD comes in there and then there's a number of accredited non-government surveys and reports. They're actually named in the report and where particularly important with figures and tables. You can see the source at the, at the bottom, in a note of the page.

COUNSEL ASSISTING

And from what you've said is the annual report provided by the Child Development Council made publicly available online for the public, as well as the government.

DR WHITINGTON

It is. That's correct.

COUNSEL ASSISTING

And those sources of data we've touched upon they're, not just within South Australia, but nationally, is that correct?

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DR WHITINGTON

Yeah. Well, it's important for us to see ourselves in the light of our national situation with regard to other states in particular. So we do use the comparative data to enable us to make comparisons with how South Australia is doing on a number of the measures that we're assessing

COUNSEL ASSISTING

At the 2022 report, I believe is the third report produced. Is that right?

DR WHITINGTON

Yes, that's right.

COUNSEL ASSISTING

Before we dive into some of the figures and we might bring up some slides to help us do that. We don't want to make it sound all doom and gloom though. Generally, how are children going in South Australia?

DR WHITINGTON

Most children in South Australia are faring well. And so that's a good thing. And on our particular measures that we look at, I didn't mention those, but our outcomes are that children are physically, mentally and emotionally healthy, are safe and nurtured, are happy, inspired, and engaged. Are there successful learners and they participate in society and on most of those children are doing well. However, as you well know, there are some areas of concern where vulnerability and at risk is very strongly evident.

COUNSEL ASSISTING

And we should just clarify as part of the report that the legislation requires the council to publish every year, you specifically report on health, safety, wellbeing, education, and citizenship. Is that correct?

DR WHITINGTON

That’s correct.

COUNSEL ASSISTING
I'm going to ask that slide one, be brought up on the screen and Commissioner, I'm referring to page 10 of the submission. Uh, Dr. Whitington, have you got that page in front of you? The technology's a bit awkward for you so feel free to swivel around or refer to your page.

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DR WHITINGTON

I'll just make sure I'm looking at the same. Now, what page would you say?

COUNSEL ASSISTING

I'm on page 10 of your pages.

DR WHITINGTON

10, right.

COUNSEL ASSISTING

Okay. In essence, have you been able to distil some of the relevant data for us into some info or infographics to highlight some areas of particular relevance to the Commission?

DR WHITINGTON

Yes. Well, the first thing is that we need to know that the analysis that we did to put this report together is concerning children from birth to four years, with the exception of the AEDC data Australian Early Development Census data, which is birth to five, that is it's collected when children first come to school. But apart from that, the analysis in this report that was submitted or submission was focused on those very young children. And in the 2021 census, we have 94,200 children under five years in our State. Of course that's not exact, but currently, but it's pretty close. And of those 79% live in the Metro Adelaide Metro area and 21% in regional and rural areas.

COUNSEL ASSISTING

And for those who are viewing on the live stream, the submission and these infographs are available on the Commission's website, Dr. Whitington under each of these main topics of figures have you highlighted the source of the information?

DR WHITINGTON

Yes. So we've got Census data with regard to that. Um, so the Australian Bureau of Statistics

COUNSEL ASSISTING

And we won't go through all of them, but in some cases, is there some fine print that alerts us to some potential limitations with some of the figures in some instances?

DR WHITINGTON

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Yes. Well on this particular data, are you talking mostly about the whole population level data that you are. But I don't think so much in this particular part of that.

COUNSEL ASSISTING

Perhaps we might come back to that all and just at the moment there,

Thank you. Yeah. We'll return to that topic then in the moment. Uh, can I ask you to take us through perhaps the bottom of that slide in terms of what the 2021 data shows us about children under five in South Australia and their socioeconomic circumstances?

DR WHITINGTON

Yeah, so we, we see here in the 2021 data that 8.9% were estimated to be living in the least disadvantage. So that's the most well off socioeconomic circumstances and that compares nationally with 19.2 children sorry,19.2, percent nationally for children in this particular age group. So there's a big gap as you say, it's over 10%. Yeah. And then the next one is that 56.4%. So more than half are living in socio in the disadvantaged socioeconomic circumstances compared with 40.2% nationally, and that 27.4% live with the most dis uh, most disadvantage 27%. So that's over a quarter of children and nationally that's about 20%.

COUNSEL ASSISTING

Can we bring up page two in that slide? We can see here the term quintile. Can you explain that term to us in this context?

DR WHITINGTON

Yeah. So how Quintile's work is that of a hundred percent broken into groups about 20% each making five Quintiles and then it ranges in that sense from those the children who are in the first 20% and then the next and the next and the next, and then you can divide it up according to whatever measure you are using. And we are looking here on this particular data at their socioeconomic circumstances of children. And as you see there that in South Australia that we have the most probably of greatest concern, the most disadvantaged children in quintile one. And we compared as I said before, 27.4% of children compared with 20% nationally. So basically what this diagram tells us is that well this figure is that we have more children who are living in low socioeconomic circumstances than happens nationally. And we've also got fewer children who are least disadvantaged.

COUNSEL ASSISTING

And when we look at these figures we often see mention of an acronym SEIFA, is that the socioeconomic index for areas?

DR WHITINGTON

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That's right. So that gives us an indication of the particular circumstances of a, of a community SEIFA index. So as you would expect in Adelaide, the areas which have uh, score in terms of SEIFA is lower, the Northern suburbs and the Southern suburbs. And that would also include country regional areas.

COUNSEL ASSISTING

And we have a slide a little bit later to paint a picture of that. We'll try and squeeze through this one, but can we see towards the bottom you've pulled out for us the figures of three and four year old children in South Australia from the 2021 data.

DR WHITINGTON

Yeah. So children under five year, years by age, is that the one you're looking at?

COUNSEL ASSISTING

Yes.

DR WHITINGTON

Yeah. So this is an important thing for us to know as well. Um, it shows that in South Australia, between 2016 to 2021, that the numbers of children under five years, hasn't changed in a sense, I mean, marginally, but basically it's very stable and it's also comparable with national figures for 2021.

COUNSEL ASSISTING

Can we turn to the third page, just ask you to highlight for us, Dr. Whitington excuse me, what the figures indicate about the number of children with disability.

DR WHITINGTON

Um, did you want to talk about out of home care or not?

COUNSEL ASSISTING

Uh, we might come back to that with a later witness.

DR WHITINGTON

Yeah. Look, this disability. Um, one is an interesting figure. Um, but we've actually we have a statistician at the Child Development Council who has urged us to have caution here because it says the data have a, has a high level standard error, and therefore should be used with caution. Um, because what it shows is that there's a dip in the number of children with

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disability under five years, between 2015 and 2018 and an increase nationally. And those figures say to me, I think this needs a bit more explanation actually.

COUNSEL ASSISTING

Is it fair to say that there are a number of areas both within South Australia, but nationally where there is room for improvement in our data collection in this area?

DR WHITINGTON

Absolutely. Very much so.

COUNSEL ASSISTING

And this is one of those examples where you've given us a word of caution in taking these as gospel

DR WHITINGTON

These figures that's right. And also there's gaps in the data. So there's data that we feel a little uncertain about or approach with caution, and then there's data where we feel, oh my goodness, we don't have it, we need it, but we don't have it. So it's a gap.

COUNSEL ASSISTING

Can we turn over to the third page in that slide? And I'll just ask you to give us a brief indication as to the numbers of Aboriginal children within South Australia from the last census.

DR WHITINGTON

Yeah. So uh, so we have 4,500 Aboriginal children under five years. Um, according to the 2021 census who are living in South Australia. So that's 4.8% of all children. Um, under five years in South Australia and nationally, we have Aboriginal children under five years and they're about 5.9% of all children. Um, and of course those under five years. So it's not very different really numbers

COUNSEL ASSISTING

Before we look at some figures about enrolment and attendance at early childhood education and care specifically, can we expand a little bit, or can you expand for us as to where there are gaps in our knowledge when it comes to how children are faring in the early years?

DR WHITINGTON

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Yeah. Look, there's a couple of gaps that we are really concerned about. Um, the, the, the first one that I'd like to speak about is that the data for children under five years is, is not good. We don't have it really, basically population level. There are people who've got data, but it's written in particular circumstances in particular filing cabinets or on computers or whatever, and it's not accessible, and it's not at a standard that can be used by the Child Development Council to report securely about the development of those children in that age group. And so that's something that we are really concerned about because that would be actually very helpful to the work of the Commission. So we are really hoping that there'll be some possibility to make a recommendation in that area. Um, another gap is to concerning Aboriginal children. Again we have gaps in our data, and if you look through our full report, you will see that.

COUNSEL ASSISTING

Uh, is it fair to say then that the report from 2022 highlights that there is a, a real gap in our knowledge with respect to the proportion of children meeting developmental milestones at age two and four?

DR WHITINGTON

Yeah. We don't have that information. We really don't. And as I said before, when I, in the opening statement, it's very important for us to know about those things. So we've got a basis for making decisions. Otherwise we just doing well, what do we think next? Which is not a good basis. It's good to have the data there and to have the research or the investigation, which gives you that information and allows you to understand, because what you think might be the case isn't always, and sometimes decisions are made on the basis of what people think rather than actual evidence.

COUNSEL ASSISTING

Is there any work being done to your knowledge to try and address that gap, particularly with respect to the years before age five?

DR WHITINGTON

Uh, not at this present time, not, not data that we can use to make comparisons across age ages for that particular age group. Yeah. That, that age span,

COUNSEL ASSISTING

Uh, is the government looking at introducing some extra checks in the early years, health and, and development checks?

DR WHITINGTON

Um, well, I'm hoping so,

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COUNSEL ASSISTING

And if that comes to fruition, would that be an area where you would hope that proper data collection would assist our knowledge base in this area?

DR WHITINGTON

It's, it's all very well to collect data, but you've got to make sure that you can compare it across the time. You know, so you've got to have as you were saying in the initial introduction of the Dunedin study, for example, was able to do that, adopt that standard approach. They could make comparisons across, and of course that's a longitudinal study and currently we don't have, you know, these collections and we don't have sufficient numbers either. That's another issue. So we need to get pretty good numbers of participants in such surveys to get the data that we need, that we can feel that it's reliable. And that it's valid.

COUNSEL ASSISTING

Is it accurate to say that within Australia, but particularly within South Australia, there have not been very many in-depth studies with respect to or, or akin to the Dunedin study, for example?

DR WHITINGTON

Oh, definitely. I mean, the Australian government did set up longitudinal research and there's a number of studies that are going on nationally regarding both Aboriginal actually and non-aboriginal children. But in terms of South Australia, we don't have good insights. No, we don't, we don't have that information and we do need it

COUNSEL ASSISTING

When we talk about data in our, our gaps and possible limitations, can the age of data be a problem?

DR WHITINGTON

Absolutely. And if you look through these the, the report we put in, or the submission, you will see that, for example, the dental records and of children having dental care are incredibly out of date. Um, I think they're about 2015 or something like that, which tells us not a lot because of course, things change over time. So we do need to have data that's recent. So that's another very important point. And as far as this submission is concerned,

COUNSEL ASSISTING

I want to change tack slightly. Now can just

DR WHITINGTON

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Now can I just say one more thing?

COUNSEL ASSISTING

Please. Yeah, absolutely.

DR WHITINGTON

I think it's really important for government departments and other groups who have got the capacity to collect data. Um, and to, you know, use the, I suppose, what the Child Development Council produces to say to themselves, are we collecting or reporting data that provide evidence of how children and young people are doing so to ask that question as a sort of standing issue on what they're doing, because this would enable us to have a whole of government approach to particularly in this case, children under five years. And I think that everybody knows if they don't I'm going to say it again, that there's a long reach of early childhood. In these early years, we are setting up the architecture of the brain for young children, which will provide a firm or shaky basis on which of them to develop their lives in terms of their health both mental and physical, their capacity to learn. And also the behavioural element, which is about whether they can manage themselves with other people and cooperate and get on and work and do all those things that we need to do as members of our community.

COUNSEL ASSISTING

And as you've said, without this data, it's very difficult for us to evaluate the services we are providing and look to where improvements can be made. Is that fair to say,

DR WHITINGTON

That's right. And that's why the role, the role of this Royal Commission is actually really important. I have to say. And we welcome it. Absolutely.

COUNSEL ASSISTING

Can I ask you now to talk us through what the available data can tell us about South Australian childhood development outcomes vs. other jurisdictions, and we've mentioned, or you've mentioned the AEDC, is that the Australian Early Development Census?

DR WHITINGTON

It is, it used to be called an index actually, but now we've got a census which is conducted throughout Australia and comes from the work of Fraser Mustard and his advocacy some years ago as he was a Thinker in Residence in South Australia.

COUNSEL ASSISTING

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Um, remind us on Friday, I will ask a little bit more about Fraser Mustard and that legacy. In terms of the Australian Early Development Census, that's a nationwide collection of data, is that right?

DR WHITINGTON

It is.

COUNSEL ASSISTING

Uh, and is it collected in five key areas, being physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and communication skills and general knowledge.

DR WHITINGTON

Yeah. Those are the dimensions that they collect data on

COUNSEL ASSISTING

And it's, I believe held every three years.

DR WHITINGTON

It is triannual. Yeah, that's right.

COUNSEL ASSISTING

Can I ask that slide two, be brought up at this stage, I'm looking at page 25 of your written submission. Dr. Whitington.

Uh, if we can just focus on the table at the top could you speak to that slide in particular as to what the 2021 results can tell us about vulnerability in the first year before schooling?

DR WHITINGTON

Well, these data are collected once children get to school, but yes, it's about what happened beforehand. I mean, they've got a short time in school before this happens because the teachers do need to get to know who they are so they can uh, collect the data. But what we see here is that in terms of uh, well, I'll start with physical health and wellbeing that we have a high level of vulnerability compared with our national figures. So if you look at the column with physical, you see South Australia with 10.7 and the total is 9.8. And then you can see with the other figures on the physical development, how we relate, whether we are high levels of vulnerability or lower, depending on that particular State or territory.

COUNSEL ASSISTING

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And overall, did the results indicate that a quarter or 23.8% of children in SA were developmentally vulnerable in one or more domain?

DR WHITINGTON

Yes, that's correct.

COUNSEL ASSISTING

And we can look at the final column and compare that nationally to other states

DR WHITINGTON

We can that's right. And so I sort of looked at it overall and thought we are positioned about four, but the other thing we have to take into account is the trajectory in terms of the results. Because one of the things that we want is that we want to decrease vulnerability and the numbers of children at risk and vulnerable. And so that's been a concern because the movement there hasn't been in the direction that we look for, whereas in other states you can see particularly Western Australia and Queensland have had improvement in their results.

COUNSEL ASSISTING

We turn now to look more closely at children, who've received some early childhood education and care. What does the data tell us about those children?

DR WHITINGTON

Just looking at my notes on that particular topic. Um, yeah. So uh, so we're on page 16 now of the submission. So there's a couple of things to be thought about here because enrolment's not the same as attendance, so children can obviously enrol in preschool when they're not come and so, or come more sporadically perhaps. And so this just gives us an indication about who's enrolled here and we have regarding three year olds we have a slightly lower percentage of children attending pre preschool and at four the same, slightly lower than nationally. Um so New South Wales, Queensland ACT are ahead of us on those regarding Aboriginal children. We're well ahead of the national figures on three year olds and about the same, or pretty much the same as for Aboriginal four year olds in terms of attend enrolment at three school.

But as I said, not about attendance but there's another dimension to this because many people know of course that children just don't go to preschool. Um, they also go to childcare. And so again here um, we can look at three and four year old data and uh, so nationally we have slightly lower numbers of children attending childcare and uh, at three years, and also at four, This doesn't need to be interpreted as a negative thing.

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You know, people make a decision about that regarding their parenting and what they think is right for their individual child. However, we need to be sure that every child that needs to be there or that wants to be there can be there. And we know that in particular areas, the access to preschool is difficult and also to childcare or the childcare that people want is not available.

COUNSEL ASSISTING

And are these sometimes called barriers to effective participation in childcare, these issues of cost and accessibility

DR WHITINGTON

They are that's right, and we have universal access, but the universal isn't as universal as I think it could be.

COUNSEL ASSISTING

Along with the term universal in this context, do we often hear the term targeted service provision? And can you perhaps just give us an indication as to what that term means in some contexts?

DR WHITINGTON

Well, there a particular cohort might be identified as needing particular support. And so uh, some childcare or playgroup or whatever it might be, Learning Together group, might be introduced and offered to particular families. It could be mental health issues amongst the families. It could be uh, low socioeconomic circumstances could be other identifiers and that's targeted. But one of the things that we know we'll get to that towards the end of this particular hearing is that we need to be careful because targeted services often do focus on the groups that I mentioned and others similar. Um, but there are children right across the spectrum in all socioeconomic levels who are vulnerable or at risk.

And so the idea of targeted means that we sometimes miss children who are in those perhaps what looks like in, okay, economic circumstance, socioeconomic circumstance, but who because of particular conditions within their family or whatever are at risk vulnerable. And so the idea I think that we need to think about in our State is universal services, but with uh, targeted as needed, but universal was being the baseline. And that way we find we have all children included and families.

Um, what universal means is another question. Um, and I think we have to be thinking about that, whether it means all children have to go, don't think that's going to happen or whether it means those people who would like to have their children in, in childcare or preschool can do that. And also whether we are offering another kind of education opportunity for children at three, that doesn't look like the preschool we've currently got.

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Absolutely all matters of relevance to this Royal Commission. If we stick with the slide that we just had up in terms of the percentage of children vulnerable across the domains, were you able to look at what the available data tells us about children's developmental vulnerability for children who did access some early childhood education and care as opposed to children who did not?

DR WHITINGTON

Yes. Look there is a relationship between accessing early child development site or an education site childcare site, preschool, whatever, and a reduction in vulnerability. But we at this stage do not have clear evidence that there's a causal relationship. So we can't make a claim for three year old or even four year old preschool from all the studies that have been done to date meaning that children are less vulnerable as a result of coming to preschool at three or at four,

COUNSEL ASSISTING

If we take the table on page 26 of your written submission.

DR WHITINGTON

Yeah, I have it,

COUNSEL ASSISTING

Is there some comparison data there that indicates that at 22.9% of children at compared to at 45.6% who did not receive any care, can you explain that those percentages to us?

DR WHITINGTON

I'm sorry, but I haven't found exactly where.

COUNSEL ASSISTING

That's okay. There's a table on page 26.

DR WHITINGTON

Yeah, I have that.

COUNSEL ASSISTING

And we can see that I think what the table tells us and correct me if I'm wrong, that 22.9% of children were less likely to be developmentally vulnerable in one or more domains compared to children who did not receive any.

DR WHITINGTON

I'm sorry, but I don't think we've got the same page.

COUNSEL ASSISTING

That's okay. I'm at page 26.

DR WHITINGTON

Yeah. I'm looking at that too

COUNSEL ASSISTING

At table four.

DR WHITINGTON
Um, yes. Oh yes. Okay. All right. So just sorry, I'm up to speed now. So what did you ask me again, please?

COUNSEL ASSISTING

Uh, what does that table tell us in terms of South Australia with respect to the developmental vulnerability of children who were known to have accessed some early childhood education and care as opposed to children who did not?

DR WHITINGTON

Um, well we see there that some early childhood education and care does uh, improve vulnerability, you know, so, or reduced vulnerability, excuse me. Um, if we see that second column in there, as opposed to the children who did not attend and any early childhood education and care, we do also have some children who we not sure about where they went or what they did. And then we can make that comparison with all children

COUNSEL ASSISTING

And the effect of your earlier evidence is however that in order for us to properly make sense of these figures, we need more longitudinal, we South Australian based studies or Australian based studies.

DR WHITINGTON

We do. And as you pointed out early earlier, what we define as early childhood education and care is a very big thing. Um, which means that it's very varied and perhaps difficult to track at

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times in terms of what's happening in each of the sites with each of the children and each of the people who are providing that education and care.

COUNSEL ASSISTING

Uh, can I ask for slide three to be put on the screen? Slide four, sorry. Perhaps while we wait for that, you told us that in the 2021 census it was revealed that some 23.8% of children were developmentally vulnerable in one or more domains in their first year of full-time schooling or shortly thereafter. Can we come back to looking at the socioeconomic conditions of those children and what we know about where they lived in South Australia? I think we now have an infogram before you oh, that's at page 30. Yes. That one. Okay.

DR WHITINGTON

Yeah. Okay. So this is actually a very useful diagram. It is built on the Australian Early Development Census Results, and it comes from 2021. So it's recent. And if you look at it carefully you can see that on the X axis, which is along the bottom we have the index of relative socioeconomic disadvantage. So the further along the uh, the access we go, the higher incomes are there. And then on the side we have vulnerability. So the higher, the council area is the more greater numbers of children who are in that particular category. And of course that indicates also the size of what we call the bubbles there. So you can see very clearly that children in these particular council areas with the large bubbles of those of greatest developmental vulnerability.

So obviously we can see that Playford, Salisbury, Port Adelaide Enfield and Onkaparinga to a lesser degree or areas of concern in terms of children with that vulnerability. Um, however going back to the previous point, we also need to be thinking about the fact that there are children in all these all these particular council areas or local government areas. The other thing that is important here is that as one would expect given the distribution of children across South Australia, that we do also have children in regional and rural remote areas who are also present here and are indicating high in terms of developmental vulnerability.

COUNSEL ASSISTING

Uh, and just for those who may not be able to see this on the livestream, we've got a really large circle for Playford. Is that right?

DR WHITINGTON

Playford? Yes, is the highest there. And then followed by Salisbury but intermixed around those with some regional areas like Port Pirie, Port Augusta, Berri Barmera, Murray Bridge Whyalla and Ceduna is very high there too. Um, and then Port Adelaide Enfield is with Salisbuy next, and then Onkaparinga.

COUNSEL ASSISTING

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Can I ask for slide three to be placed on the screen? This one might not show up so well, but compared to 2009, did the figures in 2021 show increase in vulnerability generally across Quintiles except perhaps for one?

DR WHITINGTON

Yes. So this is another uh, important uh, diagram here because uh, regarding these the most disadvantaged children, you can see that we are not making great progress. Um, there is some evidence of progress from 2009, but we would hope to have much better progress, I think over this time. Um, and this is focusing of course on socioeconomic Quintiles socioeconomic is one measure. We have to be a little bit careful just cause people have a low income doesn't mean that they are disadvantaged in every aspect of their lives. So that's very important and they could be doing a great job with their children.

So we need to keep that in mind. Um, but in terms of the Australian Early Development Census, when we look at this, we have to say that we could make, be making um, much better progress than we are. And if you have a look at the least disadvantaged, we see that that's risen quintile four has also risen. Um, there's some stability maybe a little bit one lowering in quintile three quintile two is also gone, indicates greater vulnerability. And of course, as I said, quintile one, which is the most disadvantaged and quintile one, and quintile two are the children who are most vulnerable or at risk. And you can see the pattern over those years, which I think is very useful in terms of what's happening the big picture.

COUNSEL ASSISTING

And perhaps just to allow you to summarise what, in your words are the key takeaways then from the 2021 AEDC results or indeed from the Child Development Council's most recent report?

DR WHITINGTON

Well, I think we need to focus very much on our children under five and collect data that will help us to make good decisions at a whole government approach. Um, and including in that Aboriginal children. Um, of course the council was responsible for children from birth through to 18 years, but our focus here today is birth to five years. And this is a considerable concern that we have not been making the progress that would be expected.

So I think that's very important uh, thing to be able to see from these data and and that South Australia's got some work to do. Um, we can learn from other states of course, some sort of things that they've been doing, but collecting our data would be a very important step in the right direction there.

COUNSEL ASSISTING

Commissioner, I have no further questions. Thank you.

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COMMISSIONER

Uh, thank you very much and thank you for your fascinating evidence and for your submission, I'm going to uh, take you to various aspects of it. So there'll be a bit of flipping around.

But firstly, to give some context to people who are following the work of the Commission and potentially following the livestream your data relies a lot on the Australian Early Development Census, which has got the physical, social, emotional language communication domains.

Can you just give a sort of sense of, of what is being measured in, in each of those domains, an example? Um, so people can get a sense when we are talking about at risk children, what things they are presenting at school, not able to do, which we would expect of a child of that age.

DR WHITINGTON

Yeah. So physical health and wellbeing. Um, now I will refer to Professor Sally Brinkman who's coming along and knows this intimately, but I will talk briefly about sure. Answer your question. Um, so physical health and wellbeing. So the teacher is asked to make an assessment about how, how healthy children are. So those of us who've been teachers know that some children come to school or to an early learning site and they are not in the best of health. They might be having repeated illnesses. They might be not able to perform physically in line with the other children in their particular age cohort. Um, they may have other difficulties you know vulnerabilities uh, or disabilities or whatever that might be of concern and wellbeing really focuses on how well they're able to engage and participate in what's happening in the learning program.

So children who came along and sit quietly in the corner or don't get involved in what's happening at the site, that would be a very good indicator of a child whose wellbeing was not where you would like it to be difficulty with play and so forth. And that relates these all relate to each other in some degree, but social competence. So are they able to mix with other children and get on with them and to cooperate, to listen to instructions and all of those things to develop those relationships with their peers and their teachers, emotional maturity.

So this one is about their ability with support, of course, at this age, to be able to uh, have to make decisions about difficult things happen for them, how they're going to react to that. Um, someone says that they don't like them, how they don't want to play with them, how they manage all that sort of situation, how much they understand about their own feelings and their own uh, capacity to express those. Um, now of course, young children will you know, tantrums and getting upset and crying is all part of the scene. So it's not as though we expect a high level uh, of understanding in terms of emotional maturity, but children need to be this particular age group able to start thinking about feelings and expressing them. Yeah. And and yeah, to have some level of control and of course, language as I think you pointed out earlier Sarah is a very important partner that's related to cognitive skills.

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So we know that children who got well developed language do well in early learning centres and are well prepared for school. In that sense, they're able to reason, to problem solve. They're able to hold back if they've got a uh, you know, and control themselves. So you'd see this in a, an early learning site where some children are able to play in a concentrated way and to develop an idea for a play theme and then bring other children in or join in with other children. And to be able to focus on that play theme over a particular period of time.

Whereas you might see other children who would just go wandering around and looking at what's happening, but they wouldn't be engaged there. Uh, or perhaps you notice that their language isn't where it might be. They're less able to express themselves. And we do have, as a result of this is my hypothesis as a result of far more screen time children not having those interactions that you mentioned earlier Sarah with their families, verbal serve and return kind of interactions, which means that they're far more uh, or that they're exposed to less language. And as a result of that, they're not able to express themselves as easily. And don't have the language that perhaps was evident in children some previously at the same age.

COMMISSIONER

Thank you. That's, that's very helpful

DR WHITINGTON

And we've got communication general knowledge, but I think we'll leave it there.

COMMISSIONER

That's, that's great. Now that's helped give a, a texture to it. So I, I did also want to sort of press a bit on the question of targeted and universality. Um, so I mean, it comes out in various ways. It comes out in the figure six, which is giving us the quintiles and the changes over time. It also comes out in the bubble diagram, figure seven, which shows us, you know, bigger bubbles and smaller bubbles. I mean, in inherently, this data is backwards looking because it is the assessment of children when they commit school. So it's telling us what happened for them in their first five years of life.

But if we were trying to imagine a world where the data was dynamic, so whilst children were in those first five years of life, we would be getting real time assessments of how children were going. I'm wondering what it would take for us to get to that kind of data. So that's sort of question number one, and then question number two in the absence of that kind of data, how can we properly do the targeting?

Because you could say broad brush that you would be uh, catching a lot of kids for the more targeted provision, if you provided it based against uh, socioeconomic status quintiles. But this evidence is telling us we then miss out admittedly, on a smaller number of children that are not insignificant number of children. And with some evidence it's a growing number of children that's right in higher income portals. So, you know, can we get to the dynamic data stage? And

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if we can't, how would we target so that we are not, not missing out on kids across the spectrum?

DR WHITINGTON

Yeah, I would really urge that we do have dynamic data collection. I think we need to be secure because we are putting considerable government and tax monies invested into the work that we do. And so we need to be very careful about expenditure on that. And so getting that information is very important. I mean, the other way of looking at it, if we weren't able to is to think about communities who are aware, but how do they become aware is the next question of support that they need and that support is available now, I'm not sure how you might do that, but I am a very big fan of spending time with communities to get them to think about what's happening in their community and what might be the next thing that might happen that they think would be important in other words, doing with not to.

COMMISSIONER

Right. And so you are, you are in that opening up the prospect that that targeted, I'm going to say something which sounds are nonsensical. I'm going to say the targeted approaches aren't universal. Um, you are opening up the prospect that there's universal provision of support. Then there is a concept of additional support for children who need it the most.

DR WHITINGTON

Correct.

COMMISSIONER

But what, what is in that package of additional support that could be localised?

DR WHITINGTON

Yes, that's right. I think we've got to be very careful about context and about, you know, cultural matters too, particularly related to Aboriginal children, but also to other children in our community who come from particular cohorts where, you know, things, particular, things are more important than they are in other communities. And so universal is great because you get everybody, but then we need our education to be tailored to the particular world's life worlds of those communities, you know?

And so I think that's really kind of the way that we might move that direction and culturally responsive pedagogies used so that Aboriginal children, for example, are more likely to come in and feel like this is something that's to do with them in their lives relevant. You could also add to the uh, Islamic community. You could also add to other community groups who've got particular skills and strengths and capacities that can be leveraged. I mean, every community has got strength of some kind or another, and making sure that we are finding where those

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elements are and leveraging them is very important to any work that we do, I think with families and children and in our community.

COMMISSIONER

And coming back to this question of an aspiration for dynamic data can I just dig a little bit into what you've said in here about the targeted current targeted nature of child health, nurse checks and what there was a reference earlier, and there's a reference in the material to the State government's allocation of $50 million on this sort of data and, and checking piece. Um, what do you think is the best use of that money to get us more into a world of dynamic data?

DR WHITINGTON

Yeah, I think we need, you know, population-wide, as much as we can data, it needs to be obviously collected and be able to analyse that's got to be comparative so that we can see how things develop over time. I think the way that we are headed right now with some money that was allocated for that is not going to give us the basis for understanding how development occurs for our children and who, which children are developmentally vulnerable and which are not over time.

COMMISSIONER

So that, that universal system of checks, could you just uh, sort of elucidate what, how many they would be and what kind of checks, how would they happen?

DR WHITINGTON

Yeah, well, right now we've got the CAFHS, child and youth health services and they obviously collect data, but it's not in a form currently that can be analysed and brought together in one place. Um, so they're obviously a very good organisation for doing that. Also, the scale is not what it might be. We don't have uh, sufficient numbers, I suppose, attending their services to be able to give us that information. So I think extending way at their work and being able to make their data collection systematic and comparable over time would be a really good move. Um, and I don't think that currently they've got the capacity to do those things.

COMMISSIONER

And, and with that, if, if that, I'm sure there are many strategies here, not just one, but just talking about this strategy. Um, I think in the material you refer to wanting to have, is it six checks before school? You just explain that?

DR WHITINGTON

Yeah. Well, if we have those checks, I mean, obviously in the first very first uh, weeks of life, those are very important, but then we don't have one at one year. Um, we need one at two, and we need one at three, right? So we need those. And so that over time you can see what's

happening, what the trajectory is for those children. And to go back to the point I made about communities, obviously these figures speak to government, but one of the points about the AEDC and these, the checks that we are talking about now is to give information to communities about where the gaps are and where the difficulties are for their particular communities. And so the direction of that information could be, you know, towards government also towards community. And then that gives local government and other partners or all levels of government, really some information which they can use to think about consider, strategise, develop policies, et cetera.

COMMISSIONER

Right. And families obviously,

DR WHITINGTON

Oh, families, I mean, yeah. Communities, including families. Yeah, absolutely.

COMMISSIONER

And, and those checks you are imagining would be conducted by nurses or, and, and would be an assessment as to whether a child's development. I mean, obviously children develop at very different rates, but it would be an assessment as to whether development is broadly on track or there's some area of concern.

DR WHITINGTON

That's right. And you know, sometimes particularly first parents, first time parents aren't aware of what the developmental trajectory might be with and South Australia had a blue book, you know, which family's scared. I'm not sure the status of that right now, but I know there's a think it's a push to revise that. But I think these nurses in CAFHS are very well prepared to make those kinds of assessments because they see a lot of children. And one of the things, you know, as a teacher or someone who works with children or a cast nurse, or whatever, a social worker with young children, is that you get a sense of children by the numbers that you see. So and again, those nurses would be in a very good position to make that kind of assessment. Of course, there then need some training and they'd need rollout and so forth. But I think that's very important move. Okay. Would be, and again, for families too, to have that information, cause sometimes families just don't know cause they just see what's in front of them.

COMMISSIONER

Yes. Yes. And if you've got your child, but you don't have that necessarily that big sense of comparative. Um, can I just take you to just the, the original data that we started with, so the sort of population data, let me just turn up the right page. There we go. You may or may not uh, have access to this kind of modelling, but I'm looking at the children under five years by age data where, when that data was on the screen, you commented that it's a pretty, pretty steady state in terms of numbers of children. Have you got anything available to you that would

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kick that forward and give us a sense over coming years, whether we're likely to stay in a steady state or see an increasing or a declining number of children?

DR WHITINGTON

Yeah. Look, I'm not sure about that to be frank. I think we only collect the data that is, or, you know, from other organisations, you know, and so we are not in the situation where we can look forward. But I would imagine that there are, I mean I'm not quite sure, but I know for example, that people who build schools and early learning sites of some kind or another, they do make predictions of that particular areas and stuff like that, don't they? They say, well, we're going to need a school at Aldinga because the population is growing there or at Hewitt in the north of Adelaide or the Playford area. So yeah. Interesting question. Yeah.

COMMISSIONER

What comes out of this data though, is uh, there, whilst it's sort of steady State, generally there's clearly growth in the number of Aboriginal children under five.

DR WHITINGTON

Yes, that's right. Absolutely.

COMMISSIONER

And so would your, I mean, I know I'm asking you to speculate, but would your view be that's a likely continuing trend?

DR WHITINGTON

Absolutely.

COMMISSIONER

Yeah. Ultimately means Aboriginal children will be a greater percentage of the cohort

DR WHITINGTON

And we know that nationally actually. Yeah. I mean, that's, that's an important thing for people in Australia to understand, I think because the birth rates are higher and amongst Aboriginal community. Yeah.

COMMISSIONER

And you commented in your evidence that when we look at the trend lines for the uh, Australian Early Development Censis that Queensland and Western Australia are showing good trend lines, good improvements. Um, are you, are you able to identify anything? I know

causalities like a big thing and, and uh requires a lot of research to establish, but even sort of areas for the Commission to explore policy interventions that you think might in those jurisdictions be driving those results.

DR WHITINGTON

Yeah. Look in Queensland, my prediction would be that the introduction of preschool has been a significant thing, right. Because they did not have preschool provision for four year olds. Um, of course some it was provided somewhere, but it wasn't universal. So that was a major initiative in around the 2008, I think, 2009 area. So I think that would've made a big difference. Um, but whether they can maintain that trajectory now

COMMISSIONER

It's been absorbed into the system.

DR WHITINGTON

Correct. I think that's an issue regarding Western Australia. Um, again, I'm not an expert in that area and I would really refer you to Professor Sally Brinkman. But my understanding is that they were very good there at communicating with communities, including those of high socioeconomic income sort of status area what the issues were and getting the communities on side through local government and through other community organisations to start considering what they might do.

COMMISSIONER

Right.

DR WHITINGTON

So I think that's probably one, that's probably a better one to look at in terms of the model, but I also have got a lot of faith in us in South Australia, given the low numbers of children, comparatively that we have in South Australia, that we can do something really good here.

COMMISSIONER

Yes, absolutely.

DR WHITINGTON

That’s suited to our context and our communities and our families and children.

COMMISSIONER

Right. But you would point to WA's efforts in communicating the benefits?

DR WHITINGTON

That would be the one to look for. And as you know, Sally Brinkman came from Western Australia, she was very much part of the early years of that, that particular initiative, the AEDI at that time. And so, yeah, that would be good.

COMMISSIONER

And obviously this is something that's only coming into play in, in recent years, but there's uh, a reference on page 20 of your submission to the numbers of children under six who are getting some form of intervention or support through the NDIS um, I'm just in, in this pursuit of data question, I'm just wondering, wondering whether there's any current sort of, you know circle cycle between that NDIS data and what it means for a child and other parts of the system.

DR WHITINGTON

Yeah. Look, I can really understand your interest in this. I think it's a very important topic. And as far as I'm aware, there's no data about that, but I think that would be something that would be really useful to have, because it would show the impact of the NDIS on our young children, which is you know, obviously being offered at a very important time in their lives in terms of their developmental trajectory. Mm-hmm

COMMISSIONER

Okay. Thank you. Um, and let me just do a flip through, I've got I've got, Uh, notes everywhere here, so I just want to make sure I've asked you all the questions. I, I do want to take you back to page 26 in this table four which does show the, the 22.9% vs. 45.6% for received some early childhood education and care and did not receive any. Yes. Um, and, and you made some comments about the limitations of that data. Um, I'm wondering whether another limitation of that data is that it's not broken down by socioeconomic status. So it, it may be that the, the clustering effect for did not receive any early childhood education and care is actually related to lower participation rates.

DR WHITINGTON

Yeah, definitely. I think that's the case. That would be, yeah. And also the other thing is that, you know, we put all these different types of uh, you know, offerings, early childhood education and care into a bucket mm-hmm and then we say, well, that's it. But as we know, they're highly varied and the quality is highly varied too, I guess that they're all in scope with regard to registration or, you know, through the uh, Education Standards Board. Um, but yeah, I think we need to better disaggregate on a number of ways about what we are looking at here. Yeah. I don't think we fully understand what we have.

COMMISSIONER

Yeah. And last question from me, you referred in your earlier evidence to the percentage of South Australian children who are in approved childcare centres. And it's less at both three and four than the Australian average generally. So that's on page 18. Um, and, and you referred in your evidence that one explanation of that is families make choices and families make different choices and completely that's completely understandable. Um, but I am, I mean, intuitively you would think, you know, it's unlikely that South Australian families make radically different choices to families in Australia. Generally there may be some localised variations, but you wouldn't expect them to be huge. I wouldn't have thought is, is another potential or is there any data to suggest another potential explanation for these figures is less availability of places?

DR WHITINGTON

Yeah. I mean, that would be my prediction. I'm not aware of any data that indicates that, but it would be very useful to know that. Um, and so again, we've got another little data collection to do there. Yes. Um, that I think, you know, to know what families experience when they either want to access a centre or, you know, preschool, whatever childcare for their children, what their intention is and how they're able to match that with the reality. Um, just for example, the difficulty of getting on a bus with young children and maybe having to change at some point to get on another bus, to get where you want to go. Um, I think that is a real and also of course you know, the money to do that mental health issues amongst families trauma experiences, and even in some cases concerns about the centre and whether it's going to match what's valued in that particular family. Um, and for example, Aboriginal families sometimes felt as though they wanted their child to be growing up Aboriginal and therefore to take them to a service that was available, wasn't going to achieve that, you know, so we've got all those kind of barriers I think, to explore.

COMMISSIONER

Okay. Well, thank you very much. I've learnt a lot, so thank you. That's been a great opening.

COUNSEL ASSISTING

Can I ask that Dr. Whitington be stood down until Friday?

COMMISSIONER

Yes. Thank you.

COUNSEL ASSISTING

Would that be a convenient moment for a brief break?

COMMISSIONER

Yes. I think if we perhaps give people, so it's 11.22. Now maybe if we said 11.35 to recommend.

<THE HEARING ADJOURNED AT 11.25 AM

<THE HEARING RESUMED AT 11.36AM

COUNSEL ASSISTING

I call Dr. Rhiannon Pilkington.

<DR RHIANNON PILKINGTON AFFIRMED

COUNSEL ASSISTING

Is your current position as a post-doctoral fellow in the School of Public Health at University of Adelaide?

DR PILKINGTON

It is.

COUNSEL ASSISTING

Are you presently involved with the Better Start Child Health and Development Group in the School of Public Health at the University of Adelaide?

DR PILKINGTON

I am.

COUNSEL ASSISTING

We'll come back to that in a moment, but just first, a couple of questions about your background. Uh, do you hold a PhD in Medicine from the University of Adelaide awarded in 2014?

DR PILKINGTON

I do.

COUNSEL ASSISTING

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I believe in 2012, you obtained a Graduate Diploma in Public Health, also from the University of Adelaide.

DR PILKINGTON

Correct.

COUNSEL ASSISTING

And in 2008, you obtained a Bachelor of Psychology with Honours from Flinders University.

DR PILKINGTON

Yes.

COUNSEL ASSISTING

Is it correct to describe you as an epidemiologist?

DR PILKINGTON

It is

COUNSEL ASSISTING

For those who might not be familiar with that term what is an epidemiologist and what do you focus on?

DR PILKINGTON

So we use data and numbers to tell stories. So it's only one way to tell stories. Generally that means we use large population data and we'll get more into that. I'm sure as we go into this,

COUNSEL ASSISTING

I might just ask if you can angle your microphone just to capture your,

DR PILKINGTON

Is that better?

COUNSEL ASSISTING

Yes. Lovely.

Uh, currently, are you involved in research that focuses on improving the evidence to inform us as to how we can ensure that every child and young person and their families receive the support they need? Yeah.

DR PILKINGTON

So I've probably worked for nearly a decade now with John Lynch and the Better Start group across government and non-government agencies in South Australia, New South Wales and Victoria, really looking at how we can better use data that's already been collected to inform service design delivery, and of course, evaluation on the other side. So we can try and understand what works to improve child outcomes.

COUNSEL ASSISTING

And before we dive into Better Start, is it correct that you've worked with government and non-government organisations across Australia?

DR PILKINGTON

That's right.

COUNSEL ASSISTING

You've had a longstanding history of involvement with research here, but also nationally, I believe.

DR PILKINGTON

Correct.

COUNSEL ASSISTING

Have you been involved in teaching at a course coordinator level, a practical facilitator tutor and guest lecturer at various universities?

DR PILKINGTON

Yes.

COUNSEL ASSISTING

And I understand you're a member of various professional committees and working groups here, but also interstate?

DR PILKINGTON

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Correct.

COUNSEL ASSISTING

Is it correct you've published widely on your research, both here and overseas?

DR PILKINGTON

Yes.

COUNSEL ASSISTING

And you've published in a range of publications and some of those references, I think we can see in the materials we might come to. You've also been the recipient of various awards, including most recently a Research Australia Data award. Is that correct?

DR PILKINGTON

That's right.

COUNSEL ASSISTING

Uh, can I ask that a booklet of slides be brought up and Commissioner I ask that this booklet be marked ‘PowerPoint presentation of Professor Pilkington’ and it will be made available for the community after the hearing today.

COMMISSIONER

So marked

COUNSEL ASSISTING

You’ve got access to those slides as well.

DR PILKINGTON

I do.

COUNSEL ASSISTING

Uh, and feel free also to refer if you need to the written submission that you've provided jointly with Professor John Lynch. I know it's a bit difficult for you there. If you need to angle or use your screen, whatever's comfortable.

DR PILKINGTON

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That's okay. We'll see how we go.

COUNSEL ASSISTING

Uh, so if we can just start at the beginning, what is Better Start?

DR PILKINGTON

So Better Start's a research group that John Lynch from over a decade ago we include epidemiologists, psychologists, biostatisticians, criminologists, and we've really all come together with a common goal of how we can use research to generate evidence that improves outcomes for children, young people families and communities. And we've got a particular focus on communities, children, young people in disadvantaged circumstances at all times.

COUNSEL ASSISTING

Can we have slide eight brought up or seven? Does Better Start use something called the BE BOLD platform?

DR PILKINGTON

Yeah, that's right. So I included this in my submission because this is a data platform that's now being described by our government partners as one of South Australia's social and health data assets. So this has been a long time and millions of dollars of investment in the making. It includes all children in South Australia, born from '91 onwards. So they're included in the platform if they're born here, or if they come into the State and use any of the services you can see in the tiles on the screen. So we have data covering education, human, social services, justice, and health, and we are always working to try and keep that updated. So it's an enduring asset and we're very much invested in using that for the public good.

COUNSEL ASSISTING

If we can flip to the next slide you mentioned before the particular focus of Better Start, can you talk us through the diagram on that slide?

DR PILKINGTON

So I guess one of our particular interests is how can we support breaking what you might think of as cycles of disadvantage? So we know the story of adults being born into social and health disadvantage, and they then have children who grow up in those same disadvantage circumstances. Then we go on and we see higher levels of what you could think of as developmental disadvantage in the early years. And that leads to educational disadvantage. And we start to see that travel through to disadvantage in employment and the labour market and what you could really think of as life chances. And of course, they then become another adult and we see that cycle perpetuated often into another generation. So how can we think

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about how to break those cycles and support families and communities out of those circumstances is one of the primary questions driving a lot of our research.

COUNSEL ASSISTING

We had some discussions in the earlier session, as you are aware, aware about the AEDC. Is that a rich source of information with respect to the work that you do?

DR PILKINGTON

Yeah, so the AEDC is an incredibly valuable resource for Australia. You know, the fact that we have this whole population census every three years, gives us a look at child development in a holistic way that many places don't have. So it's actually one of our key outcomes. So we often think about, well, what's our goal here? You know, are we trying to prevent system contact in some way? Are we trying to prevent a particular hospitalisation or contact with the child protection system? Or actually, are we just trying to improve child development? And if that means they have to have contact with these other systems that's okay. So it is an absolutely incredibly valuable resource to understand how our population's going.

COUNSEL ASSISTING

We can bring up the slide 10. Uh, do we start with what you see as a key figure there?

DR PILKINGTON
Yeah, so I think in South Australia, we've got a very clear narrative and acceptance that as a jurisdiction, we've struggled to shift what you could think of as developmental vulnerability or what's described as developmental vulnerability. And those figures on the screen for South Australia, just show that in 2009, we went from it was just under 23% in 2018 to 24%. And then the most recent census figures look very similar. So when we think about the raft of investments that might impact outcomes in the early years we're not seeing those have an impact on development at that first year of school.

COUNSEL ASSISTING

Uh, in terms of the AEDC, we had some evidence about the domains that it records data across several domains. So one thing we overlooked was a, a brief description as to who's actually collating the information who who's asking the children for, or, or consulting people to get the information that's plugged into it.

DR PILKINGTON

Yeah, so there's about 90 items in the actual census and teachers fill that out. So as long as the teachers feel, they know the child well enough, they will fill out this census. Some of the information comes from parent field forms, so that from the school enrolment census, but most is teacher reported about the child.

There are children who aren't included in our understanding of developmental vulnerability, but it's important not to forget those. So those are children who have medically diagnosed special needs. So that could be, you know, physical mentor, it's everything, you know, from asthma through to autism in some cases. So they're not included in our understanding of developmental vulnerability because they've already been identified as perhaps needing additional support.

But if we are going to think about this data, informing our understanding of population sizes, say, and characteristics for those particular populations that might need support, we must also consider that particular group of children with special needs. And that's about 5% nationally. So every time we think, well, 23.8% of South Australian children were developmentally vulnerable. There's another 5% overall who are identified as also having special needs in other areas.

COUNSEL ASSISTING

And the 23.8% does that equate to just under one in four children leaving aside the, the additional category that you've just taken us through.

DR PILKINGTON

That's right.

COUNSEL ASSISTING

Is there a way that we can envisage what it would look like in classrooms in terms of bodies on seats, if, if South Australia could reach the national average?

DR PILKINGTON

Yeah. So I think, you know, just under one in five, so we've got a bit under 5,000 children every year that based on the census, we assume are identified as developmentally vulnerable. So if we wanted to shift down to 22% in numbers per year, we're talking about somewhere from three to 350 children. And now whether that number is big or small, depends on your perspective, but when you consider some of the investments made in programs if you think about CAFHS, for example, historically, we delivered a family home visiting program. So that would have anywhere from one to 2000 families in it per year.

So 330 children might sound big, but it's not an insurmountable challenge to say, well, how could we work with families different every year to actually head much closer to the national average? And obviously we'd like to exceed it, but if we could get moving in the right direction, that would be good.

COUNSEL ASSISTING

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You've mentioned the, the particular focus of the work done by a Better Start in terms of social disadvantage, but why look particularly at, at child protection notifications? Why is that an important source of information?

DR PILKINGTON

So we started doing child protection work back in 2014, 15, and the Royal Commission led by Justice Nyland into South Australia's child protection system was released in 2016. And that was really the first time that data started opening up. So we got a view from our administrative data collections of actually how many children and families are we seeing in our child protection system. And I know we'll get to the specific figures, but really what we learnt from that is child protection is an enormous public health issue.

And we have child protection system contact, and we also have confirmed maltreatment. And we also have just under 5,000 children in, out of home care at the moment. Now it's a public health issue because we need to not be thinking about it as other it's another manifestation, if you like of different types of disadvantage that we see experience by families and communities, and we need to bring it into our mainstream discourse and think we can't actually separate child development from child protection. These two things need to be considered together. If the goal is to think about an integrated child, early years system and how we can better support outcomes for some of our most disadvantaged populations.

COUNSEL ASSISTING

Just generally are some of the reasons that a child might be the subject of such a notification of physical sexual or other forms of abuse, for example?

DR PILKINGTON

Yeah. So South Australia has very broad, mandatory reporting legislation. So anyone who volunteers or otherwise who works with children will be receive some sort of mandatory reporter training. And so those people will make a report to the department if they have any concerns related to the safety or wellbeing of a child. And that can be to do with you know, physical, sexual, emotional abuse or neglect broadly speaking, but obviously the circumstances within those will vary widely.

COUNSEL ASSISTING

And if we could have the slide 13 up, please, and can we start to dive into some of the figures that you've been able to collate? Take us through notifications by ages 10 and 18.

DR PILKINGTON

So this is a graph looking at the cumulative incidents of notifications to the child protection system. So all of those different lines represent different years of birth. So if you look at the bottom line on the graph that represents children born 1991 to 1992, and what we can see if

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we follow them over time is that by the time they turn 17, just over one in four of those children were reported at least once to the department for child protection in South Australia. Then if we look at those lines as they keep increasing, so the more recent a child was born, the higher, the likelihood they would be reported to the department for child protection. And for those born in 2001, 2002, by the time they turned 17, we got up to 40% of children being notified, at least once to the department for child protection.

COUNSEL ASSISTING

If we can skip to the next slide, I'll just ask you, what do we know about the representation of Aboriginal and Strait Island children within these figures?

DR PILKINGTON

So Aboriginal and Strait is children and families are overrepresented in the child protection system to a factor of, they make up 30 to 40% of all types of contact with child protection. So that's from that first report notification stage through the substantiation, through to placements in out of home care.

So when we work with our expert Aboriginal and Torres State Islander academics and colleagues, you know, they talk to us about how the meaning of contact with child protection is very different. And we talk about the history of colonisation, dispossession, intergenerational trauma, and systemic racism that might lead to increased surveillance and increased contact with these sorts of statutory systems.

So how we think and talk about child protection contact might need to be referred back to the appropriate leaders in this space when we are thinking about Aboriginal and Torres Strait Islander communities.

COUNSEL ASSISTING

And just to give some context to those who may not be familiar with the system uh, a child can be the subject of a notification. And is it correct that a notification may not reach the formal stage of statutory intervention? Uh, but there'll still be a record of a notification.

DR PILKINGTON

That's absolutely correct. Anyone can make a report. And then the department determines that's a child protection matter or not. So we call that been screened in for further assessment. Then it can be investigated or not substantiated as a result from the investigation. And then some of those children are then removed and placed into out of home care.

COUNSEL ASSISTING

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And the figures we've just been talking about are in terms of notifications, and we have some more on the screen now, are you able to provide us some figures in relation to the substantiated uh, reports for maltreatment?

DR PILKINGTON

Yeah, absolutely. So just quickly, I'll touch on these more recent figures, just to reflect on the fact that we're at the point now, where we are seeing one in three children being notified to the department by the time they're 10. And then if we look in those younger groups, we're getting to just over one in five children who are known.

So we think about this as potentially another way of thinking about an early warning system of circumstances that might be challenging and that might impact child outcomes.

So are these all statutory matters? Probably not.

Are they potentially an indicator of families and communities needing support? I think that's a question we need to ask.

And if we think about confirmed maltreatment, if that's what we take substantiations to be, what we are currently seeing is one in five children, we'll have at least one substantiated allegation of maltreatment by the time that they're 10 years old. So sorry, one in 25.

So if you start to think about an average classroom, we start to think, well, one in 20 children. So one child in an average classroom will be the subject of substantiated maltreatment, and we'll get into it later, but obviously that's going to look very different because we know this is heavily tied with socioeconomic disadvantage.

So that will look very different for some classrooms.

COMMISSIONER

Yeah. Can, can I just ask a, a few questions here? Actually, could we go back a couple of slides? I think the one that had the cohorts over time, so I think it had the 1991 1992 kids on the bottom.

DR PILKINGTON

So just the slide before this one.

COMMISSIONER

Yeah. Sorry. I'm stressing the system here. My apologies.

DR PILKINGTON

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I think that was slide 13. That helps.

COMMISSIONER

There we go. Yeah. Um, I'm just wanting to understand how much, how much of the jump from 26% of children born in ‘91, ’92 to 40% of children born in 2001, 2002 has been driven by change reporting requirements and how much is driven by actual increases in notifiable issues for children. Have you got any sense of that?

DR PILKINGTON

Not empirically. So, well, it's a conversation we have a lot, what is driving this increase because we do see this year on year. It is accepted that it is related to mandatory reporting.

If you take into account the evidence from other jurisdictions that don't necessarily have the same sort of legislation in place, or they've got a different threshold or different practices. So for example, New South Wales have a different threshold and a different description of why you might report and what you might consider to be risk of significant harm. So there's different processes in the reporting.

However, I think what we'll see as we go on is, you know, some of the conversations we've had over the years is, you know, this is really big, is this real, you know, and it's that notion of are these false positives, what are they? And when we look at some of the AEDC data and we start to see the association of these sorts of contact patterns of developmental vulnerability, I think what we start to understand is even if these aren't statutory matters on average, they are carrying information about how well a child will be doing later in life.

So it's not necessarily about saying these are child protection issues and about the safety of the child, but do they carry some information we could think about differently because the system knows who these children and families are, how can we actually better support them so that they don't keep coming back through the statutory system. They don't need to progress to a time of crisis, which sees the investigation triggered. And we actually start to see better outcomes for children when they hit our schools.

COMMISSIONER

Okay. And just to help us all understand how the system works. So with mandatory reporting, someone in contact with a child could be a teacher, early childcare worker, even a volunteer at a playgroup or something like that.

DR PILKINGTON

That's right.

COMMISSIONER

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So the categories used before were about abuse, but what, what would you expect that person to see? What sort of things cause a teacher or a childcare worker or a volunteer to put a notification into the system?

DR PILKINGTON

So, I mean, we get this sort of information from talking to teachers and people who work in the sector and, you know, generally what you hear is they just have sustained concerns about how the child might present at school. You know, so it can be anything from, you know, a general notification about deprivation. So kids might not be turning up with lunch, or they might not be turning up to school for a very long time, or, you know, actually the teachers are told of something from the child and they think they need to notify that all the way through to evidence of, you know, let's say physical abuse or suspicion of physical abuse,

COMMISSIONER

So bruising, or injuries?

DR PILKINGTON

Yeah. That's right. Concerns about domestic and family violence, concerns about drug and alcohol abuse concerns about housing homelessness. So, you know, I think notifications span the raft of those things. But when we talk about the main drivers of child protection contact, it really is when we're talking about domestic and family violence, mental health drug, and alcohol abuse, intergenerational trauma and poverty. So they're the five main drivers of contact and child maltreatment.

COMMISSIONER

Right. And can you just give us a sense of the threshold between uh, a notification going to substantiated maltreatment, going to an out children being subject to some form of child protection order and potentially removed from their family home?

DR PILKINGTON

Yeah. So that's based on a child protection assessment of risk of imminent harm and safety. So if there is a substantiation, but it's actually determined, they are safe to remain with their family of origin and their current home. Then there will not be an order and a removal, but if they suspect actually they are at risk of imminent harm, there might then be an emergency removal, or there might be an application of order for an order through the courts to have the child placed on a temporary or a guardianship order, which would then place them in the care of a kinship foster care or in some cases in residential care

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And, and something that is a substantiated maltreatment, but for short of a trigger for that kind of order, can you give us a sense of that, what that might look like?

DR PILKINGTON

Um, we don't deal with individual cases. I guess we deal with the population data. So our understanding of that really comes from years of talking to the practice and policy experts who work in the department or who have worked in the department, or who've worked in the courts. Um, but it really does hinge around assessment of safety as it should be. So orders for removal, according to the legislation are all around safety and imminent risk to the child.

COMMISSIONER

Thank you.

COUNSEL ASSISTING

How important is it for us to be informed about socioeconomic disadvantage when we talk about child notifications and maltreatment?

DR PILKINGTON

So, I mean, I think if we see some of the data, if we could go to slide 23, Thank you. So I guess, you know, I don't think we can talk about child protection without talking about socioeconomic disadvantage or poverty, but it's actually much harder to get measures of poverty in terms of income. So we've been talking about things like, you know, SEIFA and indexes of disadvantage and they are all area level. So we are really talking about classifications of areas.

And what we see when we look at substantiated maltreatment is that anywhere from 50 up to 65% of substantiated maltreatment cases fall into the most disadvantaged areas. So we can see that's heavily intertwined. And we start thinking about, well, you know, what is the impact of socioeconomic disadvantage of poverty and actually being able to provide an environment for your family that you might wish to provide.

And then I think we also have to think, well, it's not just the child in that environment. It's also the family, in some cases, it's the community. And that's why we have to think, we can't think about child development without thinking about how we support families and communities. And then we can think about, well, how does what we know about child protection feed into how we think about supporting those populations better?

COMMISSIONER

So just to be absolutely clear on that, it's the 50, I think you said 65 right percent of maltreatment substantiation. So that's, that's not displayed against the actual family's income it's displayed against SEIFA.

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DR PILKINGTON

That's right. So everything that's been talked about today is related to SEIFA. So it is that area level advantage.

COMMISSIONER

Remind me of how fine grained an area SEIFA is.

DR PILKINGTON

So that does go down to very small level areas and is designed to be used at small level, but it really reflects a community's level of education, income occupation. And so, you know, it doesn't tell us that 65% of those children and families subject to those substantiations are living below the poverty line. We can't say that no, we can save our living in disadvantaged areas. And that's one of the best available proxies for poverty that we have at the moment at a population level.

COMMISSIONER

Yeah. So SEIFA's going down a census collected district level, is it that's right?

DR PILKINGTON

Yeah.

COMMISSIONER

So it's a couple hundred, 250 households, something like that?

DR PILKINGTON

Yeah. Very small. Um, what we do know from other research we've done though, is that 70% of children in touch with child protection have their families in touch sorry, receiving welfare payments from Centrelink. So then that starts to give us a pretty clear idea that actually this is probably a pretty good proxy for income because that's related to the means tested payments, right. That you can only actually get, if you are, you know, earning generally below what would be considered to be below the poverty.

COMMISSIONER

So, are they income substitution substitution payments. Yeah. Or family payments, generally,

DR PILKINGTON

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Both, both so includes, you know, new start job seeker, things like that. Also parenting payments, youth allowance. It doesn't include family tax benefits.

COMMISSIONER

Okay. Yeah. Great. Understood.

COUNSEL ASSISTING

Uh, what do we know about developmental vulnerability and particularly from the AEDC when it comes to the children in these categories.

DR PILKINGTON

So if we could move to slide 18, that would be great. Thank you. So I guess this is what I was referring to before when we go, you know, these, these contact patterns with child protection are huge. How do we think about this? You know, are we really talking about that level of disadvantage? So what this graph does is it puts developmental vulnerability on one or more domains on the AEDC according to contact with the child protection system. So that first bar shows that of children who have no child protection contact by the time they enter school, 21% of those children will be identified as developmentally vulnerable on the AEDC. So obviously that's even below the national average, but well, below South Australia's average level of developmental vulnerability.

Then what we've done is we step through the system. So we look at children who've only ever been notified once. So only ever one notification. And we see 37% of those are developmentally vulnerable once they get into school. So even though with only one notification have nearly twice the level of developmental vulnerability, now we start to step through the system and you can see, as we get to investigated substantiated children placed and out of home care, we are looking at upwards of half of those children being developmentally vulnerable.

So what we take from that is to sort of think about, well, what are notifications telling us as a society? And we take that to be more on average, it is telling us about an increased level of developmental risk.

So can we use that information differently outside of a statutory assessment for safety? How do we connect that back to family and child support much earlier in the life course than when we see child development when these children hit school, because a lot of these children are notified really early in life.

COMMISSIONER

So can you just give us a bit more texture on that 'really early in life'? Um, of, can you just talk us through if we're talking about children, so here you've got child protection contact by age

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five. I mean, is, is there an even distribution across you know, zero to one, one to two of the number of child protection context? Or is it clustered at an age range?

DR PILKINGTON

Yeah, that's a good question. So children are more likely to be notified younger and you do see it align with consistent contact with services who might also be in a position to identify the need to report them to child protection. So we see under one, I think Counsel Assisting referred to this in the opening remarks. We see one in 10 children reported by the time they're one.

Now most of these reports come from the health system or police. So we see that as a function of sort of the routine contacts that families and children have with the health system. So we know in pregnancy, you know, pregnant women will have anywhere from seven, seven to 11 contacts, maybe more depending on complexity of the pregnancy. So there's lots of opportunities in the antenatal system to engage through health in a non-stigmatizing way.

And we sort of think about that as a gateway to additional supports. There's a lot of identification of risk in that time. How do we connect that identification and that screening up to an action on the other side, and it's the same for the under ones. And then we do see in those years afterwards, children are still notified consistently, but we do see a slight uptick when they hit school, which is possibly to be expected because if some children are not in touch with services related to mandatory reporting and they suddenly attend school, teachers are potentially seeing them for the first time as you know, a mandated reporter. And that's when they get notified for the first time as well.

COMMISSIONER

Right. So the age distribution is probably telling us more about the intensity of contact with services than it's telling us about the distribution of issues for those children. So they may well have experienced uh, problems when they were two or three, but because they're not in contact with services, there's no adult that's doing the report.

DR PILKINGTON

I think both are true.

COMMISSIONER

Right.

DR PILKINGTON

So it's telling us something about risk, but can we be confident that that's only just started to occur? Well, no, we can't because it is still tied to have they actually been in touch with somebody who, you know, has the training and understanding to say I've identified some concerns and I need to report those. So I think both things are true.

COMMISSIONER

Right. Okay. Thank you.

COUNSEL ASSISTING

What do we know about the parents or caregivers of the children's subject of notifications and how important is it for us to know something about their history and their backgrounds?

DR PILKINGTON

So if we can go to slide 33, So here we focused on that population we talked about before, so children by their first birthday, what do we know about their parents? So through the data platform, we're able to identify families according to birth registrations. That's a very particular view of family. And obviously that's limited in some ways, but we do know from our work with Centrelink data, that certainly in the longer term, at least mothers certainly are still present with the child as the child ages. although obviously the co-parent is more likely to change, but either way it's the best view we've got of families. Okay. So

COMMISSIONER

Just, just layperson's terms. So you're talking about the names that are put on the child's birth certificate as mother and father, mother.

DR PILKINGTON

Yep. So if we look at those who were notified before the age of one, so UCC stands for unborn child concern. So reports can be made during pregnancy. So these are children who are notified during pregnancy or before they've turned one. And these are summary indicators of what we know about what's happening with their parents.

So we've identified these through hospitalisation data, through the allegations that are made in the notifications to the department for child protection, through public housing and homelessness data. So what we see is 26% of those children notified, had at least one parent with an indicator of substance use. So for many of those, that means a hospitalisation related to drug or alcohol abuse. So this is a fairly acute view right of that.

COMMISSIONER

So it's not something like one, one person smokes.

DR PILKINGTON

It's not that's right. Not at that level. Yep. For most of those people it's related to an emergency department presentation or hospitalisation with a diagnosis code related to drug and alcohol

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abuse. And so if we compare though that to the group who have no child protection contact, that's sort of 26 times higher.

So then if we move through the indicators and we look at an indicator of mental health, again, most of those are sourced from ED presentations or inpatient admissions. We see 43% of those families have at least one of those indicators in the 12 months prior to that child protection notification. And that's compared to 4% in the population who haven't been reported.

So if we step through those, we see domestic family violence. So a quarter of those families have some indicator of domestic and family violence. Now we know, particularly for that indicator, probably for all of these, these are an underestimate, these are really acute systems picking this up, but we don't have police data in here. So we can't actually see call outs for domestic and family violence. We don't see intervention orders. We just see where this is picked up in other systems.

COMMISSIONER

So just give me an example of another system that would pick that up.

DR PILKINGTON

So for instance, homelessness, yeah. And public housing tend applications even might have it indicated on there, right? Homelessness, you know, the reason for the application can be domestic family violence. The reason for a child protection allegation might be domestic family violence. Mm-hmm, there are hospitalisations also where you can identify if there is an alleged perpetrator recorded in the hospitalisation data and then an injury, you can then use that to code up the potential for domestic family violence. But those are very small in number. So,

COMMISSIONER

And is there is there a reason that it's not police data linked? Would you prefer it if it was police data linked?

DR PILKINGTON

Yeah. Look, we've been working with various levels of, you know, government and police over a lot of years to try and get the police data in. I think there were some challenges moving to a new data system. Um, you know, and I think there are challenges to data being used for the first time.

You know I would say the culture of data sharing's moved a lot across Australia in the last five to 10 years and it's gotten a lot better. Um, you know, and from our perspective, we have significant numbers of layers of governance and privacy protecting practises in place and ethics to make sure that, you know, this is all done in a safe way.

And we try and use this in a way that we think can support better work, that doesn't, you know, stigmatise or identify particular communities in a way that's unhelpful. But we haven't been able to get to the place where we've been able to add police data through the data linkage process. So that would be incredibly helpful. It's absolutely the number one data source that would help us identify domestic and family violence because they record it on their incident reports.

COMMISSIONER

Yeah. Thank you.

DR PILKINGTON

Then we see a measure of intergenerational child protection. So I talked about intergenerational trauma. How do you measure that through data that's really complex? So the closer we can get, the closest we can get to that is some measure of actually where the mother, father, or co-parent themselves in contact with child protection. And so we see that for 60% of those children notified under one, there was a record of a parent having contact with child protection compared to 14% of that, that population with no contact.

COMMISSIONER

And the longitudinal data in your study is good enough to pick that up. Is it?

DR PILKINGTON

Yeah.

DR PILKINGTON

The child protection data started in 1981. Right. So there is a reasonable view. It captures younger parents better. So there is a limitation on that, but that's the best we've got. And then if we think about poverty, so we measured that in various ways. So we looked at reported homelessness at birth.

So if both parents were considered not actually being active employment at birth we also looked at access to homelessness services as well. And we see that 54% of those who are notified by age one are in some circumstances that you could think of that aligns with poverty compared to 8% of those not in contact with the child protection system.

COMMISSIONER

So you've used a different just to be clear, you've used a different poverty me measure there from the SEIFA measure we were talking about. That's

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DR PILKINGTON

Right. Yep.

COMMISSIONER

Yeah. So a more specific individualised look.

DR PILKINGTON

Exactly. Yep. So we tried to take what we can in terms of what's available from the administrative data to move away from that area level measure. But I guess for us, when we look at this, if we're saying, we're thinking about universal services and there's some talk of universal and targeted services and one in 10 of the population, we're really thinking about how can we better support them, have this sort of profile where you might think of, you know, they're dealing with pretty complex circumstances here. So you're seeing nearly 40% of those families had three or more of those types of disadvantaged circumstances by the time the child's one.

So how do we think about universal services working with those families to support better outcomes for children? How do we think about how they act as a gateway to targeted services and how do we think about how we equip them to do that? As we are looking at new investments, particularly three year old preschool, even the screening, you know, that's happening here from, through the office for the early years for three year olds, when we're talking universal, if we mean a hundred percent, what does it mean for families in complex circumstances?

COMMISSIONER

You were, you were here before for the early evidence, which showed that the in the Australian Early Development Census the South Australian results that whilst it's true to say that there's a correlation with the lower income quintiles that there'd actually been growth in the number of children that you would have concerns about actually in the top quintile.

Um, I'm just trying to reconcile in my head yeah. That data with, with this data. I mean, I guess what that's telling us is there is a potential isn't there in, even in upper quintile families, so certainly well outside your poverty measure for these other factors to be absolutely at play.

DR PILKINGTON

Yep. Absolutely. And I think you know, one way to think about that as well, is it, is those different types of disadvantage, you know, so some children are born into their own sort of health disadvantage where, you know, they have families who are struggling to deal with a very particular type of health condition or something that might, you know, be carried with them through the years. So I think about health disadvantage, I think about socioeconomic

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disadvantage, you could think, think about social disadvantage. So social isolation, lack of social support, you know, and then you might think about disadvantage related to trauma.

So we've used that sort of conceptualisation in some work we did many years ago with CAFHS when they were thinking about, well, how can we better design our services to support families in complex circumstances? And I think then you can come to a space where you say, well, both are true.

You know, families in socioeconomic advantage circumstances can still experience challenging conditions, which means they need support. It just might look different to the support required for the family that's also experiencing all of these other things. And I don’t know if that's probably a good time, if we could flick to slide 26, we just have a little bit of data that does speak directly to that. So this is a complicated graph and I normally have lots of animations and I get to stand and wave my arounds around.

COMMISSIONER

I'm sorry we've missed that.

DR PILKINGTON

So bear with me, we'll just walk through this together. So if we just look at that horizontal access, that's that area level disadvantage measure. We keep talking about SEIFA and we go from most advantage through to most disadvantage. And then we are looking on the vertical access at what proportion of each group on this graph are developmentally vulnerable on one or domains of the AEDC.

And in this case, this comes from the 2018 data. So if we just start on the left, what we see in that most advantaged group is if they haven't had any child protection contact, by the time they hit school. So that's that dark blue line at the bottom, 15% of those children will be developmentally vulnerable. So you've still got developmental vulnerability in that group, even without this additional indicator of something's going on. But if they have had child protection contact before age five, because while a lot of it's concentrated disadvantage, it does occur in all sections of society.

We see that rise to 32% and then if we just travel to the other end of the graph and we look within the most disadvantaged group, that's when we see 25% of those without child protection contact or developmentally vulnerable. But that goes up to nearly half, once they've had child protection contact. So to ask, this is further evidence that child protection contact tells us something else. You know, it's telling us something else other than this sort of this idea of socioeconomic disadvantage, which is actually related to developmental vulnerability when they hit school.

COMMISSIONER

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There was, when the slide was up, which showed uh, the State based results on the AEDC uh, and your commentary on that was you know, in terms of what to aim for, would you aim for the national average?

DR PILKINGTON

Yeah. Um, at least that would be a move in the right direction.

COMMISSIONER

Um, is, is there something coming out of this work that, that tells us a bit more about what good looks like? Um, I mean, I'm just, I'm I know it's a small question.

DR PILKINGTON

Yeah.

COMMISSIONER

I mean, this, this is obviously a very rough possibly naive analysis, but the, the chart you just showed us seems to be saying that children who grow up in circumstances that are relatively economically advantaged. So their economic needs are being met. Mm-hmm, there's no reason why their economic needs can't be met.

DR PILKINGTON

That's right. The assumption

COMMISSIONER

The assumption is, so whether the income is actually used for the child's another question, but there's no, no reason that their needs can't be met and no concerns have ever been raised from a child protection point of view. That figure was 15%.

So is, is that giving us an indication that, you know, may, maybe there's just a developmental skew. That means you're always going to have some children present at school with some developmental issues. Um but we are trying to inquire into the question, what, what makes that worse? That can be mitigated. Yeah. So is that telling us anything about what good looks like?

DR PILKINGTON

I think that's a really good question. And to be honest, I hadn't thought about it in that way, but yes, there is always that question of, is there some baseline prevalence of this as a challenge that we're not going to be able to overcome by age five? I suppose, you know, we do think about targets and outcomes, and I think that's a really important thing. Maybe we haven't touched on. So I think I'm really glad you asked that question.

And I guess one of the things that's not always clear is where do targets come from? You know, so I think currently we have a, a closing the gap target of let's reduce the developmental vulnerability amongst Aboriginal Torres Strait Islander children by, I think it's 55%, you know? So we start, we want to start reducing that gap as well between the Aboriginal non-aboriginal children, but where did 55% come from? I'm not sure.

So I suppose the way I think about it is if you are going to create a target, why not actually use some data where you could say, well, this looks like, you know, this is the best performing group, if you like. Yeah. So why not aim to have a whole population of children to heading into that direction? That would seem to be an evidence-based way to form some sort of target rather than I'm not sure sometimes what these targets are formed on, unless, you know, I suppose you could feed into that thinking about population sizes.

So, you know, we talked about going from 23.8% to 22% of developmental vulnerability was going to be, you know, three to 350, you could think about, well, how many children is it every year, if we want to move from 24% to 15%. And if I had a spreadsheet up, I'd do some maths, but, you know, I wonder if that's a way to think about it. Yeah. And then to say, well, what are our investments in the early years for this population? And then who are they? Because you could do that.

You know, there would be an opportunity to say, well, what do we know about these children and these families and how the early years system can connect into human services and family support? How does that connect into health system? As you know, non-stigmatizing, you know, helpful support for sometimes more than, you know, traditional physical health and all of those other questions, including the disability sector and the NGO sector, and obviously support offered by community, I think, needs to absolutely be a part of that conversation.

COMMISSIONER

And I mean, this is a big question too, but I suppose it, it underpins that 15% a bit. Is there, is there any evidence to suggest that child protection notifications are so I'm really trying to get to the question of potential biases, even unconscious biases in the notifiers mm-hmm um, so that for a child displaying the same characteristics, perhaps coming to school with persistent bruising or something is there any evidence or any evidence to suggest that child will be more likely to be notified if it's from a, if he or she's from a low income family or from an indigenous family than a non-indigenous upper income family, or we just can't know that.

DR PILKINGTON

So we absolutely can see they are overrepresented

COMMISSIONER

In the outcomes.

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DR PILKINGTON

Absolutely. And when you talk to Aboriginal Torres Strait Islander leaders and community groups, they talk about racism and they talk about their experience of that in society and with systems from the data, that's very difficult to produce evidence for that. There are a number of projects going on asking similar questions. So it might be possible down the track to try and come up with some evidence, which helps us understand that. Um, but there is no real basis in terms of what we've been able to do so far where we could say with certainty, because of course we don't measure that. You know, that's a very hard thing to get in data. And I guess when I said earlier, you know, epidemiologists tell stories with data that, and that's only one way to tell stories. I think that's when it does become really important to talk to people around their experiences. And when I have done that and I have, you know, had many conversations over the years, it's come out loud and clear that that is absolutely the experience for many children and families in that it's a deterministic response from the system rather than an assessment response.

COMMISSIONER

Yeah. Yeah. Understood. Thank you.

COUNSEL ASSISTING

So in the time that we have.

DR PILKINGTON

I've talked too much.

COUNSEL ASSISTING

So do I. We've had some big questions and may as well end with a big one. How do we improve then the capacity of early childhood education and care services to support families experiencing all of these levels of disadvantage that we've been discussing today? Are there any insights you can share from the work of Better Start?

DR PILKINGTON

I think there's a few things to think about there. And one of them does come back to how do we actually equip universal services to, you know, in a non-stigmatizing supportive, engaging way, work with families in challenging circumstances, because that's not always the way those services are viewed. They're often viewed as a gateway, so do they need skills to do this? But I think, you know, what we actually find is they are asked actually to deal with everybody, you know, so while it's a, you know, might be a mainstream service, you know, mainstream really looks like this.

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So I think there is that big question. How do we better support universal services to do that? Because only through effective coordination and partnering with targeted services, do we see that gateway where actually that's the constant identification of these families need more support here or they need it here, but they didn't need it here. You know? So how do we think about a system on a continuum of partnership between universal and targeted services?

I think the other big question is how do we know what works? You know, we are absolutely moving to a place where we're, you know, we're talking about a substantial investment in three year old preschool. Are we also investing in the systems to be able to evaluate and monitor what works? I think a platform like the BE BOLD platform we talked about before is an opportunity for South Australia to actually set up evaluation and monitoring and go, well, we know who has experienced these systems and we know how much cause often what we miss.

And I think that was made by the earlier witness is we know they enrolled, did they attend? And so there's an opportunity to set this up, but also make sure we're also setting up a learning system. So we know what worked for who and when, what didn't work and why, because if we can't do that, we are not really in a place where I think we can scale up sensibly. And it might be when you think about universal services, you know, that it does start small and it grows over time.

So how do we learn from pilots? How do we learn from early implementation? All of those questions I think are really important and how do we invest in the data infrastructure to support the monitoring in the longer term. And then I would broaden the vision to think about the earlier system and say, well, how do we do that for all of our inputs? Because I think it's very clear this isn't any one department's responsibility.

You know, this goes across education, health, human services, child protection, housing, homelessness police. How do we understand all of our investments? And then that’s really when we’ll actually start to be able to say, well, we can feed back into the system, understand what is, and isn’t working and change what we do.

So we move from evaluation, being a scary word, where we might defund things to actually creating a learning system. So I think that was a really long-winded answer, but I think those are the big things we need to think about as we are looking at: What is an early year system, what's early childhood education and care look like and what are our substantial investments look like going forward?

COMMISSIONER

Okay. Can I just add, I know we're hard on time, but could just ask you to, I mean, given, given the data you are dealing with is inherently sensitive and so you are dealing with de-identified data how, how can we create a dynamic data system that, that can help whatever the vision is for the future of uh, early learning and care help it be responsive in real time to children's needs. I mean, there's, there's a trade off there isn't there between uh, privacy and stigma issues, which is incredibly important. And we know from the history, I mean, even things as humble as the histories of free school meals and things like that in various countries that, that it

was from a good impulse, but inherently stigmatising who was getting the free food. Um how, how can you imagine how we could work through those trade offs?

DR PILKINGTON

I mean, there are efforts in that space already through the Office for Data Analytics in the South Australian government and not just in South Australia, but around the country. So some jurisdictions have decided to stay deidentified and they've said, no, that's what, you know, that's what our preference is. So that we are not in that space where you might end up with these perverse outcomes for otherwise well intended policies.

I think it is possible to move towards much more contemporary and regular updates of data. And we are seeing in the big Commonwealth data assets, like MADIP and things like that, you know, some of those data sources are moving to three monthly updates.

COMMISSIONER

So they're not live.

DR PILKINGTON

No, but they're moving to much closer to real time than previously. I think the real time question would require significant investment in the actual IT infrastructure that would underpin that. But beyond that, it is then about how do you, you have those legislative and privacy protecting frameworks in place to make sure you don't have those perverse outcomes for what is really intended as something to say, well, we just want to know if we need to support you. So it's not that it's not possible. And I, you know, we've worked with nearly every administrative data source in the State, I would say. So we know a lot about them.

Um, I think the challenge really is in what you highlighted in, where's the privacy protecting framework in place. What does that look like? And who's in charge because I think, you know, we have technical capability and then we have people with expertise in policy space. How do we bring those things together in the right way to make sure it's not technical reasons driving how data's used. Yes. But rather actually, what are we going to achieve with this? That drives how data is used.

COMMISSIONER

Yeah. Understood. Thank you. That's very helpful.

COUNSEL ASSISTING

And the witness can be released and we can reconvene at 1.30.

<THE HEARING ADJOURNED AT 12.36 PM

This transcript is intended as a guide only and as an aide memoire with respect to the audio visual record, which constitutes the official record of the hearing on 25 January 2023.