Summary report: Drivers of declining AEDC results in the ACT and potential policy responses

Commissioned by the ACT Health and Community Services Directorate

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nous

Nous Group acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of Country throughout Australia. We pay our respect to Elders past and present, who maintain their culture, Country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

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Emerging drivers of declining AEDC results in the ACT

This report forms part of a larger project to examine the emerging drivers of declining results in the Australian Early Development Census (AEDC) for children in the ACT, commissioned from Nous Group by the ACT Health and Community Services Directorate in mid-2026.

This summary provides an overview of findings from that project on the emerging drivers of declining Australian Early Development Census (AEDC) results in the ACT, drawn from insights gained through quantitative analysis of AEDC data, desktop research, and targeted stakeholder engagement with government and community sector representatives and kindergarten teachers. This summary report presents, in turn, analysis of key patterns in the AEDC data, insights on family, service and system-level drivers of those patterns, and the implications for practical policy action.

The key finding is that the ACT is experiencing a sustained and systemic increase in children's developmental vulnerability. The decline is broad-based across domains, cohorts and geographies, and is not primarily explained by demographic change. This points to broader system-level drivers that are affecting children's development before school entry.

Developmental vulnerability is rising across the ACT

1. **The ACT is experiencing a sustained increase in developmental vulnerability.** The proportion of ACT children starting school with developmental vulnerability has risen in every AEDC cycle since 2015. In 2024, one child in four started school with at least one area of significant developmental concern, and one in seven had challenges spanning multiple domains simultaneously.
2. **The decline is systemic and broad-based.** While some suburbs have improved and some aspects of development have held steady, the overarching story across recent AEDC cycles is one of decline across domains, cohorts, geographies and subgroups.
3. **Demographic change does not account for the trend.** Priority cohorts, including Aboriginal and Torres Strait Islander children and children from language backgrounds other than English, experience higher developmental vulnerability, but they do not explain the overall ACT-wide decline.
4. **The pattern is not primarily about academic preparedness.** The fastest growth in developmental vulnerability has been in social competence, emotional maturity and physical health and wellbeing, pointing to challenges related to emotional regulation, attention, anxiety, physical readiness[1] and the behaviours that support learning.
5. **High absolute developmental vulnerability is concentrated in several outer districts.** Gungahlin, Tuggeranong and Belconnen have high levels of developmental vulnerability, reflecting both the broad-based deterioration and the lower starting base in some areas.

Taken together, these results point to a system-level challenge affecting children's developmental outcomes across the Territory. They also raise questions about which factors specific to the ACT may be contributing to increased developmental vulnerability, putting potential national influences aside.

[1] Physical readiness for the school day is a specific subdomain under the broader Physical Health and Wellbeing domain. It measures whether a child has the physical capacity and daily habits required to fully engage and participate in a standard school day.

Declining AEDC outcomes are likely driven by systemic factors rather than a single cause

Child development outcomes are known to be shaped by a wide range of interacting factors across the child and family, service system, and broader social context, consistent with a socioecological model of development.[2] This means it is likely that the drivers of declining AEDC outcomes in the ACT are multifactorial and systemic, rather than attributable to any single cause.

Table 1 | Emerging drivers of declining AEDC results in the ACT

Domain	Emerging driver
Child	• **Children's behavioural and developmental needs are becoming more complex.** Children are increasingly starting school with more complex social, emotional, behavioural and developmental needs, and a growing proportion of children are requiring additional assessment and support.
Families and networks	• **There is growing hidden vulnerability amongst families across the ACT.** Rising developmental vulnerability in the ACT is occurring alongside broader family stressors that extend beyond traditionally disadvantaged households. Housing stress, family violence, parental mental health challenges, substance use, intergenerational trauma, cost-of-living pressures and social isolation can compound disadvantage and reduce families' capacity to seek support early.
	• **Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities.** Increasing family pressures may be reducing parents' confidence to monitor development, recognise concerns and seek support early, particularly where stress and competing demands limit engagement with available developmental information and screening tools.
Systems and communities	• **Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late.** Limited access to timely parenting and peer supports may reduce families' confidence, connection and ability to address developmental concerns early.
	• **Access to high-quality ECEC is not equitable across the ACT.** Children in the ACT are spending more time in ECEC than ever before, with participation rates consistently above the national average. The ACT has many high-quality services, however access and quality vary across locations and providers, with developmental vulnerability tending to be higher in areas with lower ECEC availability.
	• **Access barriers and service and workforce capacity are delaying early identification and intervention.** Access barriers (such as the availability of services) across health, development and early intervention services delay support for children and families. The current system relies heavily on parents recognising concerns and seeking help through an opt-in model, despite evidence that families experiencing stress, isolation or limited knowledge of child development may be less likely to engage.
	• **Service pathways have become fragmented and limited publicly funded therapy has reduced access to practical early intervention support.** While developmental concerns are often recognised, families can encounter complex and disconnected pathways to assessment, eligibility determination and support. Stakeholders reported that changes following the introduction of the NDIS and the transition away from Therapy ACT in 2014 shifted the system away from ongoing therapeutic support for children in the early years. More recently, Best Start for children aged 24–36 months has helped create access to some therapeutic supports, but gaps remain between identifying need and providing timely, practical early intervention.
Society	• **Multiple agencies hold the levers in the early years system, and there is no clear steward:** Dispersed accountability and unclear system stewardship limit coordinated action across the early years system.
	• **Disconnected data systems and inconsistent information sharing across Health and Community Services Directorate (HCSD), Canberra Health Services (CHS) and the Education Directorate limits coordinated and timely supports:** Weak information sharing and disconnected data systems are hindering coordinated care and timely support for children and families.

[2] Nous adapted version of Bronfenbrenner's ecological systems theory diagram.

Policy responses could strengthen universal supports while targeting additional effort where need is greatest

Since the AEDC's introduction in 2009, the ACT Government has progressively strengthened the early years system through strategies focused on family supports, Aboriginal and Torres Strait Islander-led approaches, child protection reform, health services and equitable access to quality early education. More recently, planning for Thriving Kids provides an important reform context for strengthening early identification, system navigation and developmental supports for children aged zero to eight and their families.

While these initiatives reflect a strong commitment to improving early childhood outcomes, declining AEDC results suggest policy intent is not consistently translating into better developmental outcomes. To respond to broad-based increases in developmental vulnerability across demographic groups, geographies and socioeconomic profiles, seven relevant policy responses have been identified. These responses are grounded in the principle of proportionate universalism: a strong universal system for all children and families, complemented by targeted and intensive supports scaled to need. Table 1 presents the proposed responses and potential initiatives.

Table 2 | Proposed policy responses and potential initiatives

#	Policy response	Examples of potential initiatives
1	**Build parents' confidence about children's development to increase help-seeking and strengthen home learning environments**	Refresh and actively promote practical parent-facing developmental guidance for all families across the ACT, including milestones, early warning signs, what is "typical", and what to do when concerns arise (whether it be in the home or in other contexts such as ECEC), with a focus on social, emotional and physical development.
		Identify gaps in universal and accessible parenting supports (such as playgroups, peer supports and community-based programs) to help support healthy child development, reduce isolation and strengthen confidence of parents, carers and kin.
		Identify gaps in culturally safe and community-led supports for Aboriginal and Torres Strait Islander families and CALD families, and where appropriate, expand Aboriginal Community Controlled Organisation (ACCO)-led supports and ECEC, multicultural playgroups, and multilingual and community-based engagement approaches.
2	**Strengthen early identification of developmental concerns by early years professionals and parents to ensure timely access to support**	Embed annual health checks and follow-ups more systematically into existing universal touchpoints, such as immunisations, preschool enrolment, ECECs, Koori preschools and other everyday settings.
		Promote uptake of existing or introduced developmental checks through proactive engagement and behavioural prompts.
3	**Enhance the 'no wrong door' system so families can access support through any entry point and receive timely, coordinated care without needing to navigate the system themselves**	Strengthen and support every touchpoint (Child and Family Centre's (CFCs), Maternal, Child and Family Health (MACH), GPs, ECEC, Child Development Service, etc.) to identify need, provide initial support, and actively connect families onward.
		Embed a navigation support function for families with emerging or moderate need, especially where multiple services are involved or where families face language, transport or work-related or other social barriers.

#	Policy response	Examples of potential initiatives
		Create a child development campaign and website to inform parents where to go/who to talk to.
4	**Value the role of ECEC in responding to rising developmental complexity, by continuing to invest in service and workforce quality.**	Deliver targeted professional learning in child development, inclusion, trauma-informed practice, neurodiversity and early identification for ECEC educators, preschool staff and early years teachers, and identify opportunities to strengthen how education practice is adapted to meet all children's needs.
		Provide targeted support to ECEC services working towards meeting the National Quality Standards, including tailored mentoring, leadership capability uplift and quality improvement supports to strengthen their ability to respond to increasingly complex developmental and behavioural needs.
5	**Layer targeted, place-based responses over a universal system to improve equity, early identification and support in high-need areas.**	Trial new approaches to service delivery in place-based pilots, which might include strengthened CFC service models through targeted outreach including community-based parenting support and developmental services.
6	**Elevate Aboriginal and Torres Strait Islander community leadership to drive self-determined early years services design and delivery.**	Embed Aboriginal governance and shared accountability across the early years system.
		Explore options to strengthen Aboriginal and Torres Strait Islander-led early childhood and developmental supports.
		Build and sustain the Aboriginal early years workforce.
7	**Strengthen stewardship and joint accountability across government to improve early years outcomes across the system.**	Set a clearer whole-of-government mandate and accountability for improving early childhood developmental outcomes, including AEDC-related outcomes.
		Develop a clear, cross-sector early years strategy with shared a vision across HCSD, CHS, Education and community-delivered services.
		Formalise cross-sector data-sharing, so relevant developmental information can follow the child across services with appropriate privacy protections.