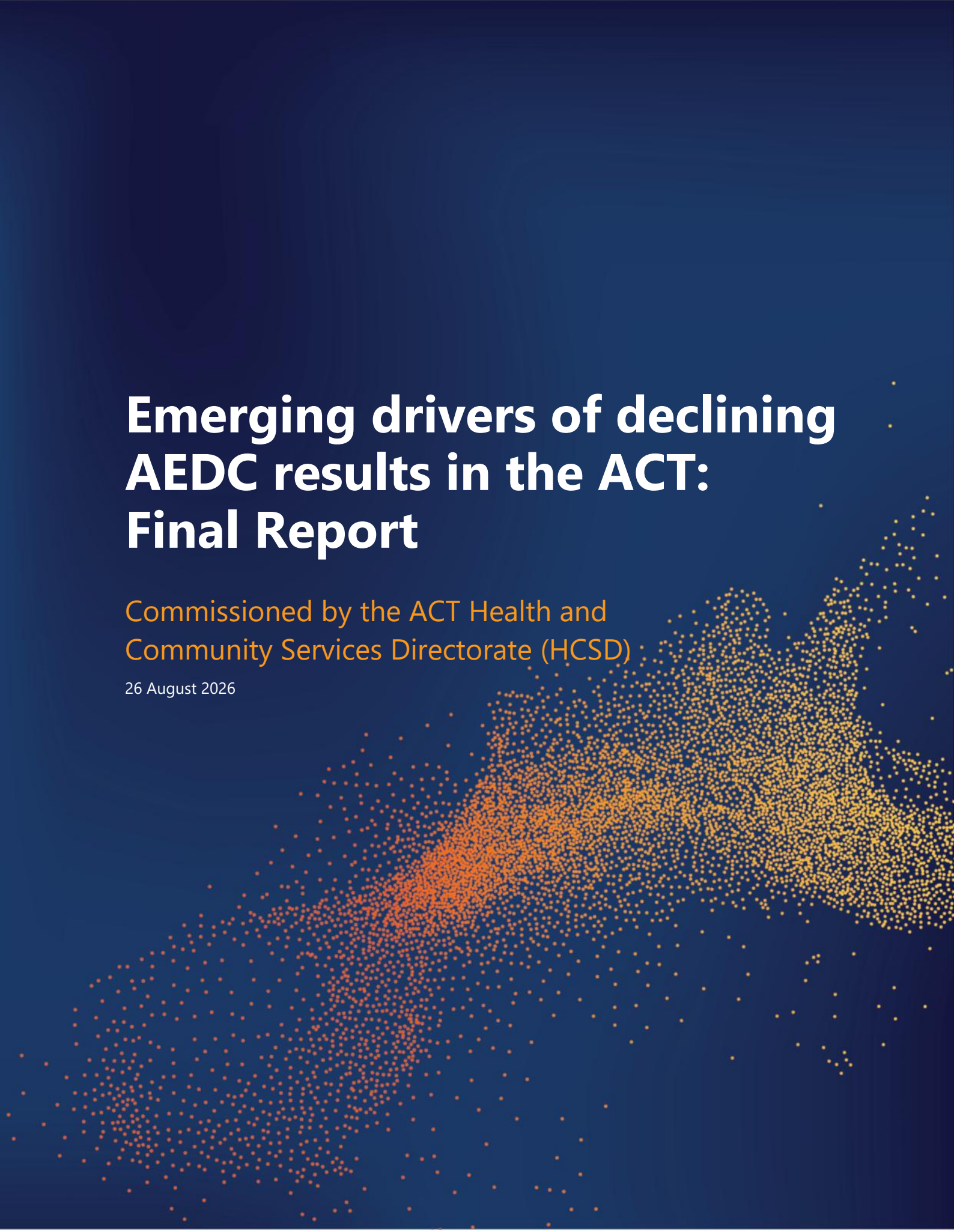
Emerging drivers of declining AEDC results in the ACT: Final Report

Commissioned by the ACT Health and Community Services Directorate (HCSD)

26 August 2026



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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1 Executive summary

Developmental vulnerability is increasing among ACT children

The Australian Early Development Census (AEDC) provides a nationally consistent measure of children's development across five domains and is widely used to monitor population-level trends and identify emerging risks to school readiness and longer-term outcomes.

Based on AEDC data, the ACT is experiencing a sustained and systemic increase in children's developmental vulnerability, with the proportion of children starting school with developmental vulnerability rising consistently in every AEDC cycle since 2015. This trend is notable because it has not been observed consistently in other jurisdictions, including those that experienced more extended COVID-19 lockdowns.

Analysis of ACT AEDC data highlights that:

- In 2024, one child in four started school with at least one area of significant developmental concern, and one in seven with challenges spanning multiple domains simultaneously. Additionally, between 2021 and 2024, the ACT experienced a 3.5 percentage point (pp) reduction in the proportion of children developmentally on track across all five domains, with the second lowest proportion across Australia. While there are some suburbs within the ACT that have improved and some aspects of development have held steady, the overarching story across recent AEDC cycles is one of decline.
- Importantly, this trend cannot be explained by changing population demographics. A Kitagawa shift-share decomposition of the 5.6 percentage point rise in DV1 between 2015 and 2024 shows that almost all of it comes from children within every group becoming more developmentally vulnerable, not from a shift in the mix of children toward higher-risk groups (see Figure 7).
- Priority cohorts, such as Aboriginal and Torres Strait Islander children and children from language backgrounds other than English, experience higher developmental vulnerability, however they do not account for the overall decline. In 2024, more than one in three Aboriginal and Torres Strait Islander children face compounding challenges across multiple developmental areas, and the gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander children is widening. For language background other than English (LBOTE) children, developmental vulnerability concentrates in communication skills and general knowledge, and language and cognitive skills (school-based), domains sensitive to English proficiency where newly arrived or bilingual children face a real disadvantage.
- The fastest growth in developmental vulnerability has been in social, emotional and physical development rather than language and cognitive skills (school-based). While children's results in all domains worsened from 2015 to 2024, the largest recorded declines were in emotional maturity (+3.4pp), physical health and wellbeing (+2.9pp), and communication skills and general knowledge (+3pp), with subdomain data showing the biggest rises in hyperactivity and inattention, social competence, physical readiness for school, and anxiety-related behaviours.
- The increasing rate of developmental vulnerability is not confined to disadvantaged areas. A sharp decline in results is present in many suburbs not traditionally characterised as 'disadvantaged' (as measured by the ABS SEIFA measure), such as Red Hill, Casey, and Melba.
- Outer districts such as Gungahlin, Tuggeranong and Belconnen have the highest absolute levels of developmental vulnerability. While outcomes are declining at a similar rate across the ACT regardless of socioeconomic status of the areas, these areas started from a lower base, leaving them with very high developmental vulnerability by 2024.

These results point to a system-level challenge affecting children's developmental outcomes across the territory. And they raise questions about which factors specific to the ACT might be responsible for increased developmental vulnerability, putting potential national influences aside.

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.[1] 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.

A summary of the factors that may be driving declining developmental outcomes are outlined in Table 1. These factors were identified through desktop research, consultation with select ACT Government representatives and frontline early years staff, alongside analysis of AEDC and public early childhood education and care (ECEC) and health data.

The strength of evidence across each emerging driver was assessed, based on the breadth, consistency and quality of evidence drawn from quantitative analysis, stakeholder consultations and desktop research. Findings supported by multiple, converging sources of evidence are assigned a higher confidence rating, while those based on more limited or less consistent evidence are assigned a lower rating.

Table 1 | Emerging drivers of declining AEDC outcomes, based on dimensions of a socioecological model

Emerging driver	Strength of evidence
CHILD	
1. Children's behavioural and developmental needs are becoming more complex.	●●●
FAMILIES AND NETWORKS	
2. There is growing hidden vulnerability amongst families across the ACT.	●●●
3. Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities.	●●○
SYSTEMS AND COMMUNITIES	
4. Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late.	●●○
5. Access to high-quality ECEC is not equitable across the ACT.	●●○
6. Access barriers and service and workforce capacity are delaying early identification and intervention.	●●○
7. Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support.	●●○
SOCIETY	
8. Multiple agencies hold the levers in the early years system, and there is no clear steward.	●○○
9. Disconnected data systems and inconsistent information sharing across Health and Community Services Directorate (HCSD), Canberra Health Services (CHS) and other directorates limits coordinated and timely care.	●○○

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

CHILD

Children's behavioural and developmental needs are becoming more complex

ACT children are starting school with more complex and often unmet social, emotional, and physical developmental needs, rather than primarily weaker academic preparedness. While the cohort has become more culturally diverse and slightly more children identify as Aboriginal and Torres Strait Islander, demographic change does not explain the overall decline in AEDC results. Teacher-assessed indicators show increasing developmental difficulty affecting learning, rising need for further assessment, and more children arriving at school without early intervention, reinforcing the need for earlier identification, stronger family and community supports, and services able to respond to increasing developmental complexity before school entry.

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. The ACT's highly mobile population may further weaken informal support networks, while families from Culturally and Linguistically Diverse (CALD) backgrounds can face additional barriers such as language, limited service awareness, system navigation challenges and concerns about visa implications, discouraging some families from seeking developmental assessment or support.

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. Stakeholders identified shifts in home environments as a potential contributor to developmental vulnerability, with data highlighting increased screen use by children and parents (implying fewer opportunities for interaction and communication), and declining rates of reading at home. AEDC data shows that regular reading at home has fallen since 2015 and that children not read to frequently experience substantially higher developmental vulnerability, suggesting broader changes in home learning environments may be affecting children's social, emotional and language development.

SYSTEMS AND COMMUNITIES

Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late

Families face increasing difficulty accessing timely support when developmental concerns emerge. Parenting supports such as playgroups, peer supports and community-based programs are widely recognised as important protective factors for child development. Evidence suggests declining participation in playgroups and reduced opportunities for informal parental support may limit families' confidence, social connection and

capacity to seek help early, which is also reinforced by stakeholder reports that these supports are not consistently available and are often accessed too late.[2]

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.[3] While increased participation can support children's cognitive, language and social-emotional development, outcomes depend on the quality of care, as well as children's individual circumstances. Although the ACT has many high-quality services, access and quality vary across locations and providers, with developmental vulnerability tending to be higher in areas with lower ECEC availability. At the same time, workforce shortages, capability gaps and increasing complexity of children's needs are placing pressure on the sector and may be limiting its ability to deliver consistently high-quality support.

Access barriers and service and workforce capacity are delaying early identification and intervention

Access barriers (including the availability of services) across health, developmental and early intervention services further 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 low developmental literacy may be less likely to engage. Long wait times for specialist services, uneven service availability, workforce shortages and high out-of-pocket costs were consistently identified as barriers to timely intervention. In some locations, lower ECEC availability also aligns with higher rates of developmental vulnerability. Culturally tailored supports improve engagement for families from CALD backgrounds, but availability remains inconsistent across the Territory.

Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support

The early childhood service system is not consistently providing timely, practical early intervention support for children when developmental concerns are first recognised. Families can encounter limited service availability, long waits and complex diagnostic or eligibility pathways before they can access ongoing therapy or other developmental supports. Changes following the introduction of the NDIS and the transition away from Therapy ACT were reported to have shifted the system towards assessment and eligibility determination, while reducing access to early, flexible and practical intervention supports. This has created a "missing middle" of children with developmental needs who do not qualify for NDIS support but still require timely assistance. Fragmented pathways across health, disability, education and community services compound these access issues, leaving families to navigate a disconnected system and increasing reliance on formal diagnosis before support is provided. These factors delay intervention and constrain the system's ability to respond proactively to emerging developmental needs.

SOCIETY

Multiple agencies hold the levers in the early years system, and there is no clear steward

The early years service system brings together a broad set of supports that influence children's development from before birth through to the early years of schooling. It operates as a connected, layered system of

[2] AEDC microdata 2024 indicates the proportion of children attending playgroup before school (as reported by their teachers) decreased from 34.5 per cent in 2015 to 26.4 per cent in 2024. Evidence from the Centre for Community Child Health, Social Ventures Australia and Bain & Company (2023) identifies family wellbeing and social connection as foundational conditions for positive early childhood development.

[3] SCRGSP (Steering Committee for the Review of Government Service Provision) 2026, Report on Government Services 2026, Part B, Section 3: Early childhood education and care, Productivity Commission, Canberra.

supports, where high-quality early learning, parenting, health and disability services sit within broader community, social, protective and material supports that together, enable children and families to thrive.

At a system level, responsibility for early childhood outcomes is spread across multiple agencies, with no single entity responsible for stewarding the early years system. Stakeholders described strong policy intent and significant investment, but noted that policy, funding, workforce and service delivery are often poorly aligned. Collaboration is frequently dependent on individual relationships rather than embedded governance structures, limiting continuity and coordinated action.

Disconnected data systems and inconsistent information sharing across HCSD, CHS and other directorates limits coordinated and timely care

Fragmented data systems and legislative barriers to information sharing limit coordinated care. Separate governance arrangements and disconnected information systems across health, education and community services make it difficult for providers to share information and build a complete understanding of a child's needs. This contributes to duplication, delayed referrals and disjointed support for families. Strengthening stewardship, integration and interoperability across the early years system will be critical to improving early identification, reducing barriers to support and ensuring children receive timely, coordinated care.

The ACT Government has an opportunity to strengthen its existing policies and better focus efforts on improving developmental outcomes for all children

Since the introduction of the AEDC 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. National reforms have complemented this work by promoting service integration, ECEC quality and improved outcomes for Aboriginal and Torres Strait Islander children, families and communities. More recently, planning for Thriving Kids provides an important reform context for strengthening early identification, system navigation and developmental supports for children aged 0 to 8 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, this report proposes seven policy responses grounded in proportionate universalism: a strong universal system for all children and families, complemented by targeted and intensive supports scaled to need. Table 2 presents the proposed responses and potential initiatives.

Table 2 | Proposed policy responses and potential initiatives

	Policy response	Potential initiatives	Timeframe
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.	Short term (6-18 months)
		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.	Medium term (18 months - 3 years)
		Identify gaps in culturally safe and community-led supports for CALD families, and where appropriate, expand multicultural playgroups, and multilingual and community-based engagement approaches.	Medium term (18 months - 3 years)
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.	Short-Medium term (12 months - 3 years)
		Promote uptake of existing or introduced developmental checks through proactive engagement and behavioural prompts.	Short term (6-18 months)
3	Enhance the 'no wrong door' system so families can access support through any entry point and receive timely, coordinated care without	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.	Medium term (18 months - 3 years)
		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.	Medium term (18 months - 3 years)

	Policy response	Potential initiatives	Timeframe
	needing to navigate the system themselves	Create a child development campaign and website to inform parents where to go/who to talk to.	Short term (6-18 months)
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.	Medium term (18 months - 3 years)
		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.	Medium term (18 months - 3 years)
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.	Medium term (18 months - 3 years)
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.	Medium term (18 months - 3 years)
		Explore options to strengthen Aboriginal and Torres Strait Islander-led early childhood and developmental supports.	Medium term (18 months - 3 years)

	Policy response	Potential initiatives	Timeframe
		Build and sustain the Aboriginal early years workforce.	Long term (3+ years)
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.	Medium term (18 months - 3 years)
		Develop a clear, cross-sector early years strategy with shared a vision across HCSD, CHS, Education and community-delivered services.	Medium term (18 months - 3 years)
		Formalise cross-sector data-sharing, so relevant developmental information can follow the child across services with appropriate privacy protections.	Medium term (18 months - 3 years)

2 Overview of this report

2.1 Purpose of the report

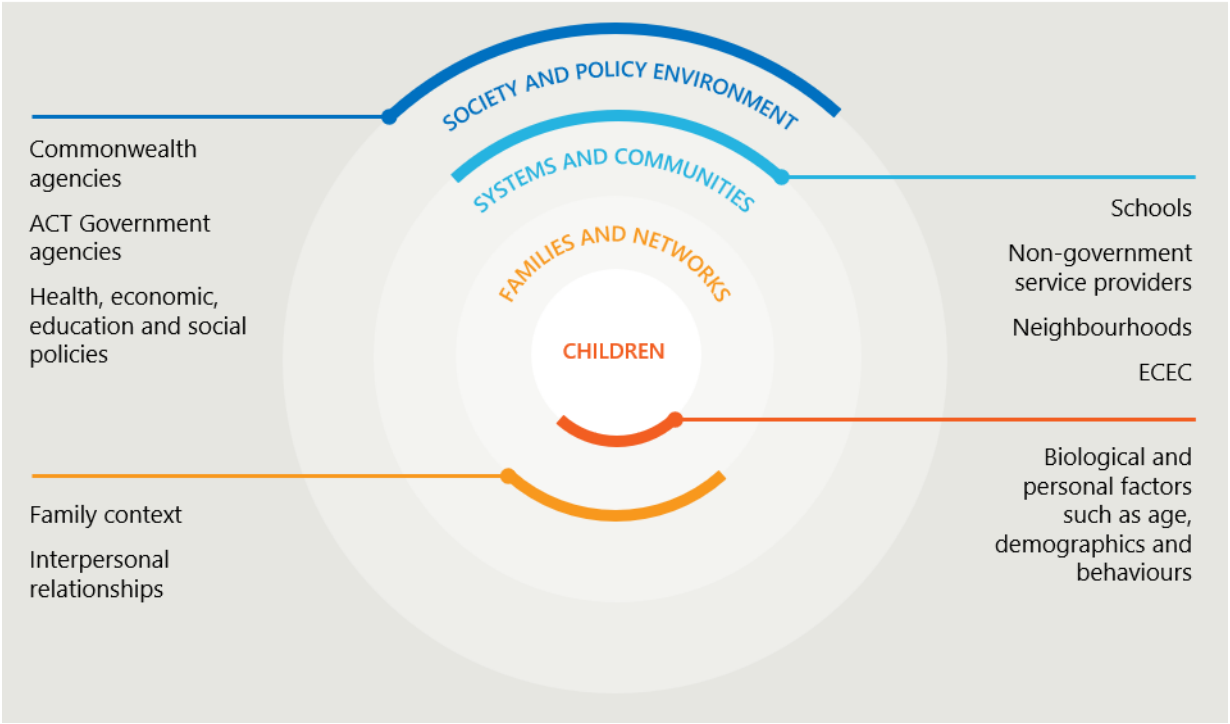
This report explores the potential causes of the marked decline in AEDC results in the ACT to inform practical, prioritised policy actions to arrest and reverse the trend. The diagnostic review (the 'review') underpinning the Report has been guided by five key lines of enquiry (KLEs):

1. What does the AEDC evidence show about how, where, and for whom outcomes are declining in the ACT?
2. What does best practice in early childhood development look like?
3. What contextual and social factors may be influencing AEDC outcomes in the ACT?
4. What components of the ACT service system may be contributing to the decline in AEDC outcomes?
5. What policy and system responses are most likely to address the key drivers, and how should they be prioritised?

2.2 Methodology

An adapted socioecological model underpins the exploration of emerging drivers of declining AEDC results

A socioecological model recognises that children's development is shaped by interacting influences across multiple levels, including the child, family, service system and broader social context. It allows analysis to move beyond individual factors to understand how environments, relationships and systems combine to affect outcomes. This provides a comprehensive framework for identifying where interventions are likely to have the greatest impact.



The strength of evidence across each emerging driver was assessed, based on the scope of this project

This approach considers the breadth, consistency and quality of evidence drawn from quantitative analysis, stakeholder consultations and desktop research. Findings supported by multiple, converging sources of evidence are assigned a higher confidence rating, while those based on more limited or less consistent evidence are assigned a lower rating. This ensures transparency about the level of certainty associated with each finding and supports proportionate interpretation. The approach is explained in Table 3 and the full evidence strength matrix is provided in Appendix A.

Quantitative and qualitative analysis methodology and limitations are listed in Appendix C.

Table 3 | Evidence strength matrix, summary

Symbol in-text	Label	Definition
●●●	Strong findings (high confidence)	The finding can be robustly substantiated through multiple, high-quality evidence sources that converge on the same conclusion.
●●◌	Moderate findings (medium confidence)	The finding is supported by some evidence, but there are gaps, inconsistencies, or limits that reduce certainty.
●◌◌	Emerging, but limited findings (lower confidence, further exploration required)	The finding is emerging or exploratory, based on limited or partial evidence, and should be investigated further.

Stakeholder engagement and consultation informed and tested the review findings

The review was informed by targeted stakeholder engagement and survey data collection of government and community sector representatives and kindergarten teachers. Stakeholder engagement included consultations with ACT Government Directorates, frontline early childhood practitioners, teachers, ACT Aboriginal Community Controlled Organisation (ACCO) representatives and subject matter experts to test emerging hypotheses and contextualise findings.

The project methodology included interviews, focus groups and workshops, alongside ongoing engagement with the HCSD to refine analyses and findings. The review also drew on relevant survey evidence from sector stakeholders and teachers and previous ACT early childhood and family service research where available. Further detail on the stakeholder engagement approach is provided Appendix C.

2.3 Glossary

Term	Definition
ACCO (Aboriginal Community Controlled Organisation)	An Aboriginal and Torres Strait Islander community-controlled organisation delivering culturally safe and community-led services.
AEDC (Australian Early Development Census)	A national population-level measure of children's development in their first year of full-time school across five developmental domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge.

Term	Definition
CDS (Child Development Service)	A specialist ACT service that provides developmental assessment, early intervention and referral pathways for children with developmental concerns.
CFC (Child and Family Centre)	Community-based centres that provide integrated support services for children and families, including parenting support and early childhood programs.
Developmental vulnerability	A measure used in the AEDC indicating children who score below a defined threshold in one or more developmental domains.
DV1	Children who are developmentally vulnerable on one or more AEDC domains.
DV2	Children who are developmentally vulnerable on two or more AEDC domains.
ECD (early childhood development)	The physical, social, emotional, language and cognitive development that occurs from conception through the early years of life.
ECEC (early childhood education and care)	ACT Government considers preschool as a structured, play-based learning program delivered by degree-qualified teachers designed for children in the one to two years before they begin full-time primary school. ECEC refers to centre-based services that provide structured, play-based learning and development for children from birth to eight years of age. For the purpose of this report, 'ECEC' captures all formal early learning and care services including long day care services, preschool and related early childhood education programs.
IRSAD (Index of Relative Socio-economic Advantage and Disadvantage)	An ABS measure of relative socioeconomic advantage and disadvantage for geographic areas.
LBOTE (Language Background Other Than English)	Children who speak a language other than English at home and/or have English as a second language.
MACH (Maternal, Child and Family Health)	Universal health and development services that provide health checks, developmental monitoring and parenting support throughout early childhood.
NDIS (National Disability Insurance Scheme)	Australia's national scheme for funding supports and services for people with disability, including eligible children with developmental delay.
Proportionate universalism	An approach where supports are universal for all families, but the scale and intensity of support increase according to need.
Thriving Kids	A national reform agenda focused on strengthening early identification, system navigation and developmental supports for children and families.

3 Developmental vulnerability is increasing in children across the ACT, pointing to systemic, broad-based drivers

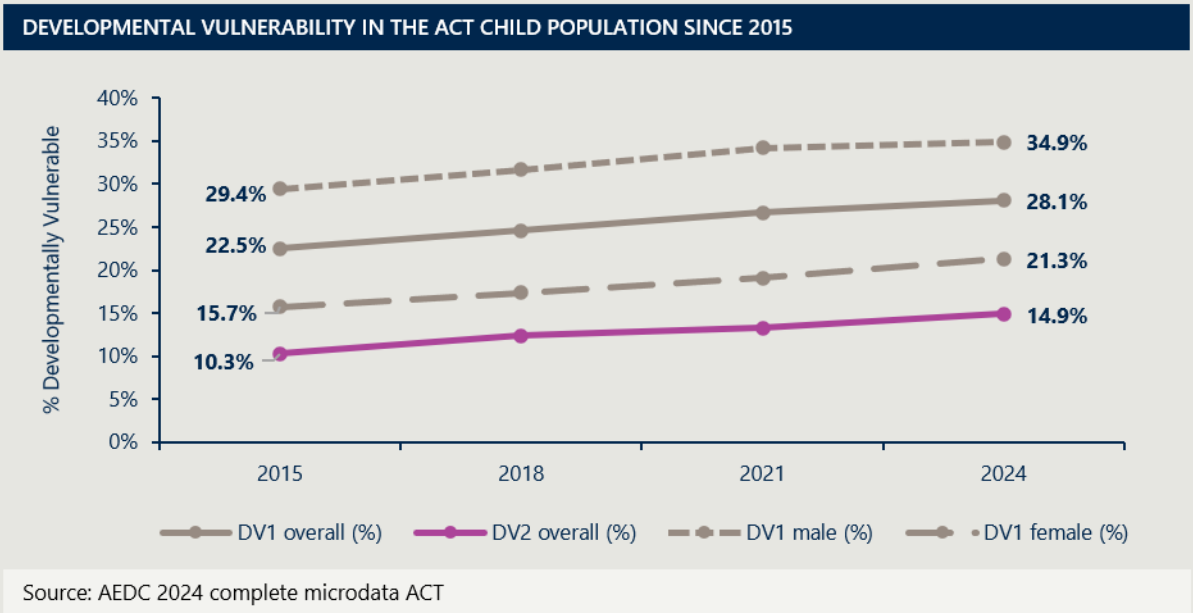
This section presents the AEDC results in response to KLE 1: **What do the AEDC results show about how, where, and for whom outcomes are declining in the ACT?**

The ACT is experiencing a sustained increase in rates of children's developmental vulnerability across the territory

The proportion of ACT children starting school with developmental vulnerability has risen in every AEDC cycle since 2015, without exception (see Figure 1). In absolute terms, the 2024 AEDC assessed approximately 5,000 eligible children in the ACT, of whom over 1,350 were identified as developmentally vulnerable on one or more domains and 728 on two or more domains. They represent roughly one child in four starting school with at least one area of significant developmental concern, and one in seven with challenges spanning multiple domains simultaneously. In a kindergarten class of around 22 children, this translates to approximately six children arriving with at least one domain of developmental vulnerability.

The declining results are of particular concern because they represent a structural deterioration, rather than a COVID-19 era disruption followed by a recovery. Overall, developmental vulnerability on one or more domains (DV1) rose from 22.5 per cent in 2015 to 28.1 per cent in 2024, a total increase of 5.6 percentage points. Developmental vulnerability on two or more domains (DV2) followed the same trajectory: 10.3 per cent in 2015 to 14.9 in 2024 (+4.6 percentage points). Further, boys' DV1 rate rose from 29.4 to 34.9 per cent, while girls went from 15.7 to 21.3 per cent. Results for both genders deteriorated at near-identical absolute rates, meaning the trend is not being driven by one gender pulling away from the other.

Figure 1 | ACT children developmentally vulnerable (2015-2024)[4]



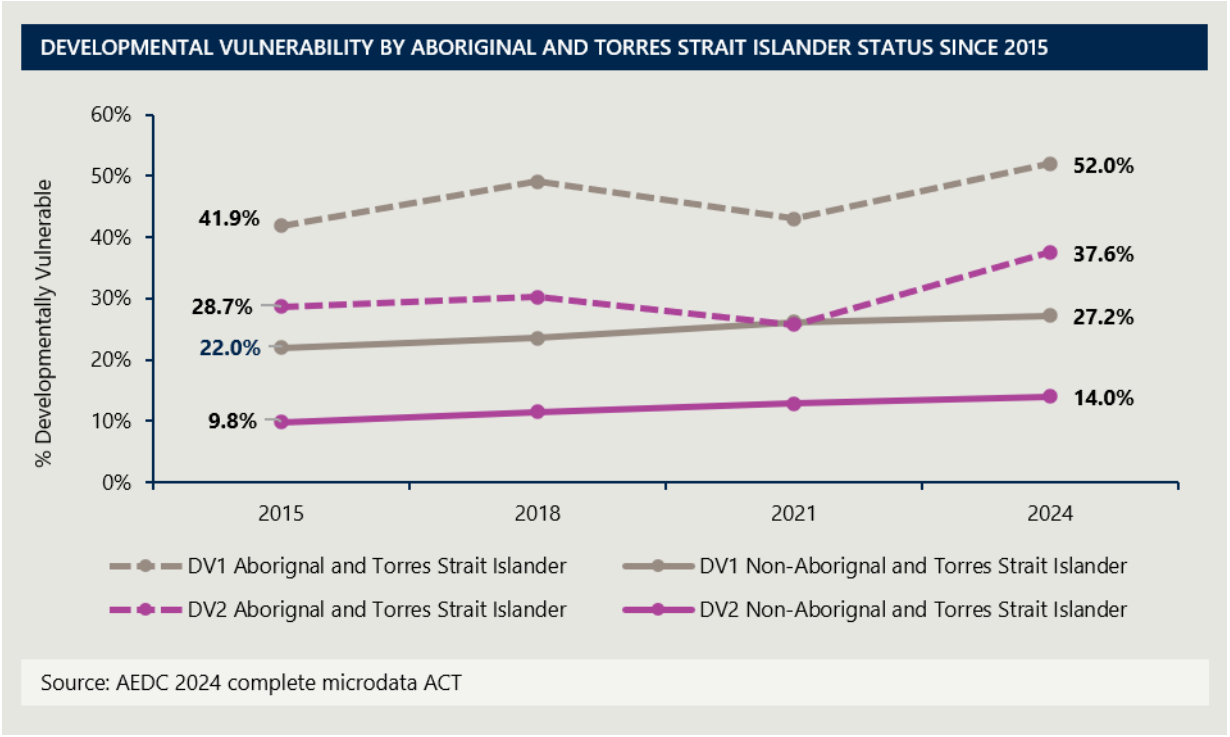
Source: AEDC 2024 complete microdata ACT

[4] This chart and all subsequent AEDC charts in this section (unless otherwise stated) use data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education. The findings and/or views reported are those of the author and should not be attributed to the Department or the Australian Government.

The gap is widening for Aboriginal and Torres Strait Islander children

AEDC data indicates that there is a widening gap for Aboriginal and Torres Strait Islander children. Aboriginal and Torres Strait Islander children's DV1 rose from 41.9 to 52 per cent (+10.1 percentage points) between 2015 and 2024, with around 100 Aboriginal and Torres Strait Islander children starting school developmentally vulnerable on at least one domain (see Figure 2). It is important to note that the total number of Aboriginal and Torres Strait Islander children in the ACT was 192 in 2024, up from 142 in 2015[5]. More than one child in three face compounding challenges across multiple developmental areas (DV2 rose by 8.9pp), and the gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander children is widening. This gap is being driven primarily by Aboriginal and Torres Strait Islander boys, whose rates of DV2 increased by 12.3pp between 2015 and 2024, compared to Aboriginal and Torres Strait Islander girls, and non-Aboriginal and Torres Strait Islander children, whose rates all increased by less than 5 percentage points.

Figure 2 | Developmental vulnerability by Aboriginal and Torres Strait Islander status



Source: AEDC 2024 complete microdata ACT

Aboriginal and Torres Strait Islander insight

Representatives from an ACT ACCO emphasised that developmental vulnerability for Aboriginal and Torres Strait Islander children should not be interpreted through a generic whole-of-population lens alone. They highlighted the importance of self-determination, Aboriginal-led interpretation of data, and ongoing engagement through existing Aboriginal governance and sector forums to ensure both analysis and responses reflect community priorities.

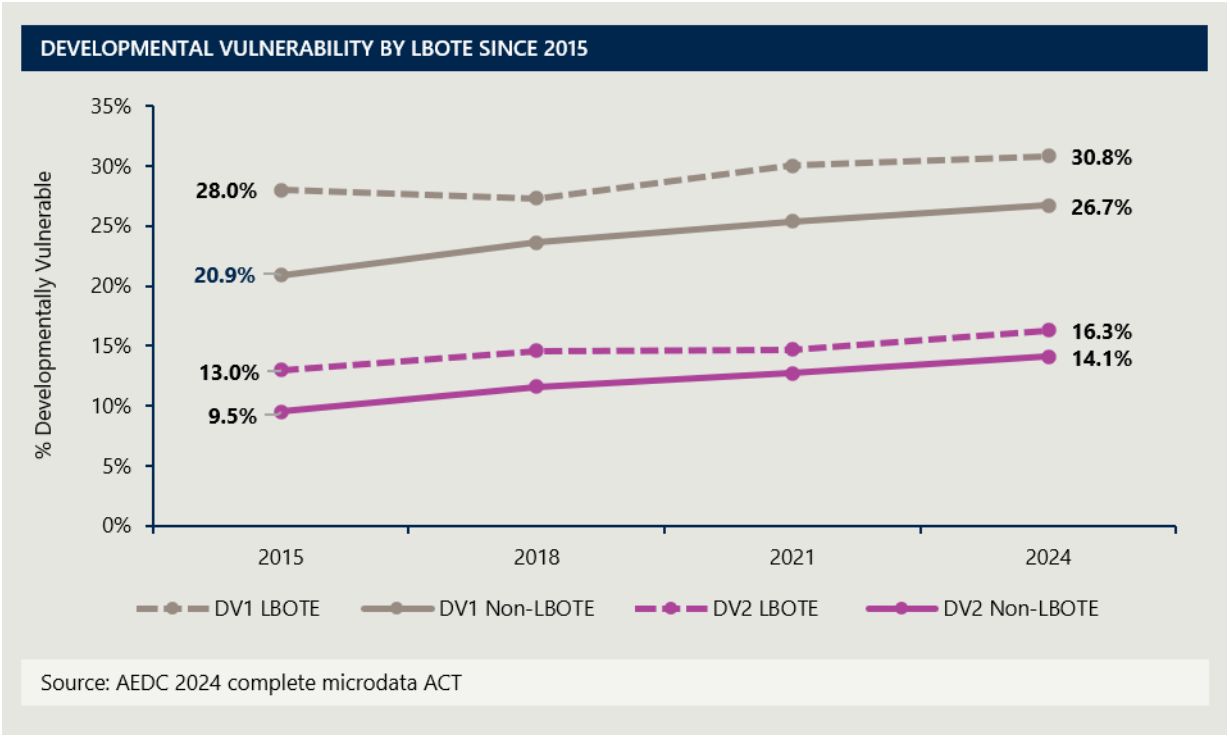
Developmental vulnerability is growing amongst children with an LBOTE

LBOTE children now make up a third of the ACT's kindergarten cohort, up from just over a fifth in 2015, the largest demographic shift in a decade. They are more developmentally vulnerable than their non-LBOTE peers on DV1 (30.8 versus 26.7 per cent in 2024) and DV2 (16.3 versus 14.1 per cent), so their growth may at first

[5] AEDC microdata, 2024.

glance appear to explain the decline in results (see Figure 3). However, this is not the case. LBOTE developmental vulnerability concentrates in communication skills and general knowledge, and language and cognitive skills (school-based), domains sensitive to English proficiency where newly arrived or bilingual children face a real disadvantage. However, it is worth noting that these are not the domains driving the ACT-wide decline. Those domains are social competence, emotional maturity and physical health and wellbeing, which are unrelated to language background and where LBOTE children are typically slightly less developmentally vulnerable. Further, the overall gap between LBOTE and non-LBOTE children has closed over time. However, this is because non-LBOTE children deteriorated faster, not because LBOTE children have improved.

Figure 3 | Developmental vulnerability by LBOTE[6]



Source: AEDC 2024 complete microdata ACT

The long-term deterioration is being driven by an increase in social, emotional and physical developmental vulnerability

Developmental vulnerability in the ACT is growing fastest in children's social, emotional and physical development, not in their academic or cognitive skills (Figure 4 and Figure 5). All five AEDC domains worsened between 2015 and 2024, but the largest increases in developmental vulnerability were in emotional maturity (+3.4pp, a 41 per cent relative increase), physical health and wellbeing (+2.9pp), and communication skills and general knowledge (+3pp). Language and cognitive skills (school-based), the domain most closely linked to pre-academic instruction, experienced the smallest increase in developmental vulnerability (+1.4pp).

The AEDC subdomain data reinforces this pattern (Figure 5). The largest increases were in hyperactive and inattentive behaviour (+3.8pp), overall social competence (+3.7pp), physical readiness for the school day[7] (+3.1pp), and anxious and fearful behaviour (+3.1pp). By contrast, basic numeracy was almost unchanged (+0.2pp), and basic literacy rose only modestly (+1.3pp).

Divergence between worsening AEDC results and relatively stable later academic outcomes (see Appendix C, Figure 27 and Figure 33) should be interpreted cautiously. The AEDC captures domains such as social

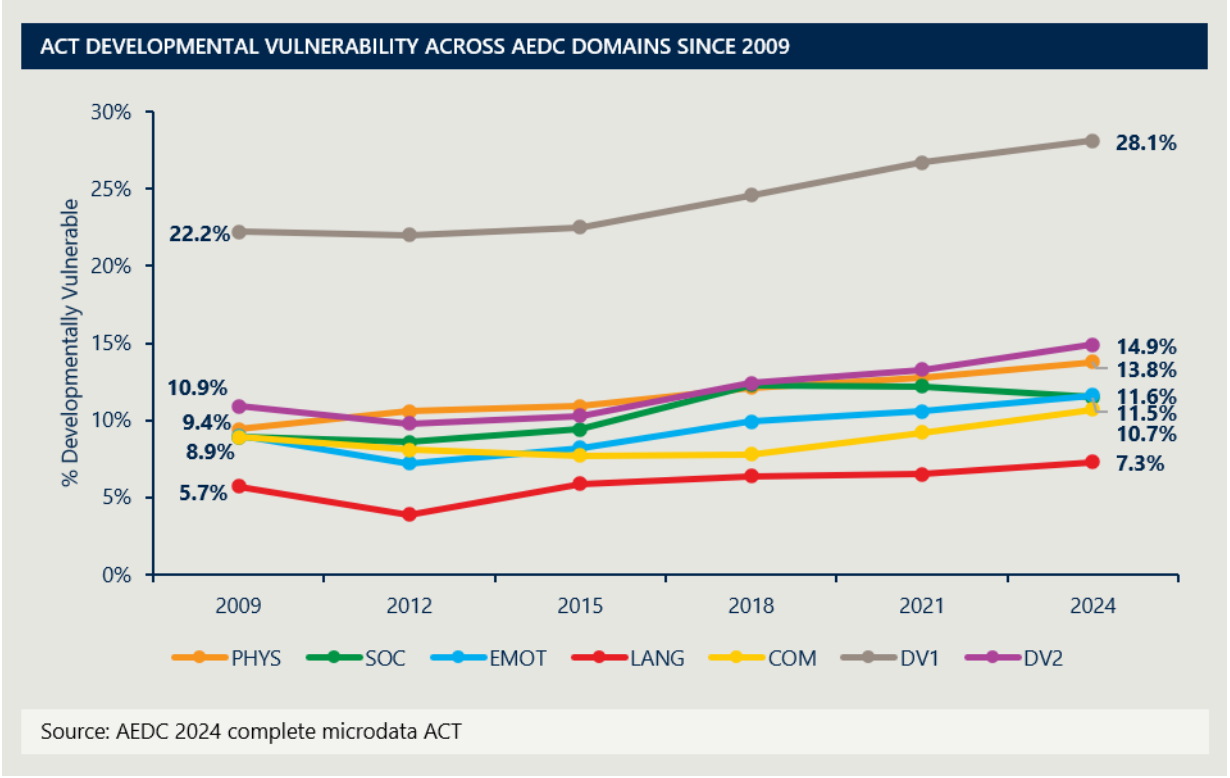
[6] For the AEDC, children are considered LBOTE if they speak a language other than English at home or if they have English as a second language status. The total includes children who are NOT proficient in English, children who ARE proficient in English, as well as children whose proficiency in English is unknown.

[7] Physical readiness for school is one of three subdomains within the AEDC physical health and wellbeing domain. It captures whether a child arrives at school each day in a state where they can engage with learning, such as whether they arrive at school hungry, tired, sick, or dressed appropriately for school activities.

competence and emotional maturity, physical health and wellbeing, and communication skills and general knowledge, which are not assessed directly in NAPLAN, and which are increasingly recognised as critical to long-term outcomes.

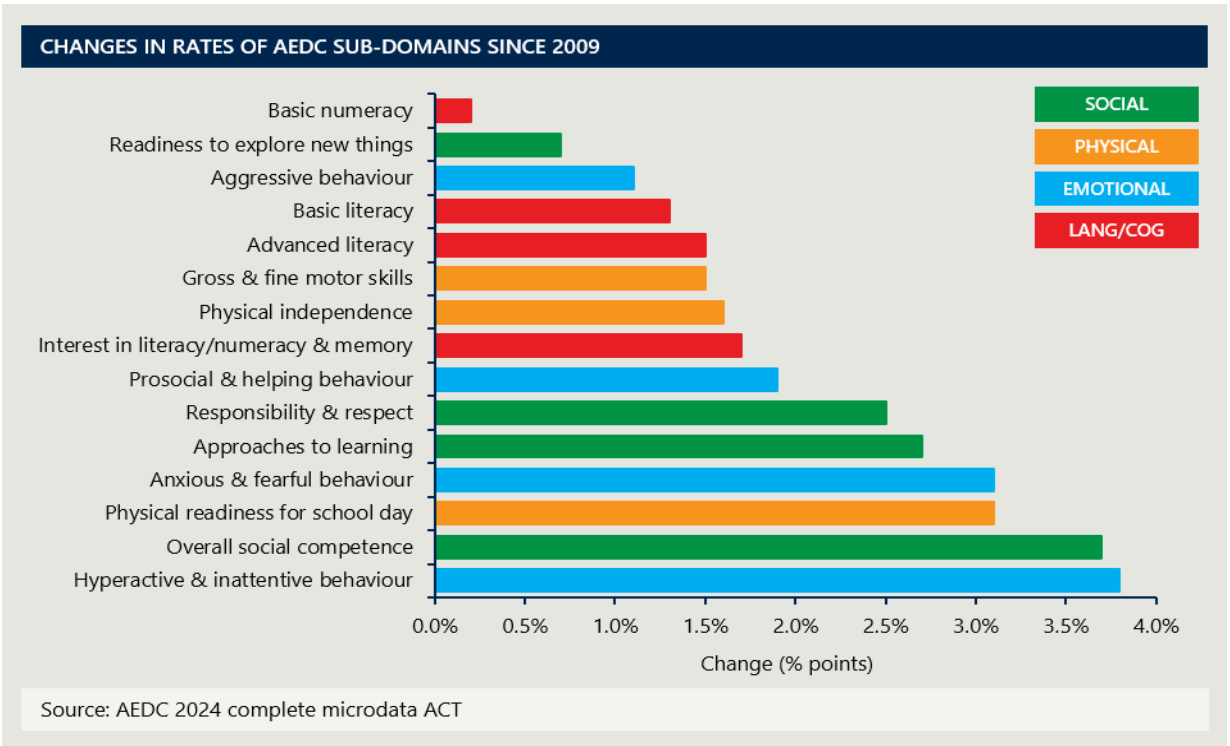
Collectively, these results suggest that many children in the ACT may be experiencing challenges related to emotional regulation, attention, anxiety, physical readiness and the behaviours that support learning.

Figure 4 | Change in developmental vulnerability across domains



Source: AEDC 2024 complete microdata ACT

Figure 5 | Percentage point increases in subdomain developmental vulnerability



Source: AEDC 2024 complete microdata ACT

Many socioeconomically advantaged parts of the ACT are seeing high levels of developmental vulnerability

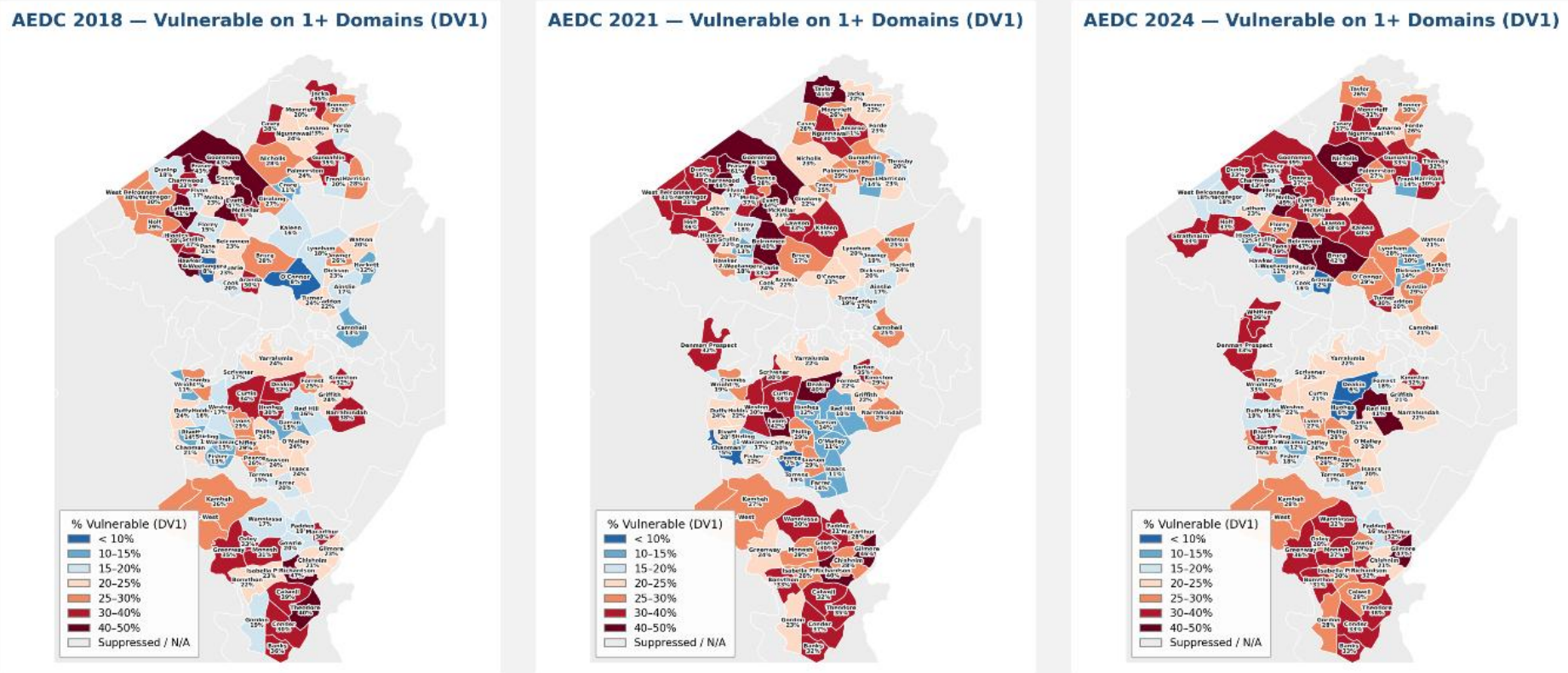
Developmental vulnerability has worsened across most ACT suburbs, and the shift is much broader than socioeconomic disadvantage alone can explain. Of 64 Census Statistical Area 2s[8] (SA2s) with reliable data across the past four AEDC cycles, 47 recorded higher DV1 rates between 2015 and 2024, and 20 increased by at least 10 percentage points. The number of suburbs with DV1 rates at or above 30 per cent nearly tripled, from 12 suburbs to 33. The sharpest deterioration is concentrated in Canberra's outer districts, particularly Gungahlin, Tuggeranong and Belconnen. By contrast, parts of Woden Valley and Weston Creek remained relatively stable or improved, showing that local improvement is possible even as territory-wide developmental vulnerability rises.

By 2024, the highest DV1 rates appeared in the suburbs of Melba, Belconnen town centre, Gilmore, Charnwood, Nicholls, Bruce, Ngunnawal, and Red Hill (Figure 6 overleaf), even though some of these SA2s are not traditionally characterised as "disadvantaged" communities[9].

[8] SA2s were used as they provide a detailed view of where developmental vulnerability is concentrated geographically, with roughly 50 children in each SA2 per cycle (though this varies). They are also often approximately analogous to suburbs in the ACT. Using SA1 would likely introduce too much volatility due to the small sample sizes within each SA1, and using SA3 would not provide sufficient granularity to allow us to detect pockets of disadvantage.

[9] However, the adoption of traditional measures of disadvantage, such as those captured by the Socio-Economic Indexes for Areas (SEIFA), for ACT has come under question. In 2011, the ACT had the second most 'diverse' collection districts in the AEDC, meaning the district has "advantaged households in close proximity to disadvantaged households". Source: Socio-economic indexes for areas: Getting a handle on individual diversity within areas. Phillip Wise and Rosalynn Mathews. Australian Bureau of Statistics, 2011.

Figure 6 | DV1 by SA2[10]

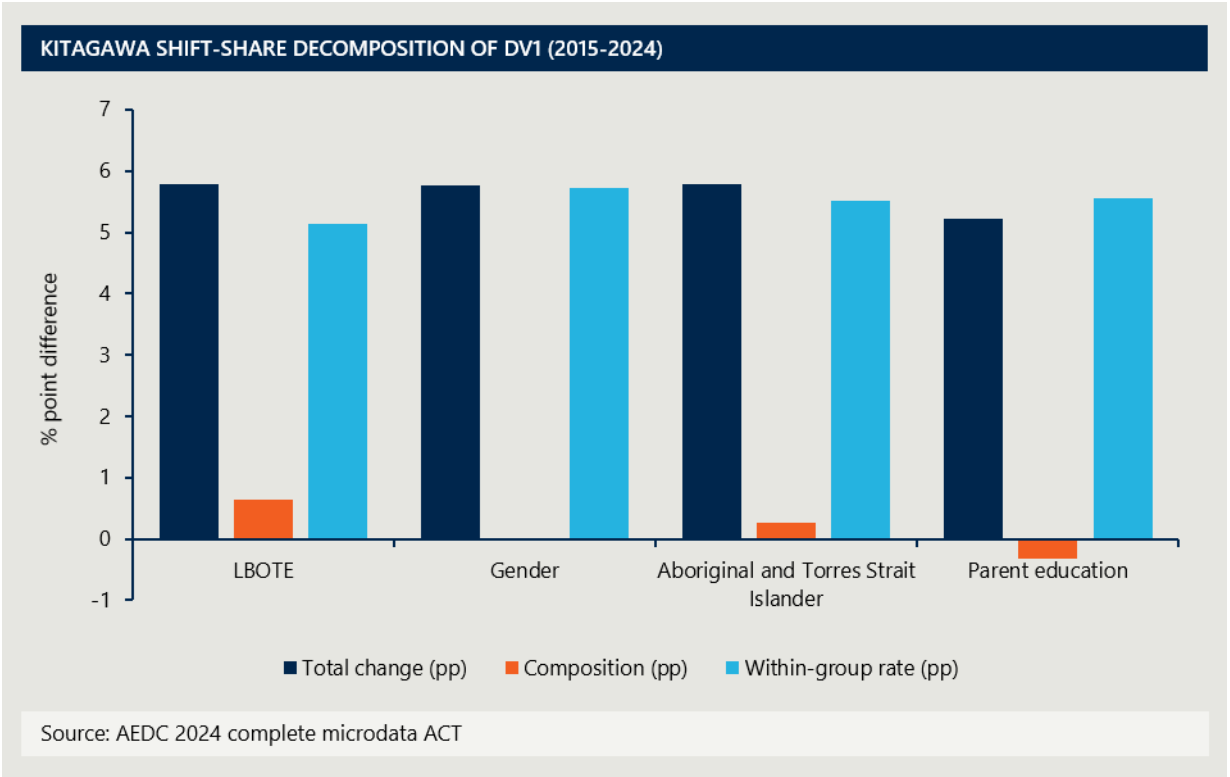


[10] AEDC Data by Statistical Areas Level 2 (2009-24)

The ACT's changing population demographics do not explain the increase in developmental vulnerability

The ACT's worsening AEDC results are not explained by demographic change. A Kitagawa shift-share decomposition of the 5.6 percentage point rise in DV1 between 2015 and 2024 shows that almost all of it comes from children within every group becoming more developmentally vulnerable, not from a shift in the mix of children toward higher-risk groups. Compositional change accounts for only about 1 percentage point of the increase. The remaining 5 points come from developmental vulnerability rising within subgroups. The increase is therefore not driven by the growing LBOTE population or by any other change in demographic mix. Developmental vulnerability is rising for children of every background and socioeconomic level, and in almost every part of the territory, further pointing to systemic factors.

Figure 7 | Kitagawa shift-share decomposition for DV1 (2015-2024)



Source: AEDC 2024 complete microdata ACT

4 Best-practice early childhood systems intervene early, respond proportionately, and support children through integrated, family-centred care

This section presents the findings in response to KLE 2: **What does best practice in early childhood development (ECD) look like?**

The early years of a child's life strongly influence their health, learning, development and overall wellbeing later in life.[11] Best-practice early childhood development (ECD) systems combine multiple, evidence-based services delivered at the right time, with sufficient quality, quantity and participation to meet community need.[12] Table 4 explains how this looks across early childhood stages.

Table 4 | How best-practice ECD systems present across early life stages

Conception and pregnancy (pre-birth)
A healthy start in life is foundational to later development. Evidence shows that high-quality antenatal care, maternal health and nutrition, and safe childbirth are core building blocks of ECD.[13] Best-practice systems invest in universal prenatal and postnatal healthcare, including regular antenatal check-ups, maternal vaccinations, and support for maternal well-being, to identify and manage risk factors early. Perinatal factors such as premature birth, low birthweight, and birth complications are known predictors of later developmental vulnerability. Timely antenatal care, smoking cessation and perinatal mental health support can address and mitigate or prevent these factors in infants and promote strong development into childhood.

Newborn and infancy (0-1 years)
After birth, universal maternal and child health services ensure infants achieve key milestones and any delays or health issues are detected early. Common universal services include newborn screening, breastfeeding support, immunisations, and health and development checks. For example, hearing and vision screening in infancy is critical for language development, since undetected impairments can hinder early brain development.[14] First-year interventions like postnatal nurse home visits for vulnerable mothers, responsive feeding advice, and safe sleep education promote infant health, secure attachment, and early development, laying the groundwork for later learning and wellbeing.

[11] Moore T., Imms, C., Luscombe, D., SNAICC authors, Bonyhady, B, Dimmock, K., Deane, K, D'Aprano, A., & Kakoschke-Moore, S. (2025). National Best Practice Framework for Early Childhood Intervention. The University of Melbourne. Commissioned by the Commonwealth of Australia's Department of Social Services.
[12] Centre for Community Child Health at Murdoch Children's Research Institute, Social Ventures Australia and Bain & Company (2023). The Restacking the Odds Indicator Guide: Quality, quantity and participation indicators across early years services and why they're important (Second edition). Melbourne, Australia. https://doi.org/10.25374/MCRI.21484551
[13] Families ACT, *Child developmental vulnerability in the ACT: Insights and analysis of the 2024 Australian Early Development Census* (2026).
[14] Australian Children's Education and Care Quality Authority (ACECQA), *Brain development in children*, Starting Blocks (n.d.).

Early childhood (1-5 years)

Nurturing, safe, and responsive family environments are among the most powerful influences on a child's development. Best-practice ECD systems prioritise supports that build parents' confidence and reduce family stress. They recognise that stable, loving relationships with parents/carers are crucial protective factors for healthy early development.[15] This includes accessible, universal and targeted supports such as MACH services, supported playgroups, and community-based programs (such as public library rhyme time) which provide opportunities for parents to strengthen skills, connect with others, and access guidance. This also means empowering parents with evidence-based information, social support, and timely help when needed.[16] When families have the knowledge, confidence, and community connections to provide a safe, stimulating, and loving home, children's early development and resilience are greatly enhanced.[17] Positive, interactive home environments (e.g., reading, talking, playing) strongly predict better social, emotional, and cognitive outcomes.[18,19]

Attending ECEC can provide educator-led play-based learning environments that support children's social, emotional and cognitive development, particularly from around ages three to five when evidence of developmental benefits is strongest.[20] For younger children (under three), research findings are more mixed, with impacts depending heavily on the quality of care and the child's home environment.[21]

Best-practice early childhood systems combine universal services for all families with additional, more intensive support for children and families requiring more assistance and facing greater barriers. This reflects proportionate universalism: support is universal, but its scale and intensity are proportionate to level of need.[22]

Across all early childhood stages, best-practice systems ensure services are:[23]

- Available at sufficient scale to reach all families.
- Delivered to evidence-based standards, including screening for physical and mental health risks.
- Accessed by those who need them most.

[15] Australian Government (Department of Social Services), *Early Years Strategy 2024–2034* (2024).
[16] Marshall, D. (2026). Understanding the social wellbeing and supports of Australian families with children in the early years. Melbourne: Australian Institute of Family Studies.
[17] Australian Government (Department of Social Services), Early Years Strategy 2024–2034 (2024).
[18] Horowitz-Kraus, Magaliff & Schlaggar, Neurobiological evidence for the benefit of interactive parent–child storytelling (2024).
[19] Korucu & Schmitt, Continuity and change in the home environment (2020).
[20] Australian Institute of Health and Welfare (AIHW) 2015, *Literature review of the impact of early childhood education and care on learning and development*, Cat. no. CWS 53, AIHW, Canberra.
[21] Ibid.
[22] Carey, G., Crammond, B., & De Leeuw, E. (2015). Towards health equity: A framework for the application of proportionate universalism. International Journal for Equity in Health, 14(1), 81.
[23] Centre for Community Child Health at Murdoch Children's Research Institute, Social Ventures Australia and Bain & Company (2023). The Restacking the Odds Indicator Guide: Quality, quantity and participation indicators across early years services and why they're important (Second edition). Melbourne, Australia. https://doi.org/10.25374/MCRI.21484551

Broadly, the synthesised evidence below proposes six key factors of early childhood systems that a crucial for best-practice system infrastructure and service delivery. This is illustrated in Table 5.

Table 5 | Six key factors of early childhood systems that are crucial for best-practice system infrastructure and service delivery

Feature of effective ECD system	Role/description
Systems combine universal and targeted supports to intervene early	Best-practice systems intervene early before concerns escalate and provide support to all families, not just those already in crisis. They combine universal services with more intensive supports layered on top, depending on need. This tiered approach allows systems to act early while still responding to complexity. Early childhood is the period of greatest return on investment, with later intervention both less effective and more expensive.[24] In practice, this means systems offer: • Universal services (e.g., early learning, health and development checks, general playgroups). • Targeted supports (e.g., developmental screening and assessment, parenting programs, supported playgroups, time-limited individual and group therapy). • Specialist interventions (e.g., medical assessment and management, multidisciplinary therapy).
Support is family-centred and relational	Best-practice systems do not treat the child in isolation. They work with families, recognising that parenting, mental health, and social context shape child development. A system cannot support a child's development without also supporting their family.[25] Children develop through their relationships with parents and carers, so their wellbeing depends on feeling safe, connected, and supported at home. Improving outcomes for children requires building the capability, wellbeing, and stability of families, not just delivering services to the child.[26] In practice, this means focusing on the child within their family and recognising that strengthening the family environment is essential to supporting the child's development.
Systems prioritise equity and cultural safety (see further detail in next section)	Developmental vulnerability is not evenly distributed. It follows clear social gradients, with higher rates in regional and remote areas and among priority populations such as CALD communities and Aboriginal and Torres Strait Islander communities.[27] This approach aligns with the Restacking the Odds framing, which shows how universal, targeted and intensive supports should be layered across the early years to improve outcomes and reduce inequities. Best-practice systems respond by: [28,29,30] • Maintaining a strong universal service base while targeting additional investment to high-need communities. • Embedding culturally safe, community-led and place-responsive services.

[24] Families ACT, *Child developmental vulnerability in the ACT: Insights and analysis of the 2024 Australian Early Development Census* (2026).
[25] National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy. 2021, National Mental Health Commission
[26] Ibid.
[27] The Front Project. (2022). New report shines light on higher rates of child developmental vulnerability in rural, remote and regional areas.
[28] Ibid.
[29] Atkinson, G. (2019). Understanding cultural safety in early childhood education and care. Early Childhood Australia Reconciliation Symposium.
[30] Commission for Children and Young People. (2024). Understanding cultural safety for Aboriginal children and young people: A guide for implementing Child Safe Standard 1.

Feature of effective ECD system	Role/description
	• Designing services with communities so supports reflect local strengths, needs and preferences.
Systems are easy to access ("no wrong door")	Best-practice systems remove access barriers by using a 'no wrong door' approach, so access to services does not rely on system knowledge or persistence. In practice, this looks like: [31,32] • Multiple entry points (e.g., drop-in clinics, self-referral). • Simplified eligibility, referral, and intake so parents do not need to repeat their story across multiple services. • Strong coordination across early learning, health, parenting, and family support programs. • Actively following up families who do not engage.
Care is multidisciplinary and team-based	Effective early childhood support requires multiple disciplines working together. The care team model in early years services should be collaborative and child-centred, not siloed.[33] That means educators, families, health professionals and community workers (where relevant) share information, set common goals, and coordinate care around each child's needs. This reflects broader research indicating that child development is multidimensional.[34,35] No single discipline can address cognitive, social, emotional, and physical development in isolation.[36] In best-practice systems: • Teams assess children together. • Families receive coordinated plans. • Services avoid duplication and fragmentation.
Services are integrated through place-based delivery	Evidence shows integration goes beyond co-location. It requires shared practice, joint planning and coordinated delivery. Outcomes improving when services move away from siloed models towards coordinated, multidisciplinary support for families.[37,38] Strengthening integration through shared practice and coordinated models of care can improve early identification of need, reduce service gaps, and better respond to complex and compounding risk factors affecting children and families.

[31] Social Ventures Australia, Integration in early years services: Learnings for impact (2024).
[32] Australian Government (Department of Social Services), Early Years Strategy 2024–2034 (2024).
[33] Moore, T. G. (2013). Teamwork in early childhood intervention services: Recommended practices (NDIS version). Centre for Community Child Health, The Royal Children's Hospital Melbourne.
[34] Emerging Minds, In focus: Child development (2023).
[35] Australian Government. (n.d.). About the AEDC domains. Australian Early Development Census. https://www.aedc.gov.au/what-is-the-aedc/about-the-aedc-domains
[36] Social Ventures Australia, Integration in early years services: Learnings for impact (2024).
[37] Families ACT, Child developmental vulnerability in the ACT: Insights and analysis of the 2024 Australian Early Development Census (2026).
[38] Social Ventures Australia, Integration in early years services: Learnings for impact (2024).

Equity and cultural safety enable ECD systems to identify developmental vulnerability more fairly and to deliver supports that families trust

Equity and cultural safety play a central role in how early childhood development systems identify and support developmental vulnerability. They shape whether vulnerabilities are recognised accurately and whether responses are appropriate and effective for children and families.[39] By reducing bias, improving access, and strengthening trust, they enable earlier identification and more sustained engagement with supports.[40]

In identifying developmental vulnerability, equity ensures that assessment approaches account for children's differing circumstances. Systems that embed equity are better able to reach children with disability, Aboriginal and Torres Strait Islander children, and children from CALD backgrounds through accessible and culturally safe pathways.[41] This is critical because structural disadvantage, racism, language barriers, and unequal access to early learning can obscure or exacerbate developmental delay.[42] Evidence shows that developmental vulnerability is strongly patterned by social conditions, meaning identification must consider both the child's development and their broader context.[43]

Cultural safety further strengthens identification by reducing the risk that screening and professional judgement are influenced by cultural bias or misunderstanding.[44] Culturally safe systems use responsive assessment approaches, involve families in interpreting developmental concerns, and recognise that some differences reflect cultural or contextual variation rather than delay.[45] This supports more accurate identification and helps ensure that children are not under- or over-identified due to systemic bias.

Cultural safety ensures that services are delivered in ways that respect identity, address racism and power imbalances, and build trust between families and providers. This is particularly important for Aboriginal and Torres Strait Islander children, where cultural safety is directly linked to wellbeing and ongoing participation in services.[46]

Aboriginal and Torres Strait Islander insight

Aboriginal community-controlled organisations play a critical leadership role. ACCOs are positioned as trusted, culturally appropriate providers that are central to supporting children and families. Their role extends beyond service delivery to include advocacy, data interpretation, and shaping the evidence base. ACT ACCO representatives highlighted that effective system responses depend on strengthening and resourcing these organisations to lead work in their communities.

[39] Aguilar, E. et al., *Unveiling early childhood health inequities by age five through the national neighborhood equity index and the early development instrument*, *SSM – Population Health*, vol. 25, 2024, 101553, available at: View article on ScienceDirect.
[40] Victorian Government Department of Health, *Aboriginal and Torres Strait Islander cultural safety*, available at: Aboriginal and Torres Strait Islander cultural safety
[41] Ibid.
[42] Talarico, F. et al., *Risk factors for developmental vulnerability: Insight from population-level surveillance using the Early Development Instrument*, *Digital Health*, vol. 9, 2023, 20552076231210705, available at: https://doi.org/10.1177/20552076231210705.
[43] Ibid.
[44] Victorian Government Department of Health, *Aboriginal and Torres Strait Islander cultural safety*, available at: Aboriginal and Torres Strait Islander cultural safety
[45] Commission for Children and Young People (2024), *Understanding cultural safety for Aboriginal children and young people: A guide for implementing Child Safe Standard 1*
[46] Victorian Government Department of Health, *Aboriginal and Torres Strait Islander cultural safety*, available at: Aboriginal and Torres Strait Islander cultural safety

5 The characteristics and needs of children are evolving

This section presents the findings in response to KLE 3: **What contextual and social factors may be influencing AEDC outcomes in the ACT?**

The findings in this section address factors in the dimension related to Children of the socioecological model.

Children and families in the ACT have become more diverse in the last 10 years

There have been key shifts in the early years population, including an increasing participation in early childhood education, a steady rise in cultural and linguistic diversity across households and a slight increase in the proportion of children identifying as Aboriginal and Torres Strait Islander. While these trends are not driving declining results (see section 3), they reflect a changing community and underscore the importance of inclusive, responsive services that meet the needs of all ACT children and families.

- In 2021, one-quarter of ACT households spoke a language other than English. This is an increase from one-fifth in 2011.
- 27.1 per cent of households used a language other than English at home in 2021, up from 23.8 per cent in 2016 and 21 per cent in 2011.[47,48,49]
- The number of ACT children aged 0-4 who identify as Aboriginal and/or Torres Strait Islander as a proportion of all ACT children aged 0-4 increased slightly from 2.7 per cent in 2016 to 3.3 per cent in 2021.[50,51,52,53,54]
- 94.7 per cent of Aboriginal and/or Torres Strait Islander children in the ACT attended pre-school in 2015, 92.7 per cent in 2018, 95 per cent in 2021, and 92.8 per cent in 2024[55].
- 7.9 per cent of children in the ACT who attended pre-school in 2021 were of Aboriginal and/or Torres Strait Islander background, compared to 6.7 per cent in 2016.[56,57]

5.1 Children's behavioural and developmental needs are becoming more complex

As noted in section 3, AEDC data analysis highlights that social competence, emotional maturity and physical health and wellbeing are key AEDC domains of concern (see Figure 1). These domains are a concern for the broader population, not specific priority cohorts. AEDC subdomain analysis suggests these declines are likely being driven by increases in behaviours that affect children's capacity to engage with learning and relationships. These include more hyperactive and inattentive behaviour, lower overall social competence,

[47] Australian Bureau of Statistics, 2021 Census All persons QuickStats: ACT
[48] Australian Bureau of Statistics, 2016 Census All persons QuickStats: ACT
[49] Australian Bureau of Statistics, 2011 Census All persons QuickStats: ACT
[50] This increase may, in part, reflect a higher number of children identifying as Aboriginal and/or Torres Strait Islander, rather than a true increase in the overall population.
[51] Australian Bureau of Statistics, 2016 Census Aboriginal and/or Torres Strait Islander people QuickStats: ACT
[52] Australian Bureau of Statistics, 2016 Census All persons QuickStats: ACT
[53] Australian Bureau of Statistics, 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats: ACT
[54] Australian Bureau of Statistics, 2021 Census All persons QuickStats: ACT
[55] AEDC microdata, 2024.
[56] Australian Bureau of Statistics, 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats: ACT
[57] Australian Bureau of Statistics, 2016 Census Aboriginal and/or Torres Strait Islander people QuickStats: ACT

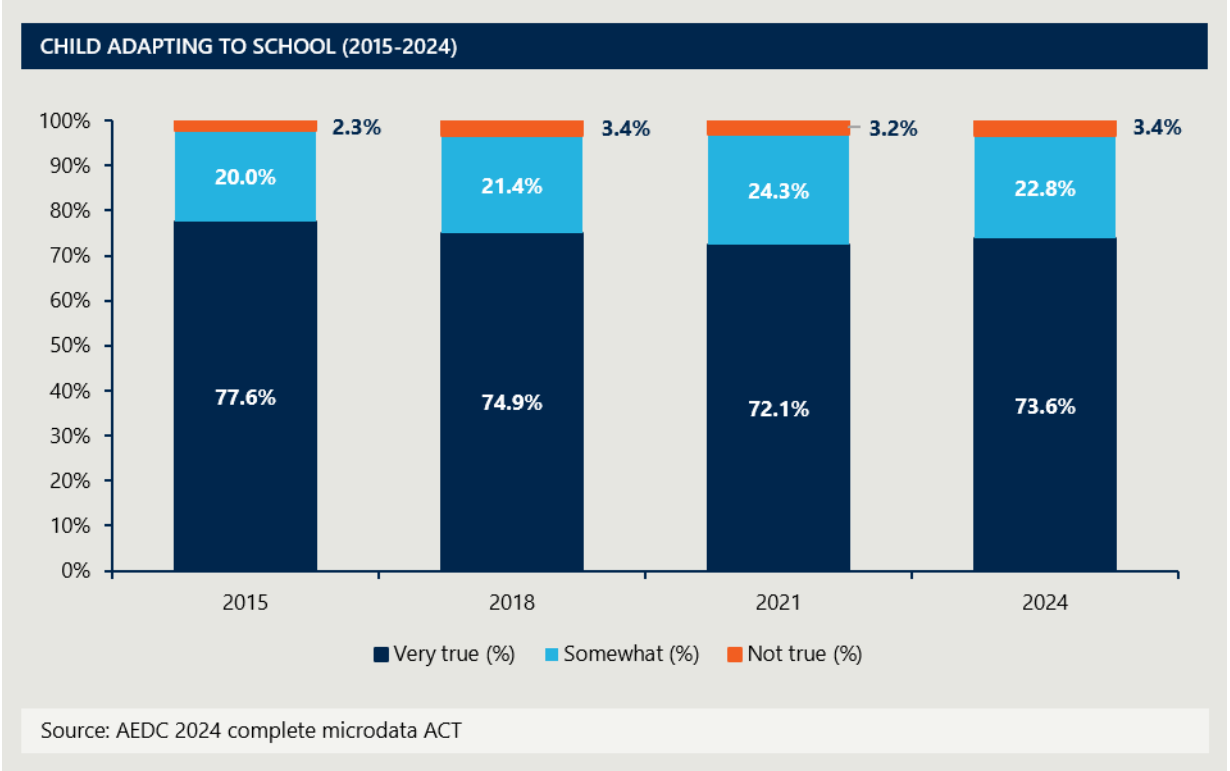
reduced physical readiness for the school day, and higher anxious and fearful behaviour (see Figure 5). Together, these behaviours point to growing challenges with more complex social, emotional, physical development needs (such as emotional regulation or peer relationships), rather than primarily weaker pre-academic skills.

Children are starting school with more complex and unmet developmental needs

Teacher-assessed indicators in the AEDC microdata point to deteriorating conditions surrounding children's transition to school in the ACT. Children whose teacher reported that they had a developmental difficulty rose sharply, from 14.8 to 20.3 per cent over the four cycles, so that around one in five children entering school in 2024 were presenting with some kind of developmental difficulty that affects their ability to learn.[58] The share of children adapting well to school fell from 77.6 to 73.6 per cent, a smaller movement pointing the same way. The scale and consistency of the movements suggest a real shift in children's preparedness for school. There has also been an increase in children being reported as 'needing further assessment' by their teachers, which has increased from 8.6 per cent in 2009 to 23 per cent in 2024 in the ACT (a comparable increase to national increase from 10.7 per cent to 20.4 per cent)[59]. See Figure 34 in Appendix E for more complete data.

The majority of kindergarten teachers surveyed for this report reported a noticeable increase in children with complex developmental (71 per cent), behavioural (100 per cent), and social-emotional needs (86 per cent), as well as more children starting kindergarten without prior early intervention (71 per cent). This somewhat aligns with the AEDC microdata but not completely. Figure 8 below shows that children are mostly seen by their teachers as adapting to the structure and learning environment of school, but fewer are being deemed as adapting well than in 2015.

Figure 8 | ACT AEDC – *Would you say this child is making good progress in adapting to the structure and learning environment of the school? Select 'Not true', 'Somewhat true' or 'Very true'*



Source: AEDC 2024 complete microdata ACT

This observation was echoed by stakeholders from HCSD, Education Directorate, CHS and frontline early years practitioners (teachers and frontline early years practitioners) who reported observing higher levels of developmental vulnerability. They described a growing demand for emotional and behavioural support, as

[58] Note: "Developmental vulnerability (DevDiff)" is a derived AEDC variable indicating whether a child has a condition (e.g. speech or language difficulty) that affects their ability to learn; the observed increase reflects a higher proportion of children commencing school with learning-affecting developmental difficulties.
[59] AEDC microdata, 2024

children present with greater challenges in emotional regulation, anxiety, and behavioural intensity in both early childhood and school environments. Frontline early years practitioners reflected that many children are presenting later, often with more complex or overlapping needs, not because these vulnerabilities emerge later but because they were not identified or addressed earlier.

Teachers reported reduced physical ability, including reduced core strength and ability to sustain attention, alongside increasing social-emotional challenges such as lower resilience and frustration tolerance.

"[There are] more students now who will just shut down and retreat as opposed to push through that challenge."

- Kindergarten teacher

6 Growing 'hidden' vulnerability amongst ACT families and rising demands on families is contributing to worsening AEDC outcomes

This section presents the AEDC results in response to KLE 3: **What contextual and social factors may be influencing AEDC outcomes in the ACT?**

The findings in this section address factors in the dimension related to Families and Networks of the socioecological model.

6.1 There is growing hidden vulnerability amongst families across the ACT

Family stress is a well-established risk factor for developmental vulnerability. Research from the Centre for Community Child Health and the *Restacking the Odds* initiative demonstrates that family wellbeing, social connection and economic stability are foundational conditions for positive early childhood development, with pressures in these areas associated with poorer developmental outcomes and increased developmental vulnerability at school entry.[60]

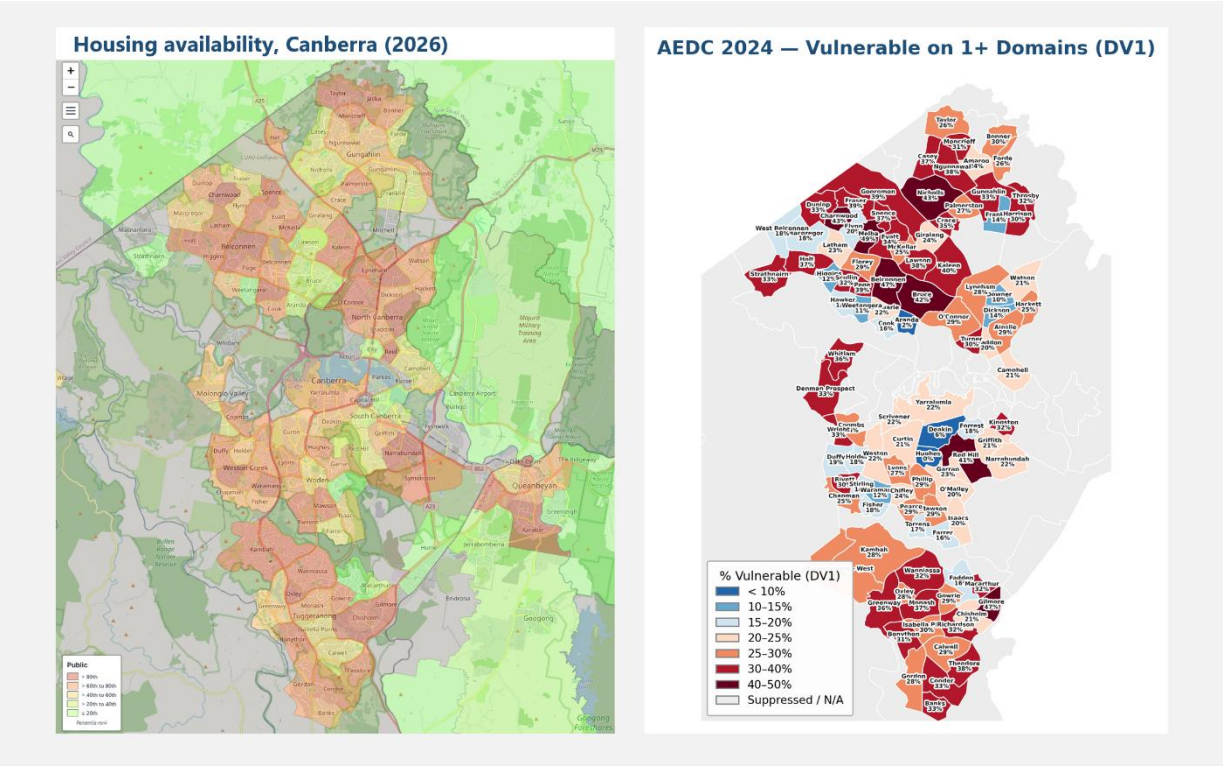
Pockets of localised and compounding social disadvantage can be seen through differences in AEDC outcomes

ACT-wide averages obscure pockets where AEDC outcomes are materially worse, despite the territory's historically high socioeconomic profile on average.[61] These SA2-level areas have low Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) scores (meaning residents in these areas, on average, have fewer financial resources, lower education or job opportunities, and may experience more social and economic disadvantage compared to other areas) and often high proportions of residents in public housing. For example, Charnwood and Belconnen have an IRSAD rating of 4, indicating they score below the national average in socio-economic advantage. The proportion of children living in these areas that are developmentally vulnerable on 1+ domains is over 40 per cent (respectively). Figure 29 (in Appendix E) illustrates the high levels of developmental vulnerability present in some parts of the ACT (SA2 level areas) over the last three AEDC cycles.

This phenomenon was explicitly noted by stakeholders from HCSD and CHS, frontline early years practitioners and sector experts who described children living with overlapping pressures or notions of 'traditional' disadvantage (including housing stress, domestic and family violence, parental mental health challenges, substance use, and intergenerational trauma) rather than a single, isolated issue. These factors compound each other, reduce family stability, and delay engagement with support. This is reinforced by data on developmental vulnerability and social housing (see Figure 9). Figure 9 illustrates that high developmental vulnerability (indicated by red and dark red shading in the right-hand-side map) is broadly aligned with areas of high proportion (60+ per cent) of social housing (indicated by orange and red shading in the left-hand-side map).

[60] Centre for Community Child Health at Murdoch Children's Research Institute, Social Ventures Australia and Bain & Company (2023), *The Restacking the Odds Indicator Guide: Quality, Quantity and Participation Indicators Across Early Years Services and Why They're Important*.
[61] Australian Broker 2013, *Canberra revealed as nation's wealthiest region*, 22 August.

Figure 9 | Housing availability compared to rates of DV1[62]



Economic pressure is widening across the ACT, placing a broader range of families under sustained financial strain

Economic pressure is widening and deepening across the ACT, extending beyond traditionally disadvantaged households to include time-poor, high-pressure families. Rising living costs are driving financial stress across the community, reflected by increasing demand for financial counselling services, including among people in full-time work and on higher incomes, indicating that financial strain is no longer confined to traditionally vulnerable groups.[63] This is recognised in the ACT Legislative Assembly Inquiry into Cost of Living Pressures in the ACT which highlights growing mortgage and rates arrears among households, with some at risk of losing their homes, alongside evidence of "widespread and hidden household financial stress" associated with cost-of-living pressures.[64]

Consistent with this, the 2025 ACT Council of Social Service (ACTCOSS) Community Sector Report suggests that cost-of-living pressures are driving broad financial stress across the ACT, with community organisations supporting a growing number and diversity of households, including families who have not previously needed help.[65] This is at a time when parental mental health, stress, and social isolation are widespread nationally and in the ACT.[66,67]

Stakeholders from HCSD and CHS and frontline early years practitioners also reported that rising costs across housing, utilities, food and transport are placing sustained pressure on a broad range of families, not just those traditionally experiencing disadvantage. They described many households as being "one or two paycheques away from crisis," even when employed, with frontline educators and health professionals observing that families are increasingly "stretched," including dual-income households that previously had

[62] Housing availability, housing types map – Canberra, OpenStats. 2026.
[63] ACT Legislative Assembly, *Inquiry into Cost of Living Pressures in the ACT*, Report of the Select Committee on Cost of Living Pressures in the ACT, May 2023.
[64] Ibid.
[65] ACT Council of Social Service, *State of the ACT Community Sector Report 2025* (2025).
[66] Parenting Research Centre (2026). Parenting Today: Parent mental health and wellbeing – Insight Brief 2. Melbourne: Parenting Research Centre.
[67] ACT Council of Social Service, *State of the ACT Community Sector Report 2025* (2025).

greater financial capacity. In the survey of sector stakeholders, household pressures such as financial stress and housing instability were deemed as having a score of 6.77 out of 10.

ACT's transient and growing population may be experiencing social isolation, driven by a lack of informal and formal support networks

The ACT's transient and highly mobile population – reflected in the second highest population turnover rate in the 2021 ABS census in Australia – may also contribute to social isolation among families.[68] This challenge is noted in the ACT Legislative Assembly's Inquiry into Loneliness and Social Isolation in the ACT, which identified parents, carers, and recently arrived migrants and refugees as groups at greater risk of loneliness and social isolation.[69] It also highlighted the importance of social connection for health and wellbeing, reinforcing stakeholder views that limited informal support networks can increase parental stress and reduce opportunities for families to seek advice, build confidence and identify developmental concerns early.[70]

Stakeholders from HCSD, CHS, frontline early years practitioners, sector survey respondents and sector experts consistently described the ACT as a highly mobile, employment-driven population, with many families relocating for employment without extended family or established social connections. This reduces access to informal supports that typically provide practical help, social connection, and early identification of concerns in the early years. Stakeholders, especially from HCSD, linked this absence of a "village" to increased parental stress and reduced sense of belonging, even among families with relatively high incomes. In some communities, including Defence families, isolation was identified as a key issue despite financial stability, with fewer informal connections limiting opportunities for others to observe and support young children.

Families from CALD backgrounds may experience additional barriers, including limited local networks, language barriers and unfamiliarity with service systems.[71] Stakeholders from HCSD reported that these factors can reduce awareness of supports, increase the effort required to seek help due to language barriers and engage with services more complex once developmental concerns arise. Stakeholders from HCSD and Education also noted that families on temporary visas may be reluctant to seek assessment or diagnosis due to concerns about potential implications for their visa status, further delaying engagement with developmental supports. In the sector survey, the view that services are not always meeting the cultural needs of diverse families was rated 6.59 out of 10.

6.2 Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities

Positive parent-child interaction is a foundational determinant of early development and evidence indicates that secure attachment through responsive caregiving supports children's social, emotional, language and cognitive development (see section 4 for more detail). The quality of interaction between children and their parents and carers therefore is a protective factor against developmental vulnerability.

Overlapping pressures and a lack of awareness may be reducing parents' and carers' confidence to seek help from early years services

Parents' and carers' understanding of early childhood development is critical to recognising emerging concerns and engaging with appropriate supports. Some stakeholders from HCSD and frontline early years practitioners suggested that limited familiarity with developmental milestones and early signs of delay may reduce the likelihood that concerns are identified and acted on early. Where this knowledge is incomplete or

[68] Australian Bureau of Statistics. (2022, November 8). *Population movement in Australia*. https://www.abs.gov.au/articles/population-movement-australia
[69] ACT Legislative Assembly Standing Committee on Education and Community Inclusion (2024), *Inquiry into Loneliness and Social Isolation in the ACT*, Report 13.
[70] Ibid.
[71] Capital Health Network. (2024). *Multicultural health needs assessment*. Capital Health Network. https://www.chnact.org.au/wp-content/uploads/2025/02/FINAL-V2-2024-Multicultural-health-needs-assessment.pdf

uncertain, families may be less likely to seek guidance, engage with informal supports such as playgroups and peer networks, or access formal support at early stages of concern.

Although tools and touchpoints exist to support parental awareness – including the Personal Health Record (Blue Book) developmental screening checklists (e.g., Learn the Signs. Act Early.), and routine health and development checks (including those provided by MACH, GPs and ACCOs) – some clinical stakeholders reported that their use appears to be inconsistent. These stakeholders reported that parents often view these tools as a record for health professionals rather than as a resource for actively monitoring their child's development. As a result, opportunities for early observation and reflection on developmental progress may be missed.

Parents' reduced awareness in the context of sustained cognitive and emotional stress (see section 6.1) can contribute to a pathway of delayed recognition, delayed engagement and more complex needs by school entry. Recognising concerns requires time, attention and confidence in understanding what is typical for a child's age. Sector experts reported that many families have less time to observe development, fewer informal opportunities to test concerns with others, and limited capacity to sustain engagement once concerns are raised.

Technology and screen exposure is displacing positive interaction and reading

Increased screen exposure displaces critical parent/carer–child interaction and is associated with poorer language development, reduced cognitive outcomes, and delays in social and behavioural skills, including attention and self-regulation.[72] In 2022, approximately 21 per cent of ACT kindergarten children spent excessive time on screens (more than four hours per day) each weekend, with another 27 per cent spending between two and four hours per day on screens.[73] Only around half of children spent the recommended two or less hours per day on screens each weekend. [74] This phenomenon is not unique to ACT, with recent research highlighting that the proportion of NSW children aged 5-8 engaged in more than two hours of screen time per day is approaching one third of the population (31.6 per cent in 2023)[75]. This is concerning in the ACT context because recent AEDC deterioration is concentrated in social-emotional functioning, including hyperactive and inattentive behaviour, reduced social competence, and anxious and fearful behaviour.

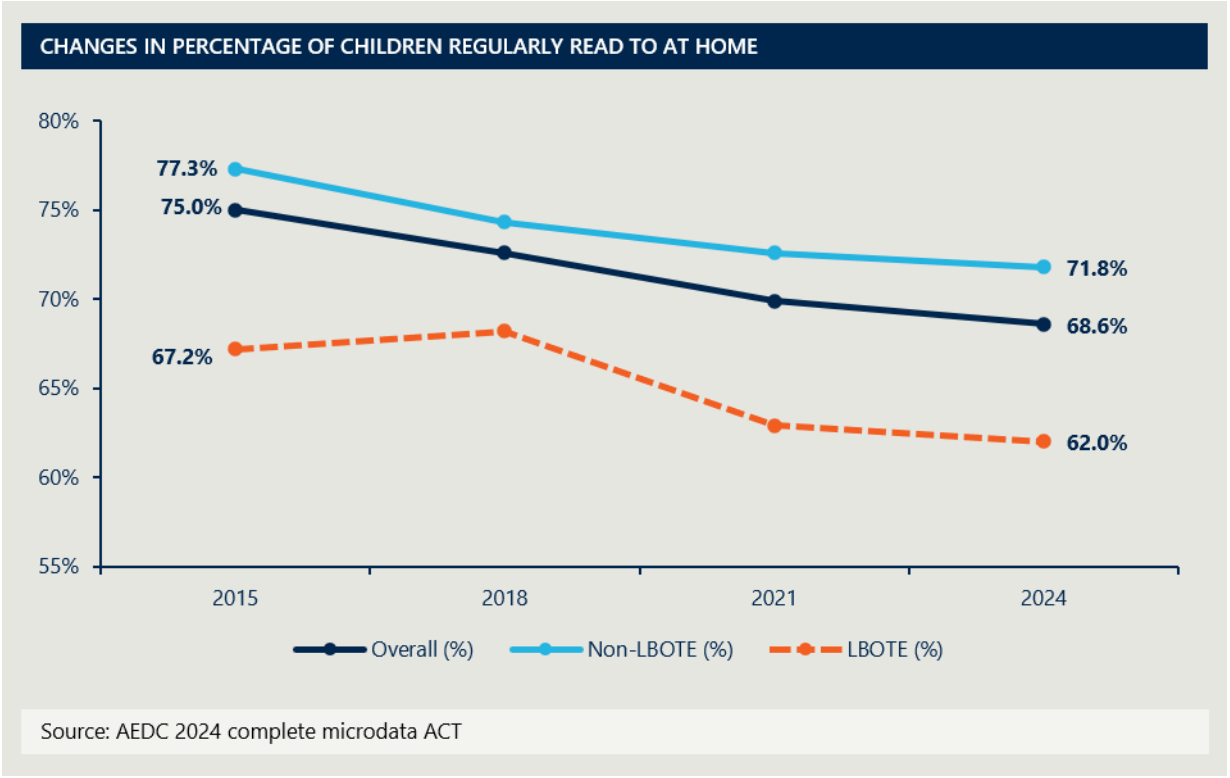
This sentiment has been highlighted by sector stakeholders who stated that "increased screen use by children and parents" has a relatively high impact on declining AEDC results (rated 7.50 out of 10). This was also reinforced through consultation where some stakeholders from HCSD, as well as kindergarten teachers and sector experts linked screen use to broader family pressures, including workload, cost-of-living stress and fatigue, with screens often used as a practical tool to manage competing demands.

In contrast, reading to young children is one of the most consistently identified protective factors for early development.[76] Reading aloud gives children repeated exposure to words, stories, and responsive interaction, which builds early language and reading skills. Research from the Victorian Department of Education found that more frequent reading at age 4–5 had a direct positive effect on later reading and cognitive skills, even after accounting for family background and home environment.[77]

AEDC data indicates that children are being read to at home less frequently than in previous years. The proportion of ACT children regularly read to at home (as reported by their teachers) fell from 75.0 per cent in 2015 to 68.6 per cent in 2024 (see Figure 10). In 2024, 60.4 per cent of children who were not read to at home were developmentally vulnerable on two or more domains, compared with just 7.1 per cent of children who were read to regularly (see Figure 11). While this relationship does not establish causation, it suggests that reduced engagement in activities such as reading may be one indicator of broader changes in children's home learning environments.

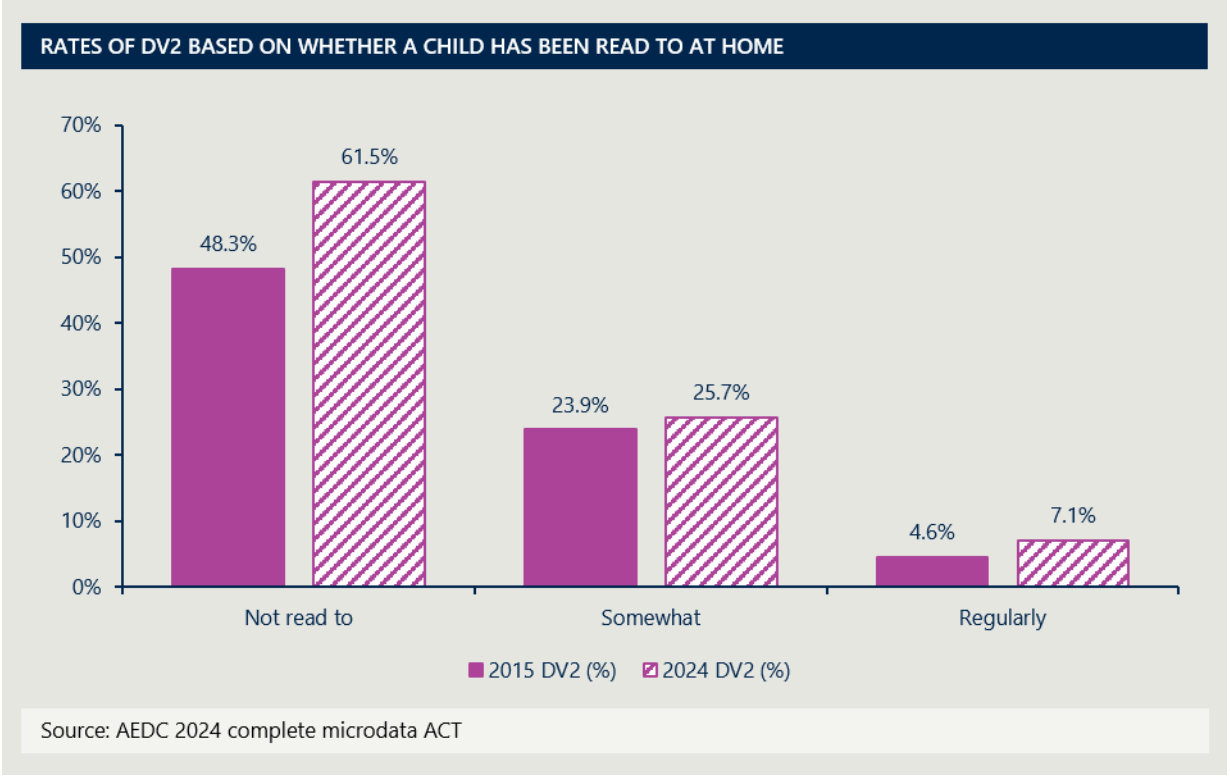
[72] Australian Psychological Society (APS), APS discusses the impact of excessive screen time on children, 2 September 2025.
[73] Kindergarten Health Check program. HCSD Office of General Practice & Primary Care and CHS Child & Adolescent Immunisation Team (includes Kindergarten Health Check team).
[74] Ibid.
[75] NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.
[76] Victorian Department of Education and Early Childhood Development (2012). Reading to young children: a head-start in life.
[77] Ibid.

Figure 10 | Children read to at home



Source: AEDC 2024 complete microdata ACT

Figure 11 | Children who are read to at home who experience developmental vulnerabilities on two or more domains



Source: AEDC 2024 complete microdata ACT

7 Fragmentation and poor integration across services limit timely identification and support of developmental needs

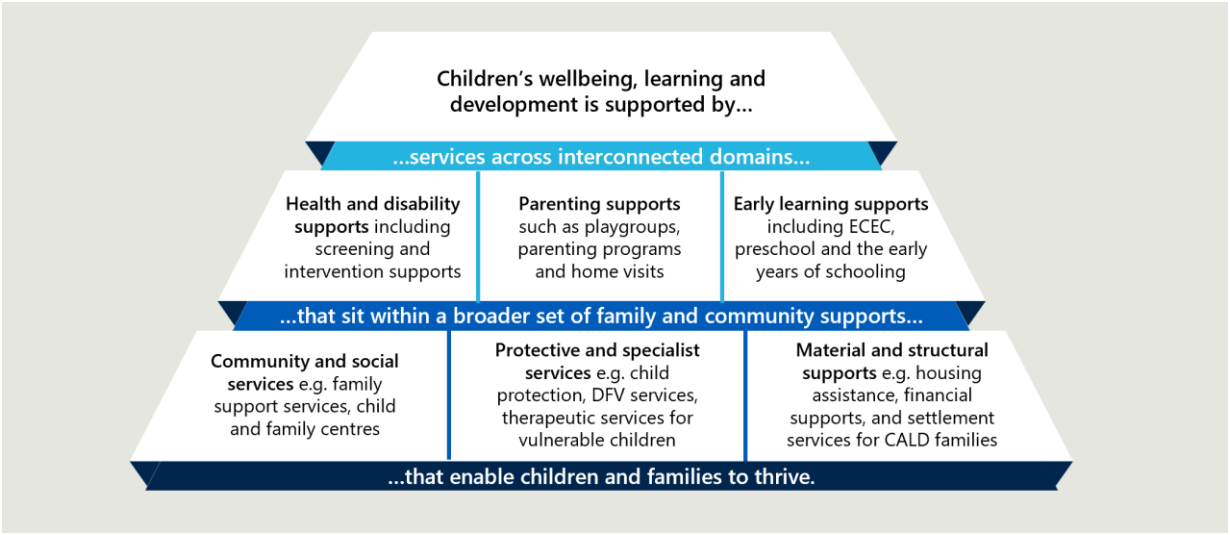
This section presents the findings in response to KLE 4: **What components of the ACT service system may be contributing to the decline in AEDC outcomes?**

The findings in this section address factors in the dimension related to Systems and Communities and Society and Policy Environment of the socioecological model.

The early years system reflects a range of services that support children's wellbeing, learning and development

The early years service system brings together a broad set of supports that influence children's development from before birth through to the early years of schooling. It operates as a connected system spanning universal, targeted and specialist services, and reflects the range of factors that shape children's wellbeing, learning and development across their home, community and service environments. The interaction of services that support children is illustrated in Figure 12.

Figure 12 | The early years system[78]



Together, these elements form a connected service system that interacts closely with families' circumstances and community contexts. Children's development does not depend on any single service; rather, outcomes emerge from how effectively these supports work together to meet families' needs at the right time.

The ACT's strong early years system achieves high participation and commitment from the sector, but has not consistently translated into improved outcomes for children and families

The ACT has a range of early years supports, underpinned by sustained policy focus, quality services and clear commitment across government and the sector. Stakeholders from HCSD, Education Directorate, CHS and frontline early years practitioners consistently report strong goodwill, collaboration and a shared focus on improving outcomes for children and families. This is reflected in both the breadth of services available and the level of engagement with core early years supports.

[78] Health and disability services include perinatal care, maternal and child health services, primary care (GPs), routine health and development checks, nutrition, and early identification of developmental needs.

Across key parts of the system, participation and coverage are high:

- Preschool participation is near-universal in the year before school, with very high enrolment in the ACT for 4-year-olds[79].
- The average weekly hours of centre-based care in the ACT is 32.6 hours.[80] This is the third highest average weekly hours per state or territory behind the NT and Queensland and higher than the Australian average of 31.4 hours.[81]
- Immunisation coverage is strong, with many ACT regions recording childhood vaccination rates above 94–97 per cent, and some cohorts exceeding 95 per cent, the level typically associated with herd immunity thresholds for diseases such as measles.[82] In the ACT, the Child and Adolescent Immunisation Team deliver immunisation services alongside GPs.
- MACH services offer a universal platform of care, offering structured health and development checks across early childhood, from birth through to 4 years old (noting uptake declines from infancy into childhood). These services include multiple suggested touchpoints (e.g., early weeks, infancy, toddlerhood) that support developmental monitoring, early identification of concerns, and parenting support.[83]

Since 2009, the ACT Government has introduced a range of reforms intended to further strengthen early childhood supports, including integration, place-based models, an early childhood strategy, and commissioning reform. These changes span policy, funding, service mix, targeting and delivery, and are summarised in Appendix F.

Appendix F also highlights that the early years system has been shaped by successive reforms to governance, funding, service delivery and market design. While many of these changes were intended to improve access and integration, many stakeholders (especially frontline early years practitioners) suggest that, cumulatively, they have also contributed to a more complex and harder-to-navigate system. The continued decline of AEDC outcomes suggests these reforms have not consistently translated into better access, coordination and culturally safe support for children and families.

Survey results suggest sector stakeholders view service access and early identification as the most important contributors to declining AEDC results in the ACT. The strongest-rated issue was that long wait times for services impacted timely assessment and early identification (8.5 out of 10). This was closely followed by late identification of developmental concerns (8.4 out of 10) and limited service availability (8.1 out of 10), indicating a strong view that children and families are not getting timely support when concerns first emerge.

In the following sections we outline how gaps in parenting support, service access, system integration and workforce capacity may be interacting to delay early identification and limit timely, effective support for children and families in the ACT.

7.1 Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late



As noted in section 4, best-practice evidence shows that early childhood development systems achieve stronger outcomes when they build parents' confidence, reduce family stress and strengthen stable, nurturing parent/carer relationships.

Stakeholders from HCSD and frontline early years practitioners also reflected that strong parenting support underpins children's development, noting that outcomes such as emotional regulation, speech and social skills depend on both parents' confidence and direct services for children. These stakeholders reported that parenting support plays a critical role in normalising child development, helping families interpret typical

[79] SCRGSP (Steering Committee for the Review of Government Service Provision) 2026, Report on Government Services 2026, Part B, Section 3: Early childhood education and care, Productivity Commission, Canberra.
[80] Australian Government (Department of Education), Child Care in Australia: September quarter 2021 (2022).
[81] Ibid.
[82] Australian Government (Department of Health and Aged Care), ACT childhood immunisation coverage data by SA3 (2025).
[83] Canberra Health Services, Maternal, child and family health services in the ACT (2023).

behaviours and reducing anxiety and inappropriate referrals that can delay or distort developmental pathways.

Playgroups across ACT provide a means for families and children to socialise and learn. Between 2015 and 2024, the percentage of children who attended playgroup before entering school (as reported by their teacher) decreased from 34.5 per cent to 26.4 per cent.[84] Across the four AEDC cycles, children who attended playgroup were markedly less vulnerable, with DV1 at 22.3 per cent versus 31.7 per cent for non-attendees, and DV2 at 10.4 per cent versus 17.5 per cent. Additionally, emotional maturity developmental vulnerability was 9.4 per cent for attendees, versus 13.1 per cent for non-attendees.[85]

Trusted, welcoming and non-judgmental services, peer supports such as playgroups, and tailored support for families experiencing trauma, neurodivergence or emotional regulation challenges were seen by stakeholders from HCSD and frontline early years practitioners as valuable, but stakeholders reported these supports are not consistently available and are often offered too late. These stakeholders also emphasised that peer-based supports (such as playgroups and parent support groups) are highly valued for helping to support healthy development, reduce anxiety and build confidence, but noted that these opportunities have declined in availability.

Stakeholders from HCSD and frontline early years practitioners further reported that generic advice does not meet the needs of families experiencing trauma, neurodivergence or emotional regulation challenges, who require tailored, ongoing support rather than one-off tips.

7.2 Access to high-quality ECEC is not equitable across the ACT

Children are spending more time in ECEC than previously and the impact on development depends on quality, intensity, and child context

Children in the ACT are spending more time in ECEC than previously, reflecting rising rates of dual-income households[86] and participation well above the national average. This increases children's exposure to structured, play-based learning environments associated with improved learning and development outcomes. However, impacts depend heavily on age, quality, dosage and child characteristics.

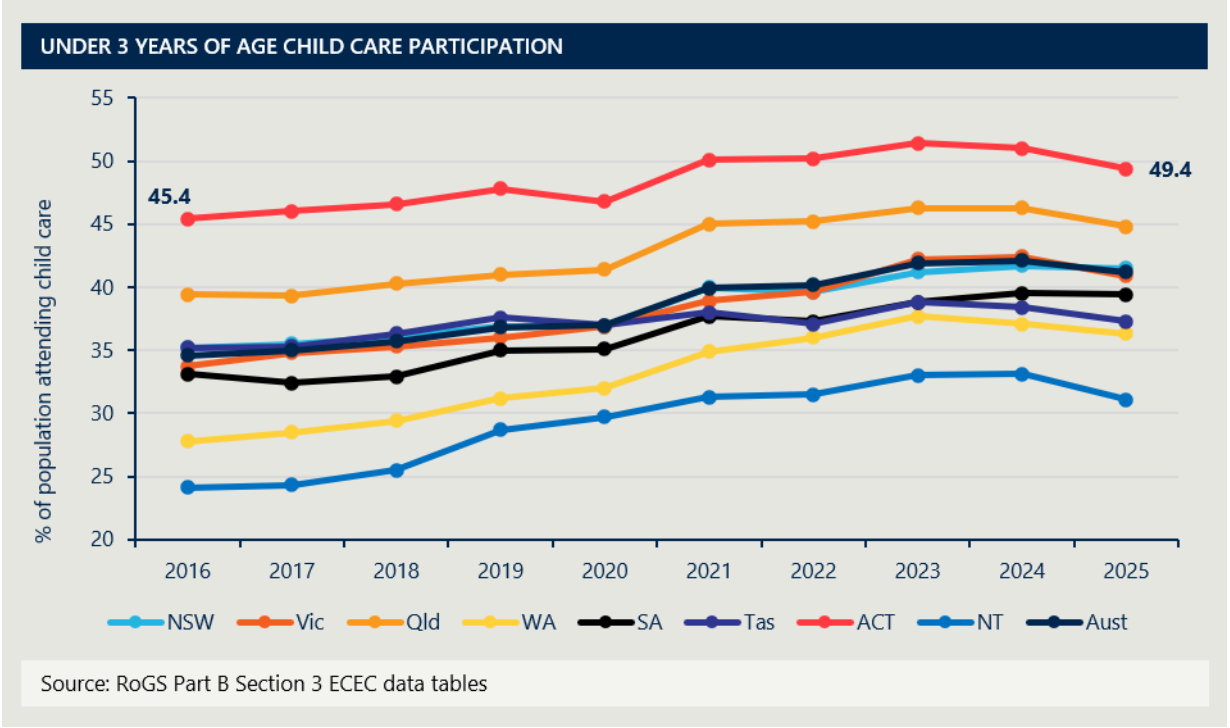
Protective effects are most evident from around age three, when participation in high-quality ECEC is associated with cognitive, language and socio-emotional gains.[87] High-quality, play-based ECEC delivered by qualified educators is consistently linked to positive development, whereas lower-quality or unstable care may not deliver the same benefits.[88] The relationship with hours of attendance is also complex: longer hours can support development for some children, particularly those experiencing disadvantage, but evidence is mixed for more advantaged children. Overall, increased time in ECEC is not inherently beneficial or detrimental; its effects depend on service quality, intensity of participation, and children's individual and family contexts.

The ACT has consistently had the highest proportion of children attending ECEC[89] across age groups.[90] In 2025, 49.4 per cent of children under three attended ECEC in the ACT, compared with 41.2 per cent nationally.[91] For children aged three to five, participation was 69.9 per cent in the ACT, compared with 60.1

[84] AEDC Microdata, 2024. Note: Excludes students who teachers marked as 'don't know' in the AEDC instrument). The share of 'don't know' is 80 per cent and 87 per cent in 2015 and 2024 respectively.
[85] Ibid.
[86] Andrew Brown,*'It's worth the challenges': More Australian families have both parents working*, *The Canberra Times*, 9 December 2017 (updated 17 June 2019).
[87] Australian Institute of Health and Welfare (AIHW) 2015, Literature review of the impact of early childhood education and care on learning and development, Cat. no. CWS 53, AIHW, Canberra.
[88] Ibid.
[89] CCS approved including centre-based day care, family day care, out of school hours care and in home care.
[90] SCRGSP (Steering Committee for the Review of Government Service Provision) 2026, Report on Government Services 2026, Part B, Section 3: Early childhood education and care, Productivity Commission, Canberra.
[91] Ibid.

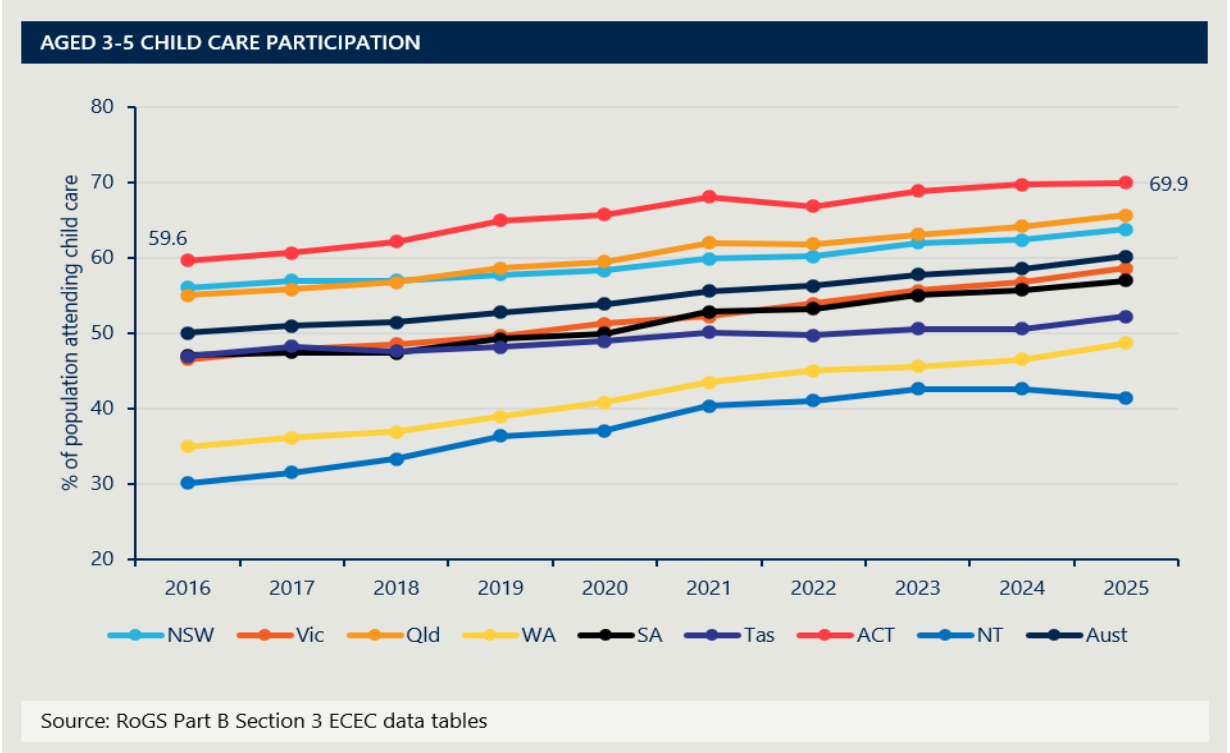
per cent nationally.[92] These trends have held steady since 2016. Figure 13 and Figure 14 below illustrate ECEC participation over time.

Figure 13 | Percentage of children under 3 years of age attending CCS-approved childcare[93]



Source: RoGS Part B Section 3 ECEC data tables

Figure 14 | Percentage of children aged 3-5 attending CCS-approved childcare[94]



Source: RoGS Part B Section 3 ECEC data tables

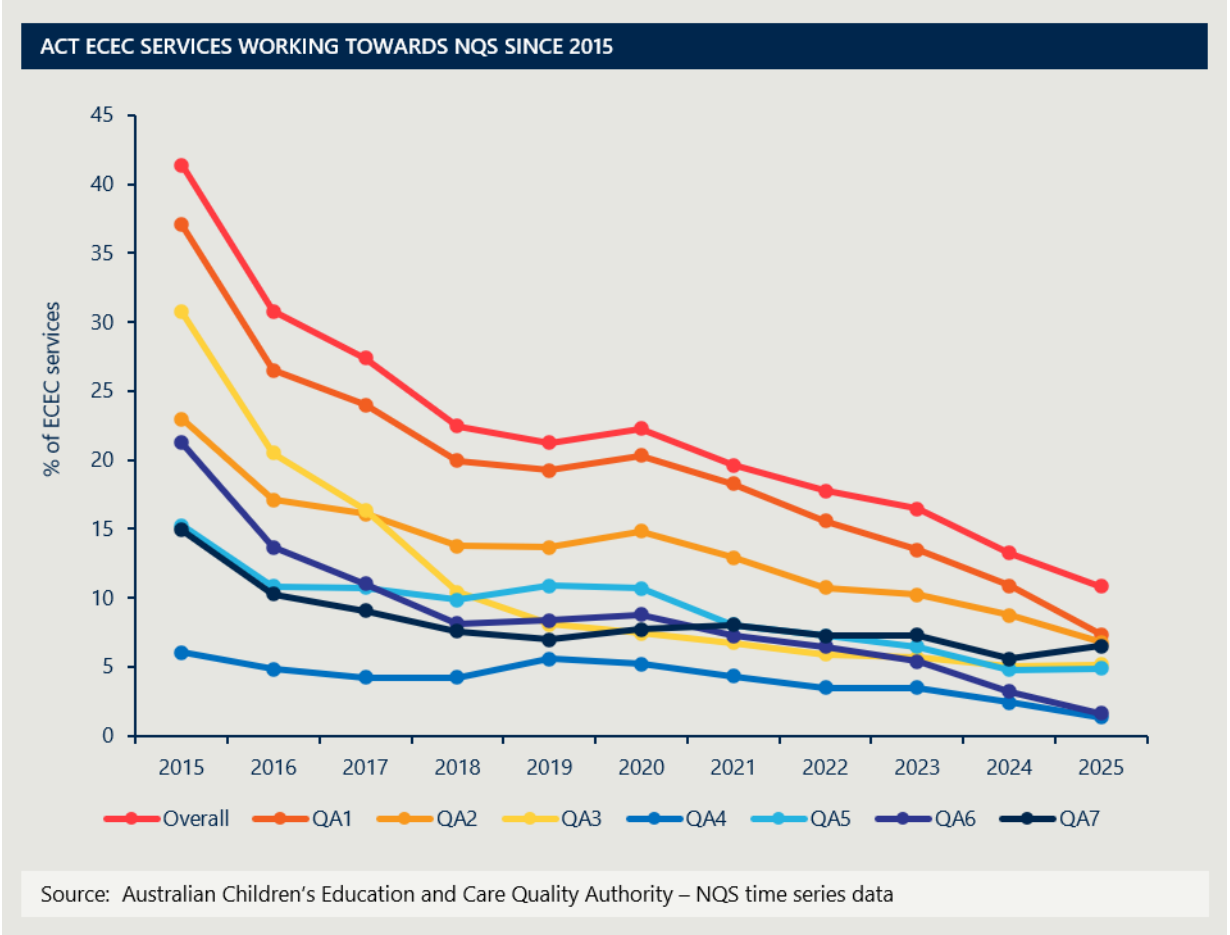
[92] Ibid.
[93] SCRGSP (Steering Committee for the Review of Government Service Provision) 2026, Report on Government Services 2026, Part B, Section 3: Early childhood education and care, Productivity Commission, Canberra.
[94] Ibid.

Grandparent care has also increased, potentially demonstrating it is becoming a more popular form of early years care in the ACT. Based on teacher reported AEDC data, a higher proportion of children are now accessing care from a grandparent (21 per cent in 2021, compared to 3.9 per cent in 2009)[95].

The quality of ECEC services in the ACT is mixed, with strong performance alongside areas for improvement

The ACT has the second highest proportion of services rated as exceeding the National Quality Standard (NQS), at 44.4 per cent, and the proportion of ECEC services[96] in the ACT working towards meeting NQS has been steadily declining since 2020, as shown in Figure 15. This suggests that the quality of ECEC across the ACT is increasing annually. However, the ACT also has the highest proportion of services rated as working towards the NQS (23.4 per cent) compared to other states and territories. This indicates a varied service landscape. While many children experience high-quality care, more than one in five services require improvement to meet expected standards.

Figure 15 | Percentage of ACT ECEC services working towards the Australian Children's Education and Care Quality Authority' National Quality Standard over time[97]



Source: Australian Children's Education and Care Quality Authority – NQS time series data

High National Quality Framework (NQF) ratings suggest that many services meet national benchmarks (see Figure 15). However, these standards do not fully capture the increasing complexity of children's needs. The Productivity Commission found that existing measures of quality (including the NQS) are imperfect and the current system does not consistently cater to children with diverse and complex needs.[98]

Children's access to high-quality ECEC varies by location and provider mix

[95] AEDC microdata, 2024.
[96] Defined in NQS as regulated early childhood education and care services including long day care, family day care, outside school hours care (including before-school, after-school and vacation care) and preschool/kindergarten services (where they operate under the NQF)
[97] Australian Children's Education and Care Quality Authority – NQS time series data
[98] Productivity Commission 2024, A path to universal early childhood education and care, Inquiry report no. 106, Vol. 1, Canberra

Areas with lower ECEC availability experience higher developmental vulnerability. Spatial patterns indicate that access to ECEC (centre-based day care) correlates with better developmental outcomes. Figure 16 compares the availability of ECEC in the ACT to rates of developmental vulnerability. Simple visual observation shows that the areas in the ACT with the least availability of ECEC services (measured as places per child, indicated by grey colouring) correspond closely with the areas that have the highest rates of developmental vulnerability on one or more domains (with red and dark red indicating 30-40 per cent and 40-50 per cent of children are deemed as vulnerable on one or more domains in those areas, respectively). Local availability matters because it gives families genuine choice between services, reduces practical access barriers, and can create stronger incentives for services to improve quality and responsiveness to attract and retain families.

Figure 16 | ECEC availability compared to DV1 (SA2 level)[99]

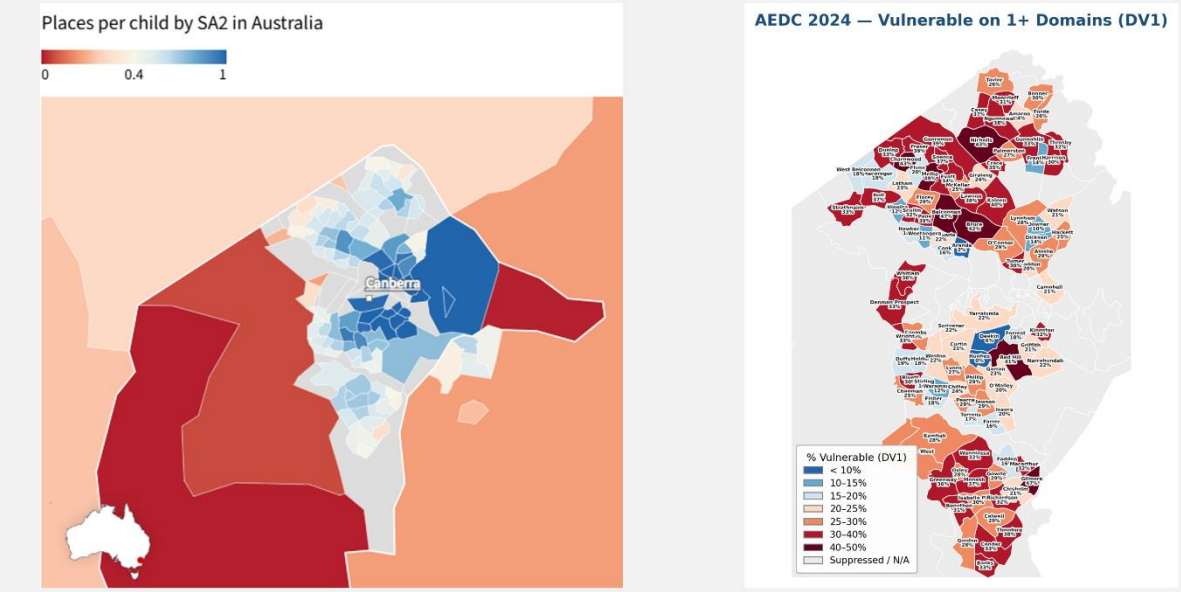


Figure 16 however, does not account for provider management type, which has implications for quality service delivery. Table 6 shows a difference in NQS ratings by provider type. Not-for-profit services have a smaller share of providers working towards the NQS, and a larger share of services that are exceeding the NQS, suggesting a relationship between provider type and quality. This aligns with broader Australian evidence indicating that, on average, not-for-profit long day care services are rated higher than for-profit services, with differences linked to staffing levels, qualifications and pay.[100] Together, the spatial analysis and NQS ratings suggest that children's access to quality ECEC depends on both where services are located and the quality of those services.

[99] Left image source: Hurley, Tham, and Nguyen, Mapping childcare deserts: Childcare accessibility in Australia, Mitchell Institute, Victoria University, 2024. Right image source: AEDS Data by Statistical Area 2 (2009-2024)

[100] Marianne Fenech and Gabrielle Meagher, What is going wrong with childcare in Australia?, University of Sydney, 19 March 2025.

Table 6 | Quality ratings of provider types

	Working towards NQS	Meeting NQS	Exceeding NQS
Private for-profit	26%	50%	24%
Private not-for-profit	13%	37%	46%

ECEC workforce capability may not be keeping pace with children's increasing developmental needs

The ECEC workforce and leadership play a key role in ensuring quality of care, supporting children's development and enabling informed conversations with families about children's development to connect them with early intervention supports.

While initiatives such as *Set up for Success* aim to strengthen the workforce, current capability and capacity remain insufficient to meet rising demand.[101] In 2025, the ACT ECEC[102] workforce, 89 per cent hold an ECEC-related qualification.[103] The most common qualification is an advanced diploma/ diploma, held by 38 per cent of the ECEC workforce.[104] In 2024, 42.4 per cent of paid contact staff in CCS-approved[105] ACT services did not hold a relevant ECEC qualification at or above a Certification III level, compared with 31.4 per cent nationally[106]. More than a third of this group of staff had fewer than three years' sector experience. This workforce profile is reflected in staffing waiver rates[107], with 9.4 per cent of ACT preschool services holding an approved staffing waiver in 2024, compared to 2.9 per cent nationally[108].

Stakeholders from HCSD suggest that children are presenting with needs that exceed current staff ratios, training, and resourcing. These stakeholders highlighted underqualification or low levels of practical experience, workforce strain (see section 7.3) and limited training in identifying and responding to additional needs as ongoing concerns. Additionally, limited access to allied health support (see section 7.3) means educators are reportedly often expected to manage therapeutic or developmental needs without adequate support. Stakeholders described this expectation as unrealistic, contributing to stress among educators and gaps in care for children. When coupled with limited time to discuss concerns with parents (see section 6.2), this minimises the impact that an educator may have on adequately responding child's developmental vulnerabilities.

ECEC workforce shortages in the ACT are structural and likely to intensify

The 2024 Early Childhood Education and Care National Workforce Census National Report (the ECEC Workforce Report, 2024) states that the main reasons services were unable to offer places to families were staff shortages, or the lack of suitable days or times for families.[109] Previous work with the ACT Education Directorate found that the ACT ECEC workforce is not keeping pace with rising demand, with weak supply pipelines and strong competition for staff creating persistent workforce shortages.[110] Workforce growth has been slow (just two per cent between 2021 and 2024, compared to 11 per cent nationally) while demand is

101 ACT Government, Valuing educators, values children: A workforce strategy for the ACT early childhood education and care profession (2023–25) (2023).
102 ECEC refers to school-based preschool, centre-based day care, and outside school hours care.
103 Sector Snapshot – ACT ECEC and OSHC workforce, Nous Group, ACT Education Directorate, 2025
104 Ibid.
105 CCS-approved services are centre-based day care, family day care, out of school hours care and in-home care.
106 Productivity Commission, Report on Government Services 2026, Part B, Section 3: Early Childhood Education and Care
107 A staffing waiver is a formal exemption that lets an early childhood service keep operating even though it cannot meet the staffing requirements set under the National Quality Framework. Those requirements are educator-to-child ratios, and the qualification mix a service must hold. For a preschool, this means having a qualified early childhood teacher plus the required proportion of diploma and certificate III educators.
108 Productivity Commission, Report on Government Services 2026, Part B, Section 3: Early Childhood Education and Care
109 Australian Government, 2024 Early Childhood Education and Care National Workforce Census National Report (2024).
110 Sector Snapshot – ACT ECEC and OSHC workforce, Nous Group, ACT Education Directorate

set to rise, and the pipeline of new educators is weakening, with Vocational Education and Training (VET) enrolments falling by 34 per cent between 2019 and 2023.[111] At the same time, an increase in services has driven strong competition for a limited pool of staff, with only 37 per cent of leaders reporting recruitment is manageable. Retention pressures compound this challenge – high workloads, low pay and limited flexibility are driving burnout and attrition, with one in four educators under 35 considering leaving within a year.[112] These drivers mean the sector faces not just a shortage in numbers and challenges around attrition, but a persistent gap between growing demand and the availability of experienced, job-ready educators who are able to respond to children's developmental needs.

7.3 Access barriers and service and workforce capacity are delaying early identification and intervention

Access barriers and uneven service availability are delaying early identification and contributing to inequities in developmental outcomes

The ACT's opt-in approach to developmental screening places the onus on parents to identify concerns and seek support, which excludes families who are unaware of emerging issues or face barriers to accessing services. Surveyed kindergarten teachers overwhelmingly identified long wait times for health and developmental services as a major barrier, with an average rating of 9.7 out of 10 and 71 per cent giving the highest possible score.

While the ACT delivers a universal Kindergarten Health Check (KHC) – including height, weight, BMI, screening questions, and, more recently, the *Learn the Signs. Act Early.* developmental checklist (replacing the Parents' Evaluation of Developmental Status, PEDS) – this occurs in the same year as the AEDC and is therefore deemed too late to influence AEDC outcomes. Although KHC results can be shared with a child's GP (with parent/carer consent), this timing limits its role in early identification and the impact of sharing the child's result with their GP is unknown.

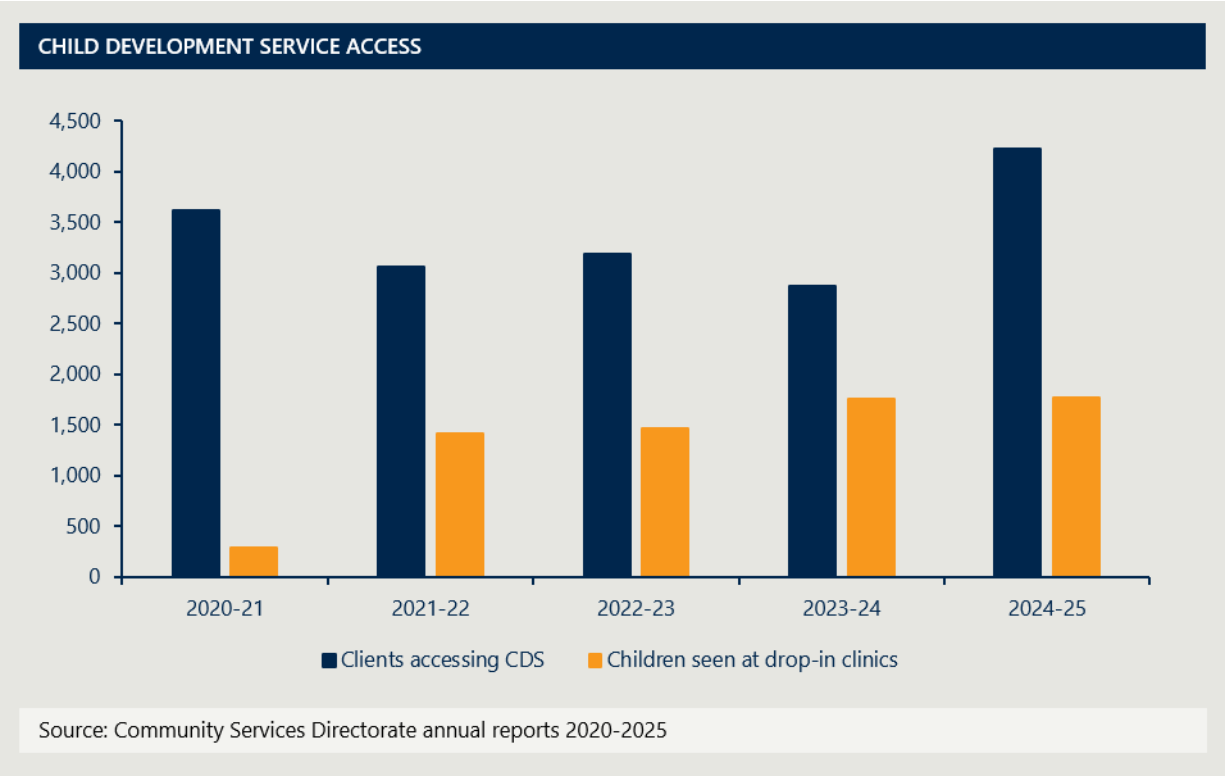
Publicly available data on early years service usage suggests the story is complicated and could warrant further exploration on which services families regularly engage or don't engage with, and why. At CFCs, occasions of service peaked in 2022-23 and have dropped significantly since then (see Table 7).[113] In contrast, children are increasingly being seen at CDS drop-in clinics (see Figure 17).

Table 7 | Occasions of service at Child and Family Centres

Year	2020-21	2021-22	2022-23	2023-24	2024-25
Occasions of service	10,948 (target = 8,250)	10,268 (target = 8,250)	12,489 (target = 9,500)	9,939 (target = 9,500)	9,149 (target = 9,500)

[111] Ibid.
[112] Ibid.
[113] Comparisons across years should be interpreted with caution due to changes in data collection and reporting methods in 2022-23.

Figure 17 | Child Development Service access data



Culturally tailored supports improve engagement, but inconsistent access limits impact

Frontline early years practitioners highlighted the value of culturally specific supports, including multicultural playgroups and community hubs, in building connection and supporting engagement for CALD families. These settings can provide trusted entry points to services, enable social connection, and facilitate access to culturally appropriate information and support. They can also help address broader barriers identified by multicultural communities, including limited health literacy, difficulties navigating service systems, and language barriers.[114] However, stakeholders noted that access to these supports is uneven and, in some cases, fragile, with programs ceasing over time or not consistently available across locations. This variability limits their ability to systematically reduce isolation for families from CALD backgrounds across the ACT and connect families with culturally responsive services and supports.

Aboriginal and Torres Strait Islander insight

Representatives from an ACT ACCO reported that Aboriginal and Torres Strait Islander children face persistent barriers to accessing health, developmental and early intervention services. Low engagement with preventive health services, long waitlists for allied health and developmental supports, and affordability barriers to private services limit opportunities for early identification and intervention, particularly for children with emerging developmental needs.

These stakeholders also noted that many Aboriginal and Torres Strait Islander families experience services as difficult to access and not consistently culturally safe. They reflected that concerns about judgement, misunderstanding and child protection involvement can reduce engagement with mainstream services.

[114] Capital Health Network. (2025). *Multicultural Health Needs Assessment 2024*. https://www.chnact.org.au/wp-content/uploads/2025/02/FINAL-V2-2024-Multicultural-health-needs-assessment.pdf

Population growth and changing need may be outpacing service capacity and revealing hidden vulnerability

These access issues are occurring in the context of population growth and changing need. While demographic change does not directly explain rising developmental vulnerability, the ACT's growing and diversifying population is increasing pressure on service capacity and capability. More children are entering early childhood settings while acquiring English or navigating multiple languages, while pockets of concentrated disadvantage create hidden vulnerability. If service capacity, bilingual capability, cultural competence and targeted developmental supports do not keep pace, developmental needs may be missed or addressed too late.

Allied health and medical workforce shortages are limiting access to developmental supports

Workforce shortages across key specialist and allied health roles are constraining the early childhood system's capacity to meet demand and support families effectively. Stakeholders from HCSD consistently reported that:

- **Recruitment and retention pressures are weakening the public system.** National shortages, combined with strong competition from private practice, limit the public sector's ability to attract and retain staff. Lower remuneration and less flexible conditions drive clinicians to split their time or leave, reducing continuity and stable capacity. Private providers further intensify competition through sign-on bonuses and attractive professional development offers.
- **Service availability is constrained, particularly for children with complex needs.** Shortages across community paediatrics, neuropsychology, occupational therapy, speech pathology and psychology reduce access to timely, specialist care for children experiencing developmental vulnerability.
- **Limited supply drives long wait times and high costs.** Families face waitlists of several months to up to 18 months, often joining multiple lists and experiencing disrupted care when providers change. GP services rated as 'easy to access' have dropped from 74.9 per cent to 44.2 per cent between 2020 and 2025.[115] High out-of-pocket fees (around $200 per hour[116]) further restrict access, with some children unable to receive services at all. These barriers persist for NDIS participants, many of whom wait 6–12 months to secure therapy or cannot find a provider, delaying early intervention (see section 7.5).

> "When you're looking at a two-year waitlist to get into speech therapy, that's not early intervention anymore."
>
> - ACT Government representative

Aboriginal and Torres Strait Islander insight

Some stakeholders shared that a key barrier to engaging with Aboriginal and Torres Strait Islander families is the limited availability of First Nations health professionals in the ACT. Stakeholders observed that despite initiatives (e.g. cadetships, scholarships), there remains ongoing challenges attracting and retaining staff.

[115] University of Canberra *Living well in the ACT Region* survey
[116] ProviderScout, NDIS therapy and allied health rates 2025–26 (2026).

7.4 Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support

As discussed at the start of section 7, the ACT's early years system brings together universal, targeted and specialist services across health, disability, education and community settings, reflecting the multiple environments that shape children's outcomes. However, while the ACT has a foundation of early years supports, evidence from stakeholders and survey respondents indicates that the system is not consistently delivering a cohesive or accessible experience for families. In practice, gaps in coordination, capacity and navigation mean that services do not always operate as a connected pathway of care.

Survey respondents highlighted broader system constraints: poor coordination between services (7.45) and workforce shortages across early years services (7.27) were both rated relatively highly,[117] suggesting concerns about fragmentation and limited delivery capacity across the early years system. Limited community awareness of available services and supports also emerged as a moderate issue (7).

There's an imbalance between assessment and diagnostic services and practical intervention supports

Stakeholders across HCSD, CHS and frontline early years practitioners consistently reported that changes following the introduction of the NDIS in 2014 and move away from Therapy ACT as the territory-run early intervention support provider has shifted the ACT early intervention system toward assessment and eligibility determination, with comparatively less capacity to deliver ongoing therapy and practical supports when needed. Importantly, stakeholders emphasised that universal developmental monitoring and health checks delivered through MACH services and GPs have remained a core part of the ACT early years system. The key change was the reduction in dedicated therapy and early intervention services that previously provided an additional pathway for identifying developmental concerns and delivering timely support once concerns were recognised.

Stakeholders reported that this has created a pronounced gap between recognising need and responding to it. In particular, these stakeholders described a "missing middle" of children with clear developmental needs who do not meet NDIS eligibility (such as the concerns aren't considered permanent or severe enough, or the child is on a temporary visa or residency status is still being processed) and therefore receive minimal or no support. Clinical stakeholders reported limited ability to provide early intervention even when need is identified.

This shift reflects a broader weakening of early intervention capacity, including the decline of universal, low-intensity, relational and prevention-focused supports previously delivered through ACT-based models. While some services have been re-established (e.g., free early intervention therapeutic supports for children aged 24-36 months delivered through the Child Development Service since 2023), these stakeholders reported they have not returned at the scale or accessibility of earlier arrangements. At the same time, more complex diagnostic pathways, higher access thresholds and persistent wait times are limiting timely access to support. Together, these factors have increased reliance on formal diagnosis while reducing access to early, flexible supports, delaying intervention and constraining the system's ability to respond proactively to emerging developmental needs.

> "We're having children with even quite significant delays sometimes knocked back from NDIS… and our service just doesn't have capacity to provide that kind of tier 2, 3 early intervention."
>
> - Frontline early childhood professional

Stakeholders from HCSD and frontline early years practitioners consistently described the ACT early childhood system as having a "slow" and "fragile" pathway from concern to support, particularly for children

[117] Survey respondents were instructed to rate the impact of a list of factors on the decline in the ACT AEDC results based on their experience (1=no impact, 3=small impact, 5=moderate impact, 7=large impact, 10=extremely large impact). Highest-scoring statements are the strongest signals of stakeholder agreement. See Appendix B for full results.

aged 0–6 who do not meet NDIS eligibility thresholds. Families often experience long waits, limited interim support, and a sharp drop-off in publicly funded services if NDIS eligibility is not met. This was frequently characterised as a "cliff", where children with emerging or moderate needs are identified but cannot access timely support, allowing concerns to escalate before school entry (see section 7.5).

The NDIS pathway was also described as uneven, with delays and variable access to supports across the process. Families typically seek initial advice through CDS drop-in services. Where children are identified as potentially eligible for the NDIS, families are referred to EACH to access the Early Childhood Approach and, where appropriate, commence the NDIS pathway. Stakeholders from HCSD and frontline early years practitioners reported delays at multiple points (including plan approval and access to therapy) resulting in a prolonged gap between identification and consistent support.

This aligns with quantitative data, which shows that the ACT had around 25 per cent fewer children aged 0–6 on NDIS plans than the national average in 2024, suggesting lower rates of entry rather than lower levels of need[118]. Plan utilisation sits at 65 per cent, in line with the national average, indicating that once children access the scheme, they use supports at typical rates[119].

For those children not eligible for NDIS but still requiring some developmental support, families are usually encouraged to access private early intervention therapeutic services which typically have a long wait in the ACT and are expensive, creating more access barriers. A referral from a paediatrician is required to access an autism assessment through CDS, with reported wait times of 12-14 months in 2024[120].

Stakeholders from CHS and frontline early childhood practitioners contrasted the current system with a pre-NDIS pathway that they described as more structured, coordinated and proactive. Previously, children were identified through community-based child development and health services, received regular checks and monitoring, and were stepped through a tiered pathway according to need. The loss of this pathway has reduced continuity of care, weakened early identification and increased the burden on families to navigate a fragmented market-based system.

> "No one looks at the whole child until they start school"
>
> - CHS representative

7.5 Multiple agencies hold the levers in the early years system, and there is no clear steward

Multiple government and non-government agencies play critical roles in shaping the early years system, each influencing different levers across health, disability education and family supports. While multiple agencies hold important and complementary policy, funding and service delivery levers and are working towards a high-quality early years system, these efforts remain fragmented. Without a clear system steward to align these levers, efforts tend to operate in parallel rather than as an integrated whole. This limits the system's ability to deliver coordinated, child- and family-centred outcomes and to drive sustained, long-term improvement.

Policy intent does not necessarily translate into aligned delivery on the ground

Stakeholders from HCSD and sector experts described strong strategies and pilot programs being funded (e.g., through early years strategies, three-year-old programs), but reported weak alignment between policy design, funding models, workforce capability and service delivery realities. Services are often funded or designed in isolation, leading to gaps at transition points between health services, ECEC and primary school, and duplication and complexity for families with emerging needs.

[118] Quarterly report to disability ministers Q4, 2024, combined with ABS census population estimates 2024
[119] National Disability Insurance Agency, Utilisation of plan budgets data, quarterly releases, June 2024.
[120] Legislative Assembly for the Australian Capital Territory Standing Committee on Health and Community Wellbeing, Inquiry into Raising Children in the ACT, Report 13, August 2024

No single point of system leadership for early childhood outcomes

Stakeholders from HCSD also consistently noted the absence of a clear, whole-of-government mandate or accountability for improving AEDC outcomes. Early childhood levers sit across multiple portfolios, with no one authority able to align priorities, funding, and practice across the full early years pathway. Stakeholders contrasted this with other jurisdictions where there is a more explicit identification of the agency 'stewarding the system' and accountable to the Minister for Early Childhood. These agencies are responsible for the development and implementation of policy commitments and drive coordinated action.

Cross-directorate collaboration relies heavily on individuals and is constrained by structural barriers

Collaboration was often seen as relying on personal relationships and was easily disrupted, rather than being built into formal structures, shared goals or incentives. When key people move on or priorities change, these arrangements tend to fall apart, which weakens continuity and limits learning and information sharing.

> "It [the early childhood developmental support system] is split amongst two portfolios, which just automatically creates unnecessary bureaucracy, wait queues, different data systems."
>
> - HCSD representative

7.6 Disconnected data systems and inconsistent information sharing across HCSD, CHS and other directorates limits coordinated and timely care



Services across HCSD, CHS and Education Directorate operate under different legislation and data systems, which stakeholders from HCSD and CHS reported makes it difficult to share information and coordinate care. Health, community services and education each follow separate legal frameworks, and the ACT does not have a single, clear, system-wide approach to information sharing. As a result, stakeholders reflected that providers cannot easily exchange even basic information, and parents often need to carry information between services. Disconnected systems further limit providers' ability to build a complete, shared understanding of a child's needs. Stakeholders reported this fragmentation leads to duplicated effort, slower referrals and disjointed care as families move between services that cannot access or use each other's data. Split governance arrangements reinforce these silos, embedding barriers to interoperability and reducing the system's ability to support early identification, timely assessment and coordinated intervention. The Inquiry into ACT health system data, demand and processes reinforces these challenges, identifying fragmented governance, inconsistent data systems, and legislative barriers that limit information sharing, coordination and system performance.[121]

[121] Australian Capital Territory. (2026). Inquiry into ACT health system data, demand and processes: Progress report (February 2026). ACT Legislative Assembly.

8 Policy and system responses should strengthen universal supports while targeting additional effort where need is greatest

This section presents the findings in response to KLE 5: **What policy and system responses are most likely to address the key drivers, and how should they be prioritised?**

Policy responses must address the universal nature of the declining AEDC outcomes

The emerging drivers of declining AEDC outcomes in the ACT are broad-based and affect children and families across the population, rather than being confined to specific cohorts or areas. The evidence presented in this report indicates that developmental vulnerability is increasing across demographic groups, geographies and socioeconomic profiles, pointing to systemic and universal pressures rather than isolated pockets of need.

Accordingly, the policy responses proposed in this report are grounded in the principle of proportionate universalism: a strong universal system that supports all children and families, complemented by targeted and intensive supports scaled to level of need. This approach recognises that while developmental vulnerability is widespread, its severity and drivers vary, and effective responses must both lift outcomes across the whole population and address the needs of those experiencing greater or more complex disadvantage.

Population-wide preventative policy responses must complement targeted Thriving Kids reforms, avoiding duplication

The proposed policy responses have been developed with a specific focus on addressing developmental vulnerability at a population level. That is, to prioritise early, preventative and system-wide actions that address patterns of social, emotional, physical and learning readiness affecting a large proportion of children entering school, including those who may not meet diagnostic or eligibility thresholds for formal intervention.

It is intended that these policy responses complement state/territory-led services likely to be implemented through Thriving Kids that will focus on strengthening early identification, improving system navigation and expanding access to supports for children with developmental delay and/or autism with low to moderate support needs.

Where relevant, this report highlights areas of alignment and interdependency between recommended actions and planned Thriving Kids initiatives. This is intended to support coordination, avoid duplication, and ensure that reforms targeting developmental delay can be leveraged to also address broader developmental vulnerability across the population.

The ACT Government has a range of levers available to it, and by working alongside families, communities and service providers, it can lift children's developmental outcomes

The ACT Government has a range of levers available to it to effect change: policy, regulatory, funding and delivery levers (shown in Appendix G). This report identifies a series of potential initiatives underpinning policy responses and notes which levers can be activated by the ACT Government.

There is an opportunity to genuinely embed the principles of self-determination to lift developmental outcomes for Aboriginal and Torres Strait Islander children and families

The principles of self-determination provide a critical lens for strengthening the translation of policy commitments into meaningful, measurable action in early years systems. As policy intent continues to mature, there is an opportunity to more consistently embed these principles in governance, decision-making and implementation. This aligns closely with the policy responses outlined in Section 8.1, which emphasise clearer accountability, stronger partnerships and system-wide coordination. Below, is an example of how a

strengthened focus on self-determination can support the delivery of these responses in practice, enabling more effective, culturally grounded and accountable outcomes.

Aboriginal and Torres Strait Islander insight

The principles of self-determination can inform a pathway from policy commitment to measurable action

Representatives from an ACT ACCO emphasised that Aboriginal and Torres Strait Islander communities have been extensively consulted and have clearly articulated their priorities, yet these insights are not consistently translated into action.

This reflects a broader implementation gap seen in national reform agendas: while policy intent is increasingly clear, governments have not consistently delivered on commitments under the National Agreement on Closing the Gap (the National Agreement), particularly in relation to shared decision-making, strengthening the community-controlled sector, and embedding Aboriginal and Torres Strait Islander leadership.

In this context, self-determination must move beyond aspiration or consultation to genuine shifts in governance, with Aboriginal and Torres Strait Islander people playing an ongoing role in shaping priorities, interpreting evidence, making decisions, guiding implementation, and monitoring progress.

SNAICC – the National Voice for Aboriginal and Torres Strait Islander children – has developed a *Sector Transformation Principles Framework* which reinforces that self-determination requires Aboriginal and Torres Strait Islander peoples to be at the centre of policy design, implementation, monitoring and oversight, alongside formal, accountable partnership arrangements envisaged under the National Agreement. This entails building on Aboriginal community-led structures rather than relying on one-off or extractive consultation, and positioning ACCOs and community leaders as central decision-makers. Critically, it also requires recognising Aboriginal and Torres Strait Islander ways of knowing, being and doing, elevating lived experience, cultural authority and local knowledge as core forms of evidence alongside technical data. This has practical implications for how data is interpreted, how analysis is undertaken, and how clinical and service responses are designed, highlighting the need to navigate and reconcile differing paradigms between mainstream systems and the community-controlled sector.

8.1 Seven policy responses translate system insights into deliberate, coordinated action that respond to emerging drivers of developmental vulnerability

The following policy responses translate the key drivers of declining developmental outcomes among children in the ACT into a coherent set of targeted, system-level actions for the ACT Government. Together, the responses focus on strengthening universal supports while directing additional effort to where need is greatest, consistent with the principle of proportionate universalism. The responses draw on the levers available to government and set out practical initiatives that can be implemented over time to improve early identification, access, service quality and coordination across the early years system.

Table 8 | Definitions of policy response table headings

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Specific actions or activities proposed under each policy response to drive practical change.	What the initiative or policy response might look like in practice.	Benefits or positive impacts of an initiative or policy response i.e. what it does well, what advantages it offers, or how it adds value.	Weaknesses, challenges, or constraints of an initiative or policy response i.e., what it does not address, considerations for implementation, or risks that may reduce its effectiveness.	See Appendix G. The ACT Government has a range of levers available to effect change: policy, regulatory, funding and delivery levers. This report identifies a series of potential initiatives underpinning policy responses and notes which levers can be activated by the ACT Government.	Short: <6m Medium: 6m-2yrs Long: 2-5yrs	Impact describes the expected effect or benefit of an initiative i.e. how much it is likely to improve outcomes, address the identified drivers, or create positive change. Feasibility describes how practical or achievable the initiative is i.e. how easily it can be implemented, considering available resources, workforce, system capacity, and operational challenges.

8.1.1 Policy response 1: Build parents' confidence about children's development to increase help-seeking and strengthen home learning environments

Rationale: Loving, reliable and responsive relationships with parents/carers is fundamental to children's development. This response addresses the finding that some families have limited confidence to engage with their child/children's development or seek support before development needs become more complex, and that parents/carers can play a critical role in children's social, emotional and physical development – key areas of developmental vulnerability. Building parents' confidence is central to earlier help-seeking, stronger home learning environments that include everyday developmental activities and more responsive parent-child relationships, particularly where hidden vulnerability, stress or isolation reduce families' opportunities to share knowledge and receive informal reassurance. The response also recognises that information alone is unlikely to shift behaviour. Developmental guidance needs to be reinforced through strong, trusted relationships at universal and community touchpoints, including ECEC, MACH, Child Development Services, playgroups, ACCOs and multicultural organisations, so families receive practical advice in settings they already use and are familiar with. This is especially important for Aboriginal and Torres Strait Islander families and families from CALD backgrounds, who may face language barriers, lower awareness of services, cultural safety concerns or difficulty navigating formal systems.

Drivers it addresses:

- Children's behavioural and developmental needs are becoming more complex.
- There is growing hidden vulnerability amongst families across the ACT.
- Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities.
- Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late.

Interactions with existing commitments:

- Builds on existing universal and place-based platforms (Child and Family Centres, ECEC, health services).
- Aligns with a shift toward earlier, relational, and non-diagnostic support (Thriving Kids and *Best Start for Canberra's Children: The First 1000 Days Strategy*).
- Reflects a strong policy emphasis on empowering parents and culturally safe engagement, especially for priority cohorts.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Refresh and actively promote practical parent-facing developmental guidance for all families across the ACT, including milestones, early warning signs, what is "typical", and	Translate milestones into clear, strengths-based plain-language prompts, paying particular attention to emotional and physical development. Reposition the Blue Book as a "living"	Strengthens parent/carer capability and drives earlier help-seeking by building developmental literacy and confidence to recognise concerns and act early.	Effectiveness depends on the consistency, capacity and capability of frontline services (e.g., MACH, ECEC, GPs). Workforce shortages, time constraints and uneven service quality may limit the extent to	Information and intelligence. Policy-setting and coordination.	Short term (6-18 months)	**Impact: Medium–High** Likely to increase early help-seeking and improve developmental literacy at scale. **Feasibility: High** Readily implementable by adapting and promoting existing tools and

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
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.	developmental guide, with prompts for parents to reflect, check progress and raise concerns with trusted early years professionals. ACT parenting website that brings together information on development and early years services.	More effective than information alone by embedding guidance into trusted, routine touchpoints, reinforcing behaviours through active, repeated engagement.	which guidance is actively delivered and reinforced. Unlikely to reach all families equally without broader system change.			embedding guidance into current service interactions.
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 the confidence of parents and carers and kin.	Strengthen the availability, accessibility and quality of early parenting supports by expanding relational, community-based programs such as supported playgroups, peer groups, parent coaching and relational programs.	Reduces isolation and rebuilds informal support networks by strengthening peer-based and community parenting supports ("village" infrastructure). Improves parental confidence and capability through shared learning with children.	Requires ongoing funding, commissioning and coordination across providers, which may be difficult to sustain in a constrained funding environment. Effective delivery depends on skilled facilitators who can build trust, model interactions and support diverse families. Workforce shortages and variable capability may limit quality and scalability.	Funding and subsidies. Purchasing and commissioning.	Medium term (18 months - 3 years)	**Impact: Medium** Likely to strengthen home learning environments, with indirect benefits for early identification and child outcomes over time. **Feasibility: Medium–High** Builds on existing platforms (e.g., CFCs, ECEC, community providers) and is scalable, but requires sustained funding, workforce capability, and coordination to ensure consistent quality and reach.
Identify gaps in culturally safe and community-led supports for CALD families, and where	Partner with trusted multicultural organisations such as Multicultural Hub Canberra to embed	Improves access and engagement for priority cohorts by delivering culturally safe, trusted and appropriate	Effective delivery depends on working in partnership with ACCOs and multicultural organisations, which	Funding and subsidies. Purchasing and commissioning.	Medium term (18 months - 3 years)	**Impact: Medium–High** Likely to materially improve engagement and earlier help-seeking among Aboriginal

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
appropriate, expand multicultural playgroups, and multilingual and community-based engagement approaches.	early childhood development information, service navigation and warm referrals into existing settlement, women's, youth and community programs. This could include multilingual developmental guidance through Welcome2Canberra, multicultural playgroups, bilingual navigation support to connect families with MACH, GPs, ECEC and the Child Development Services, and co-designed community engagement that reflects cultural understandings of child development and help-seeking.	supports that increase willingness to seek help and use services. Reduces barriers to help-seeking and system navigation by addressing language, awareness and cultural gaps, enabling earlier identification and engagement with supports.	takes time, trust-building and sustained engagement rather than short-term program design. Delivery relies on culturally competent, bilingual and community-connected staff. Limited availability of this workforce may constrain reach, quality and scalability. Aboriginal and Torres Strait Islander and CALD communities are diverse, meaning "one-size-fits-all" approaches will be ineffective and require tailored, place-based responses.	Capacity-building programs.		and Torres Strait Islander and CALD families by addressing trust, cultural safety and navigation barriers, with flow-on benefits for early identification. **Feasibility: Medium** Achievable through targeted investment and partnerships with ACCOs and multicultural organisations, but dependent on workforce availability, sustained funding, and time required for genuine co-design and trust-building.

8.1.2 Policy response 2: Strengthen early identification of developmental concerns by early years professionals and parents to ensure timely access to support

Rationale: This response addresses an over-reliance on parent-initiated ("opt-in") pathways, which limits early identification despite strong universal service coverage. Existing touchpoints (e.g., MACH, immunisation, ECEC) are not consistently used for developmental monitoring, and engagement is uneven, particularly for families facing stress, time pressures or lower confidence navigating services. Shifting to more systematic, routine engagement across earlier touchpoints would enable timely recognition of developmental concerns and reduce delays in accessing support, before needs become more complex at school entry. Thriving Kids will be playing a crucial role in this area, therefore any future policy responses, should focus on addressing the broader developmental vulnerability domains (particularly social competency, emotional maturity and physical health and wellbeing).

Drivers it addresses:

- There is growing hidden vulnerability amongst families across the ACT.
- Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities.
- Access to high-quality ECEC is not equitable across the ACT.
- Access barriers and service and workforce capacity are delaying early identification and intervention.
- Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support.

Interactions with existing commitments:

- Moving from "opt-in" (parent/carer-led) to proactive/system-led identification.
- Embedding identification in universal touchpoints (ECEC, CFCs, health services).
- Strengthening pathways between identification and support (Thriving Kids, CDS, Next Steps).

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Embed annual health checks and follow-ups more systematically into existing universal touchpoints, such as immunisations, preschool enrolment, ECECs, Koori preschools	Leverage high immunisation uptake (95 and 92.5 per cent by ages one and two, respectively[122]) as a universal entry point by integrating developmental checks into immunisation appointments – bringing families into the child	Shifts early identification from opt-in to systematic checks by embedding into high-uptake universal touchpoints, and expands reach/consistency of developmental monitoring, enabling	Embedding checks across services requires coordination across multiple teams, systems and workflows, which may be operationally complex. Frontline staff may require training, time and confidence to undertake developmental	Policy-setting and coordination. Service provision.	Short-Medium term (12 months - 3 years)	**Impact: High** Likely to significantly improve early identification by reaching a broad proportion of children through existing universal touchpoints, enabling earlier

[122] Australian Government Department of Health and Aged Care, *Current coverage data tables for all children*, Childhood immunisation coverage

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
and other everyday settings.	developmental system early and establishing a consistent pathway for ongoing screening and follow-up as the child grows. Review which cohorts are and are not accessing annual health checks to determine the 'hardest to reach' families, and what responses are required to reach them.	earlier and more equitable detection of concerns. Improves timeliness of identification and response by introducing checks earlier in the child's journey, addressing gaps where current mechanisms (e.g., Kindergarten Health Check) occur too late to influence school-entry outcomes.	checks and follow-up conversations, which is challenging in the context of existing workload pressures.			detection and intervention at scale. **Feasibility: Medium** Builds on existing service infrastructure (e.g., immunisation, ECEC), but requires cross-system coordination, workforce training, and alignment of processes, as well as sufficient follow-on service capacity.
Promote uptake of existing or introduced developmental checks through proactive engagement and behavioural prompts.	SMS reminders triggered at key child age milestones or missed appointments. Postcard/mail prompts aligned to immunisations, birthdays, or preschool enrolment. Digital nudges embedded in service interactions (e.g., MyGov, ACT Digital Health Record (DHR), childcare apps). Follow-up/reminder sequences for non-attendance. Targeted messaging tailored for CALD families (translated prompts, culturally appropriate framing).	Increases uptake of developmental checks by reducing reliance on parent-initiated engagement through proactive prompts. Improves equity of access to early identification by supporting families with lower awareness, time or confidence to engage. Reduces missed opportunities and enables earlier identification by improving follow-through and prompting engagement at key developmental stages.	Behavioural prompts may have limited impact without broader system change. Repeated messages (e.g., SMS, apps) may be ignored over time if not well targeted, timed or relevant. Requires coordination across digital systems (e.g., health, ECEC, MyGov, childcare apps), which may be fragmented or inconsistently used.	Information and intelligence. Service provision.	Short term (6-18 months)	**Impact: Medium** Likely to improve uptake of developmental checks and early identification at scale by increasing follow-through at key touchpoints. **Feasibility: High** Relatively low-cost and implementable using existing communication channels and service interactions, though dependent on coordination across systems and quality of design.

8.1.3 Policy response 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

Rationale: This response addresses the fragmented and hard-to-navigate early years system, where families face barriers to access and are often required to coordinate care themselves. Parent/carer stress and competing demands reduce capacity to engage early and follow through, contributing to delayed identification and more complex needs at school entry.

A 'no wrong door' approach would shift the system from parent/carer-led navigation to service-led coordination, ensuring every touchpoint can identify need, provide initial support, and actively connect families onward. This reduces navigation burden, improves continuity, and enables earlier, more coordinated responses to developmental need.

Drivers it addresses:

- There is growing hidden vulnerability amongst families across the ACT.
- Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities.
- Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late.
- Access to high-quality ECEC is not equitable across the ACT.
- Access barriers and service and workforce capacity are delaying early identification and intervention.
- Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support.

Interactions with existing commitments:

- ACT initiatives already move toward a no wrong door model through multiple entry points and integrated settings (e.g., Child and Family Centres, CDS, ECEC), alongside system reforms (*Set Up for Success, Next Steps*) that emphasise connected services, smoother transitions, and coordinated support pathways.
- Reforms like Thriving Kids further strengthen this by enabling earlier, needs-based access and cross-service coordination, reducing reliance on families to navigate between fragmented services. Initiatives likely to be implemented include local navigation / navigators in community hubs and time-limited case management services.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Equip and encourage every touchpoint (CFCs, MACH, GPs, ECEC, Child Development Service, etc.) to identify need, provide initial support,	Embed light-touch guidance, check-ins and warm referrals at every touchpoint to identify need early and connect families directly to support.	Strengthens integration across the early years system by embedding identification, initial support and referral within all touchpoints, aligning with best-practice, family-centred care.	Staff need time, training and confidence to identify need, have conversations and make referrals, which is challenging in a constrained workforce environment.	Capacity-building programs. Policy-setting and coordination.	Medium term (18 months - 3 years)	**Impact: High** Likely to significantly improve early identification, access and continuity of care by activating all touchpoints to

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
and actively connect families onward.	Use consistent, strengths-based messaging across services to reduce stigma and encourage engagement.	Improves consistency of early identification and support by activating universal services (e.g., MACH, ECEC, GPs, CFCs, CDS) to play a proactive role rather than relying on ad hoc use. Reduces access barriers and hidden vulnerability by connecting families to support earlier and more directly, minimising drop-off between services.	Without clear protocols, incentives and accountability, uptake may vary across touchpoints, limiting system-wide impact.			proactively identify need and connect families to support, reducing drop-off across the system. **Feasibility: Medium** Builds on existing services but requires workforce training, clear protocols, and cross-system coordination (e.g., referral pathways, data sharing) to implement consistently at scale.
Embed a navigation function for families with emerging or moderate need, especially where multiple services are involved or where families face language, transport or work-related barriers.	Enable seamless navigation across the system through shared intake, proactive follow-up, and better information sharing so families can enter anywhere and remain supported.	Reduces navigation burden by providing dedicated support to guide families through fragmented pathways, enabling earlier and more timely access. Improves continuity of care for families with more complex needs by coordinating across multiple services and reducing drop-off between referral points. Increases equity of access by supporting families facing language, transport or work-related barriers to engage with and navigate the system more effectively.	Navigation functions (e.g., key workers, care coordinators) require sustained funding and staffing capacity, particularly if targeted to families with higher needs. Navigators need strong system knowledge, cultural competence and relational skills; unclear role definitions or duplication with existing services (e.g., CFCs, CDS) may reduce effectiveness.	Policy-setting and coordination. Service provision. Capacity-building programs.	Medium term (18 months - 3 years)	**Impact: High** Likely to significantly improve access, continuity and timeliness of support for families with emerging or moderate need by reducing navigation barriers and preventing drop-off across the system. **Feasibility: Medium** Effective but resource-intensive, requiring sustained funding, skilled workforce, and strong integration with existing

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
						services to avoid duplication and ensure clear roles.
Create a child development campaign and website to inform parents where to go/who to talk to.	A simple, trusted digital "first step" translates the family pathways map into an interactive tool and is embedded across CFC, ECEC, GP and health touchpoints, enabling professionals to guide families to clear next steps and reducing reliance on parent-led system navigation.	Improves awareness and clarity of pathways. Reduces reliance on parent knowledge and confidence by guiding families through clear, actionable next steps rather than expecting them to navigate the system themselves. Lowers effort required to access information, particularly for families with limited time, awareness or system familiarity.	Providing information alone may not lead to engagement or follow-through, particularly for families facing stress, low trust or competing priorities. Families with limited digital access, language barriers or low digital literacy may not benefit without complementary offline and community-based approaches.	Information and intelligence. Product provision.	Short term (6-18m)	**Impact: Medium** Likely to improve awareness and initial engagement at scale by providing a clear entry point into the system, supporting earlier help-seeking. **Feasibility: High** Relatively low-cost and straightforward to implement using existing digital platforms, though effectiveness depends on integration with services and active promotion.

8.1.4 Policy response 4: Value the role of ECEC in responding to rising developmental complexity, by continuing to invest in service and workforce quality.

Rationale: This response addresses the growing mismatch between children's increasing developmental complexity and the current capacity and capability of ECEC services and workforce (teachers and educators). The ECEC workforce is increasingly expected to be the first to identify and respond to unmet developmental, behavioural and social-emotional needs, yet workforce capability and ECEC quality are uneven and not consistently aligned to this role.

Strengthening early years professionals' capacity and capability, while simultaneously lifting service quality across ECEC settings is critical to improving early identification, enabling more responsive support in everyday learning environments, and ensuring children receive appropriate support earlier, rather than at school entry when needs are more complex. From the analytical work the Education Directorate has already commissioned, and from national research, it is known that it is a large and continual undertaking to address workforce constraints and foster the increasing quality of care and education, but there is also appetite in the sector and practical measures by which to do so. Thriving Kids will be reshaping the early years system, and additional initiatives can ensure ECEC is used as a key setting to support identification and support of broader developmental needs, by increasing the training and capability of the ECEC workforce.

Drivers it addresses:

- Access to high-quality ECEC is not equitable across the ACT.
- Access barriers and service and workforce capacity are delaying early identification and intervention.
- Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support.

Interactions with existing commitments:

- Values and strengthens early years professionals' capabilities, enabling earlier identification and more effective responses to developmental, behavioural and social-emotional needs (builds on *Valuing Educators, Values Children: A Workforce Strategy for the ACT Early Childhood Education and Care Profession (2023–25); Set Up for Success*).
- Positions ECEC settings as a frontline platform for early identification and intervention, alongside its role in early learning.
- Complements broader reforms (e.g., Thriving Kids, Next Steps) by supporting earlier recognition of need and more timely connection to support services, and ensuring ECEC services can access Thriving Kids initiatives once implemented.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
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.	Deliver practical, role-specific training for educators on child development milestones, recognising early signs of concern, and having confident, strengths-based conversations with families about development. Embed use of standardised tools and approaches (e.g., a tailored ACT rollout of Learn the Signs. Act Early.) to support consistent developmental monitoring and shared language across settings.	Builds workforce capability to respond to increasing complexity by equipping educators with the knowledge and skills to support children with diverse developmental, behavioural and social-emotional needs. Strengthens early identification within education settings by enabling educators to more confidently recognise emerging concerns and respond appropriately in real time. Improves quality of practice beyond formal standards by addressing gaps not captured by NQS and supporting more responsive, inclusive and developmentally informed approaches across ECEC and early years settings.	Educators may have limited time to engage in professional learning alongside existing workload pressures, reducing uptake and depth of application. Without strong standards and delivery models, training quality may vary, leading to inconsistent capability uplift across services.	Capacity-building programs.	Medium term (18 months - 3 years)	**Impact: Medium–High** Likely to improve educator capability and quality of practice across settings, with strong potential to strengthen early identification and support for children with complex needs. **Feasibility: Medium** Achievable through targeted training programs, but dependent on workforce capacity, consistent delivery models, and ongoing reinforcement to translate learning into practice.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
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.	Provide targeted quality improvement support through coaching, mentoring and tailored improvement plans for services working towards NQS. Embed specialist support into services (e.g., allied health, inclusion specialists) to build capability in responding to developmental, behavioural and social-emotional needs. Strengthen workforce capability and leadership through focused training, peer learning networks and leadership development to sustain quality improvement over time.	Targets and lifts quality where it is most needed by focusing support on services working towards NQS, reducing variation across the system. Builds workforce and leadership capability with ECEC to respond to complex developmental needs through tailored mentoring and embedded support, not just compliance-driven improvement.	Tailored coaching, mentoring and improvement support require sustained funding, specialist expertise and ongoing engagement with services, rather than one-off training. While lifting NQS performance is valuable, the report notes that formal quality standards do not fully capture the capability required to respond to increasingly complex developmental, behavioural and social-emotional needs.	Capacity-building programs.	Medium term (18 months - 3 years)	**Impact: Medium–High** Likely to improve outcomes for children in lower-quality settings by lifting educator capability and reducing variation in service quality, with flow-on benefits for developmental outcomes. **Feasibility: Medium** Achievable but resource-intensive, requiring sustained funding, specialist expertise and strong engagement from services already facing workforce and capacity constraints.

8.1.5 Policy response 5: Layer targeted, place-based responses over a universal system to improve equity, early identification and support in high-need areas.

Rationale: This response addresses the uneven distribution of developmental vulnerability and service access across the ACT, where pockets of 'hidden vulnerability' persist despite strong overall system coverage. In some areas, population growth, service gaps and weaker informal supports are combining to increase need and reduce timely access to parenting support and early intervention.

A place-based approach would enable more targeted, coordinated responses, tailoring service delivery to local drivers of developmental vulnerability, improving access and integration, and strengthening early identification and support where it is most needed.

Place-based approaches should combine geographic targeting with evidence-based interventions tailored to the dominant developmental vulnerabilities in each community. For example, areas with elevated emotional and behavioural developmental vulnerability may benefit from enhanced parenting supports, social-emotional learning initiatives and emotional regulation programs, while areas with poorer physical health and wellbeing outcomes may require greater focus on active play, developmental monitoring and physical readiness for school. This ensures responses address both where developmental vulnerability is concentrated and the specific developmental challenges driving poorer outcomes.

Drivers it addresses:

- There is growing hidden vulnerability amongst families across the ACT.
- Increasing family pressures and variable levels of child development knowledge among parents and carers may be limiting children's developmental opportunities.
- Parenting supports are crucial but can be hard to access, are insufficient and/or made available too late.
- Access barriers and service and workforce capacity are delaying early identification and intervention.
- Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support.

Interactions with existing commitments:

- Operationalises *Next Steps for Our Kids* by translating system integration into place-based delivery.
- Complements *Thriving Kids* by ensuring early intervention supports are equitably accessed across geographies.
- Leverages existing infrastructure (CFCs) as delivery hubs for localised, coordinated services.
- Strengthens universal strategies (*Set Up for Success; Best Start for Canberra's Children: The First 1000 Days Strategy*) by addressing uneven access, uptake, and hidden vulnerability.
- Aligns with national priorities by advancing equity, community-level responsiveness, and cross-sector coordination.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Trial new approaches to service delivery in place-based pilots, which might include strengthened CFC service models through targeted outreach including parenting support and community-based developmental services.	Use AEDC and local service data to identify priority geographies (e.g., Gungahlin, Tuggeranong and Belconnen) and evaluate impact through 2027 AEDC data collection. Pilot locally tailored approaches in high-need areas (e.g., proactive CFC outreach, embedded parenting support, and integrated service coordination) to address specific gaps in access and early identification. Evaluate and scale up effective models across universal platforms (e.g., CFCs, MACH, ECEC), strengthening system-wide responsiveness while targeting support where need is greatest.	Targets support (resources and intensity) where need is greatest by applying proportionate universalism. Addresses geographic inequities in outcomes by focusing on localised pockets of rising developmental vulnerability (e.g., outer districts with worsening rates of developmental vulnerability). Improves access and early identification in high-need areas by strengthening service availability and tailoring responses to local gaps in the system. Enables more effective and responsive service delivery by aligning interventions with local patterns of need, rather than relying on uniform, system-wide approaches.	Place-based approaches require sustained funding, local coordination capacity and flexible commissioning, which can be challenging to establish and maintain. Variation in local leadership, partnerships and service capacity may lead to inconsistent quality and impact across pilot sites. Piloting and evaluating new models takes time, and benefits may not be immediate while approaches are iterated and embedded.	Capacity-building programs. Funding and subsidies. Policy coordination. Outcome setting.	Medium term (18 months - 3 years)	**Impact: High** Likely to drive meaningful improvements in outcomes in high-developmental vulnerability areas by targeting resources, improving access, and addressing local drivers of need through tailored responses. **Feasibility: Medium** Effective but complex to implement, requiring strong local coordination, flexible funding, and sustained effort to test, refine and scale place-based models.

8.1.6 Policy response 6: Elevate Aboriginal and Torres Strait Islander community leadership to drive self-determined early years services design and delivery.

Rationale: Aboriginal and Torres Strait Islander children experience disproportionately high and increasing developmental vulnerability, particularly across multiple domains. While developmental vulnerability is rising across the ACT, the gap between Aboriginal and Torres Strait Islander and non-Aboriginal children is widening. The evidence suggests that improving outcomes requires more than increasing access to mainstream services; it requires Aboriginal community-led approaches that embed self-determination, cultural safety and community control in the design, delivery and governance of the early years system. ACT Government efforts should continue to focus on strengthening ACCO leadership, culturally safe pathways, Aboriginal and Torres Strait Islander workforce development and shared decision-making across the early childhood system.

Drivers it addresses:

- Children's behavioural and developmental needs are becoming more complex, with Aboriginal and Torres Strait Islander children experience higher developmental vulnerability.

Interactions with existing commitments:

- Aligns with *Closing the Gap* and the *ACT Aboriginal and Torres Strait Islander Agreement*.
- Supports implementation of *Our Booris, Our Way* and broader commitments to self-determination.
- Complements *Thriving Kids* by ensuring developmental supports are delivered through culturally safe, Aboriginal community-led pathways.
- Reinforces existing place-based and family-centred approaches while strengthening Aboriginal governance and leadership.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Embed Aboriginal governance and shared accountability across the early years system.	Establish an Aboriginal Early Years Advisory Group or governance mechanism with decision-making influence. Involve ACCOs and Aboriginal community leaders in the design, implementation and monitoring of early	Strengthens implementation of self-determination by giving Aboriginal organisations and communities a greater role in system design, commissioning and oversight. Improves the likelihood that policies, investments and service	Governance reform can take time and requires commitment across multiple directorates and stakeholders. Risks becoming consultative rather than genuinely shared decision-making if authority, accountability and resources are not clearly defined. Benefits may be	Outcome setting. Policy-setting and coordination. Information and intelligence.	Medium term (18 months - 3 years)	**Impact: Medium–High** Likely to improve system responsiveness, cultural safety and alignment with community needs over time. **Feasibility: Medium** Requires sustained leadership and cross-government commitment but aligns

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
	years reforms (building on experience Our Booris, Our Way Implementation Oversight Committee). Coordinate and align Aboriginal early years reforms through a shared outcomes framework, bringing together initiatives under *Our Booris, Our Way, Closing the Gap, Thriving Kids*, ECEC reforms, maternal and child health services, and Aboriginal community-controlled programs to monitor their collective impact on child development and ensure efforts are mutually reinforcing. Develop Aboriginal-specific outcomes and accountability measures taking into account AEDC trends and other existing measures (such as Closing the Gap).	models reflect community priorities, by elevating Aboriginal ways of knowing, being and doing. Supports more accountable and culturally responsive decision-making across government.	indirect and take time to translate into improved child outcomes.			strongly with existing self-determination commitments.
Strengthen Aboriginal and Torres Strait Islander-led early childhood and	Expand ACCO-led parenting, developmental, family	Improves engagement, trust and uptake of services by providing support through culturally safe,	ACT has a relatively small ACCO sector and Aboriginal workforce, which may constrain scale and speed of	Funding and subsidies. Purchasing and commissioning.	Medium term (18 months - 3 years)	**Impact: High** Likely to improve access, trust, early identification and engagement

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
developmental supports.	support and navigation services. Embed Aboriginal community-led developmental outreach (such as Aboriginal family navigators) across mainstream services (e.g., Child and Family Centres, community settings, health and early intervention services etc.) and ensure clear pathways into ACCO-led services.	community-controlled organisations. Builds on evidence that Aboriginal and Torres Strait Islander families may face barriers accessing mainstream developmental and early intervention services. Strengthens self-determination by enabling Aboriginal organisations to design and deliver responses that reflect local community priorities.	expansion. Building organisational capability and sustainable service delivery requires long-term investment rather than short-term funding. Demand may exceed available workforce capacity.	Capacity-building programs.		among Aboriginal and Torres Strait Islander families by addressing culturally specific barriers. **Feasibility: Medium** Achievable through targeted investment and partnerships, but dependent on workforce availability and sustained funding.
Build and sustain the Aboriginal early years workforce.	Review opportunities to expand cadetships, scholarships and supported career pathways. Strengthen recruitment and retention initiatives across health, ECEC and community services. Increase access to cultural supervision and peer support networks.	Increases availability of culturally safe services and supports stronger engagement with Aboriginal and Torres Strait Islander families. Builds long-term system capability and helps address workforce shortages identified across the early years sector. Creates employment and leadership pathways for Aboriginal people within health, ECEC and community services.	Workforce development is a long-term strategy and outcomes may not be realised quickly. Competition for skilled staff remains strong across sectors. Recruitment initiatives alone may be insufficient without attention to retention, career progression and culturally safe workplaces.	Capacity-building programs. Funding and subsidies. Workforce development and training.	Long term (3+ years)	**Impact: High** Likely to deliver significant long-term benefits through stronger cultural safety, improved service access and workforce sustainability. **Feasibility: Medium–Low** Achievable but requires sustained investment, pipeline development and long-term workforce strategies.

8.1.7 Policy response 7: Strengthen stewardship and joint accountability across government to improve early years outcomes across the system.

Rationale: This response addresses the finding that the ACT early years system is fragmented across health, education and community services, with no clear system steward, limited shared accountability, and data sharing, which constrains coordinated, timely support for children and families. While there are strong individual initiatives, misalignment between policy, funding, workforce capability and service delivery limits their collective impact on population-level outcomes.

Strengthening system stewardship, joint accountability and data sharing would align priorities across agencies, create clear ownership for improving AEDC outcomes, and enable information to follow the child across services, supporting earlier identification, more coordinated care, and stronger system-wide performance.

Drivers it addresses:

- Service pathways have become fragmented, leaving a gap between recognising need and providing early intervention support.
- Multiple agencies hold the levers in the early years system, and there is no clear steward.
- Disconnected data systems and inconsistent information sharing across HCSD, CHS and other directorates limits coordinated and timely care.

Interactions with existing commitments:

- Strongly aligned with Next Steps for Our Kids, particularly its focus on a "joined-up system," shared accountability, and improved cross-agency coordination.
- Enables more effective implementation of other initiatives (e.g., Thriving Kids, ECEC reforms) by creating clearer governance, shared outcomes, and coordinated pathways.
- Highly aligned with the Australian Early Years Strategy, particularly on cross-sector coordination, accountability, and outcomes-focused monitoring.

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
Set a clearer whole-of-government mandate and accountability for improving early childhood developmental outcomes, including AEDC-related outcomes.	Set a clear, measurable population target, such as improving the proportion of ACT children developmentally on track by a defined percentage by 2030, anchored in AEDC results. This target would be publicly reported and owned at	Drives alignment and sustained reform focus by establishing clear ownership for early childhood outcomes, ensuring policy, funding, and delivery remain coordinated and consistently focused on improving AEDC results at a population level.	Requires agreement across multiple directorates with different priorities, funding models and accountability structures, which can be complex and time-consuming to negotiate.	Outcome setting. Policy-setting and coordination.	Medium term (18 months - 3 years)	**Impact: Medium** Likely to have a strong system-level impact by improving alignment, reducing fragmentation, and creating clearer accountability for population outcomes, but benefits may be indirect and take time to flow through to frontline

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
	a whole-of-government level, signalling clear accountability for outcomes rather than activity.	Improves system coherence and impact by reducing fragmentation in priorities and decision-making, allowing government to more effectively sequence, prioritise, and scale initiatives that address key drivers of developmental vulnerability.				practice and child outcomes. **Feasibility: Medium** Hard to implement in practice because it requires cross-directorate agreement, governance reform, and sustained leadership to translate a whole-of-government mandate into real changes in planning, funding and accountability.
Develop a clear, cross-sector early years strategy with a shared vision across HCSD, CHS, Education and community-delivered services.	Embed implementation through aligned commissioning and funding, including joint or pooled funding models across HCSD, CHS and Education, and place-based commissioning that links investment directly to agreed outcomes and local needs.	Improves alignment between policy, funding and delivery by bringing existing strategies into a single, coherent framework, ensuring workforce capability, service models and investment decisions are better aligned to shared early childhood outcomes. Strengthens coordination across sectors by creating a common vision and shared priorities for HCSD, CHS, Education and community providers, enabling	Developing a cross-sector strategy without dedicated funding, commissioning reform, and implementation resources risks it becoming a high-level document with limited impact. The ACT already has multiple overlapping strategies; without careful design, a new strategy could add complexity rather than simplify the system, unless it clearly rationalises or integrates existing frameworks.	Outcome setting. Policy-setting and coordination.	Medium term (18 months - 3 years)	**Impact: Medium–High** Likely to deliver strong system-level benefits by improving alignment, reducing duplication, and enabling more coordinated, efficient use of resources across sectors; however, outcomes depend on how effectively the strategy is operationalised and funded. **Feasibility: Medium** Achievable in concept but more complex in practice, as it requires cross-directorate

Potential initiatives	How this could look	Strengths	Limitations	Levers	Timeframe	Impact / Feasibility
		more integrated planning, joint commissioning and clearer system roles.				agreement, sustained funding commitments, and alignment of existing strategies, commissioning approaches and governance structures.
Formalise cross-sector data-sharing, so relevant developmental information can follow the child across services with appropriate privacy protections.	Data sharing agreements and intraoperative improvements.	Enables earlier and more accurate identification of need by allowing relevant developmental information (e.g., screening results, concerns raised in ECEC or health settings) to be shared across services, reducing reliance on fragmented or incomplete information held by individual providers. Improves coordination and continuity of care by ensuring providers across health, education and community services have visibility of the child's history and current supports, enabling more timely referrals, aligned interventions, and reduced duplication.	Data sharing requires champions to drive this work. Improving interoperability requires alignment of legislation, privacy frameworks, IT systems and data standards, making it a technically and operationally challenging reform with long lead times and high upfront costs.	Information and intelligence. Capacity-building infrastructure.	Medium term (18 months - 3 years)	**Impact: Medium** Likely to improve coordination and continuity of care over time but impacts on child and family outcomes are likely to be indirect and slower to materialise than more direct service reforms. **Feasibility: Low** Implementation is challenging and requires long lead times given legislative, privacy, technical and governance barriers, and it requires clear ownership and sustained effort to drive progress.

8.2 Implementation considerations

Effective implementation will be critical to ensuring that the proposed policy responses translate into improved developmental outcomes, rather than adding further complexity to an already fragmented system. Given the scale of reform and the number of interdependencies across the early years system, a deliberate focus on consultation, alignment with existing commitments, and governance will be essential to achieving impact.

- **Implementation should elevate the voices and perspectives of families and children** to ensure the system is designed around lived experience. The development of the report did not include direct engagement with parents, carers or children, limiting insight into how the system is experienced in practice. Strengthening policy design – particularly with diverse and priority cohorts – will be critical to improving uptake, early identification and engagement with supports.
- **Purposeful consultation with frontline staff and community service providers,** that builds on consultation to date, will be critical to ensuring reforms are grounded in delivery realities and responsive to the needs of families. These stakeholders have direct insight into how family's access and experience the system of services. Engaging them in design and implementation will help identify practical constraints, and ensure initiatives are feasible (taking into account workforce pressures and fragmented pathways), culturally appropriate, and aligned with existing service models. This is particularly important in a system characterised by varying service capability, where implementation success depends on how reforms translate at the frontline.
- **Governance arrangements should align with self-determination**, where initiatives are focused on Aboriginal and Torres Strait Islander families and children. Embedding principles of self-determination, including a stronger role for Aboriginal Community Controlled Organisations and governance structures that reflect community priorities and ways of knowing, being and doing, will be critical to delivering sustained and equitable outcomes.
- **Prioritisation should take into account levers immediately available to government, and further exploration of existing initiatives and reforms to avoid duplication is needed.** The ACT has a strong pipeline of early years strategies and national reforms, including Thriving Kids, with overlapping policy objectives in early years reform. Given evidence that cumulative reforms have contributed to system complexity without consistently improving outcomes, a clear approach to sequencing and role clarity will be essential.
- **Monitoring impact and progress of reforms through existing early years measures (including the AEDC) and clearly defining lead indicators will enable evidence-informed implementation decision-making.** Measuring outcomes is critical to understanding whether investments and reforms are delivering the intended benefits for children and families, and to identifying where adjustments are needed. It also strengthens accountability and supports continuous improvement by providing a clear evidence base for prioritising resources and refining interventions over time.

Appendix A Evidence strength matrix

Table 9 | Evidence strength matrix, full

Symbol in-text	Label	Definition	How it looks in practice
●●●	Strong findings (high confidence)	We can robustly substantiate the finding through multiple, high-quality evidence sources that converge on the same conclusion.	• Consistent patterns in quantitative data analysis (e.g., AEDC trends, National Census, service data). • Supported by multiple stakeholder groups (e.g., government, frontline providers, teachers, experts). • Reinforced by credible literature or prior research. • Minimal contradictory evidence.
●●○	Moderate findings (medium confidence)	The finding is supported by some evidence, but there are gaps, inconsistencies, or limits that reduce certainty.	• Supported by one or two evidence types, but not fully triangulated. • Raised by several stakeholders, but not across all groups. • Some alignment with literature, but not definitive. • Quantitative signal is suggestive but not conclusive. • Some variation or competing explanations exist.
●○○	Emerging, but limited findings (lower confidence, further exploration required)	The finding is emerging or exploratory, based on limited or partial evidence, and should be interpreted with caution.	• Raised by a small number of stakeholders or a single group. • Based primarily on anecdotal evidence or perception. • Limited or no supporting quantitative data. • Weak or mixed evidence in the literature. • Hypothesis-generating rather than confirmatory.

Appendix B Sector survey and kindergarten teacher survey data

Surveys asked respondents to rate the impact of a list of factors on the decline in the ACT AEDC results based on their experience

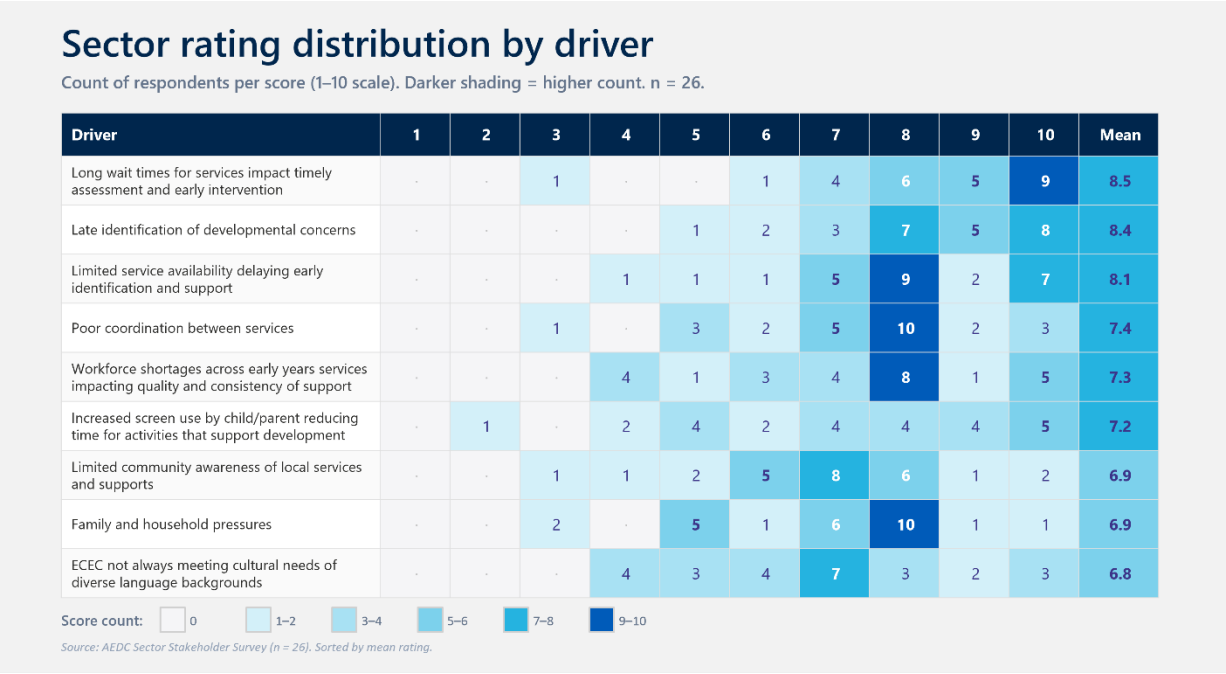
The review conducted surveys of sector stakeholders (n=26) and kindergarten teachers (n=13) to understand what factors may be affecting recent AEDC results in the ACT.[123] Survey respondents were instructed to rate the impact of ten factors on the decline in the ACT AEDC results, based on their experience. The provided scale was: 1=no impact, 3=small impact, 5=moderate impact, 7=large impact, 10=extremely large impact. An average score for each statement was then calculated.

This data is translated throughout the report as "<average score> out of 10". For example, "increased screen use by children and parents received a high score of 7.50 out of 10."

Highest-scoring statements are the strongest signals of stakeholder agreement.

Survey of sector stakeholders

Figure 18 | Results from questions 1-9; "Based on your experience, please rate the impact of the following factors on the decline in the ACT AEDC results (1=no impact, 3=small impact, 5=moderate impact, 7=large impact, 10=extremely large impact)."



Driver	1	2	3	4	5	6	7	8	9	10	Mean
Long wait times for services impact timely assessment and early intervention	·	·	1	·	·	1	4	6	5	9	8.5
Late identification of developmental concerns	·	·	·	·	1	2	3	7	5	8	8.4
Limited service availability delaying early identification and support	·	·	·	1	1	1	5	9	2	7	8.1
Poor coordination between services	·	·	1	·	3	2	5	10	2	3	7.4
Workforce shortages across early years services impacting quality and consistency of support	·	·	·	4	1	3	4	8	1	5	7.3
Increased screen use by child/parent reducing time for activities that support development	·	1	·	2	4	2	4	4	4	5	7.2
Limited community awareness of local services and supports	·	·	1	1	2	5	8	6	1	2	6.9
Family and household pressures	·	·	2	·	5	1	6	10	1	1	6.9
ECEC not always meeting cultural needs of diverse language backgrounds	·	·	·	4	3	4	7	3	2	3	6.8

[123] Note: Survey findings are based on a low response rate and therefore may not be representative of the broader population.

Survey of kindergarten teachers

Figure 19 | Question 1: Which school sector are you currently employed in?

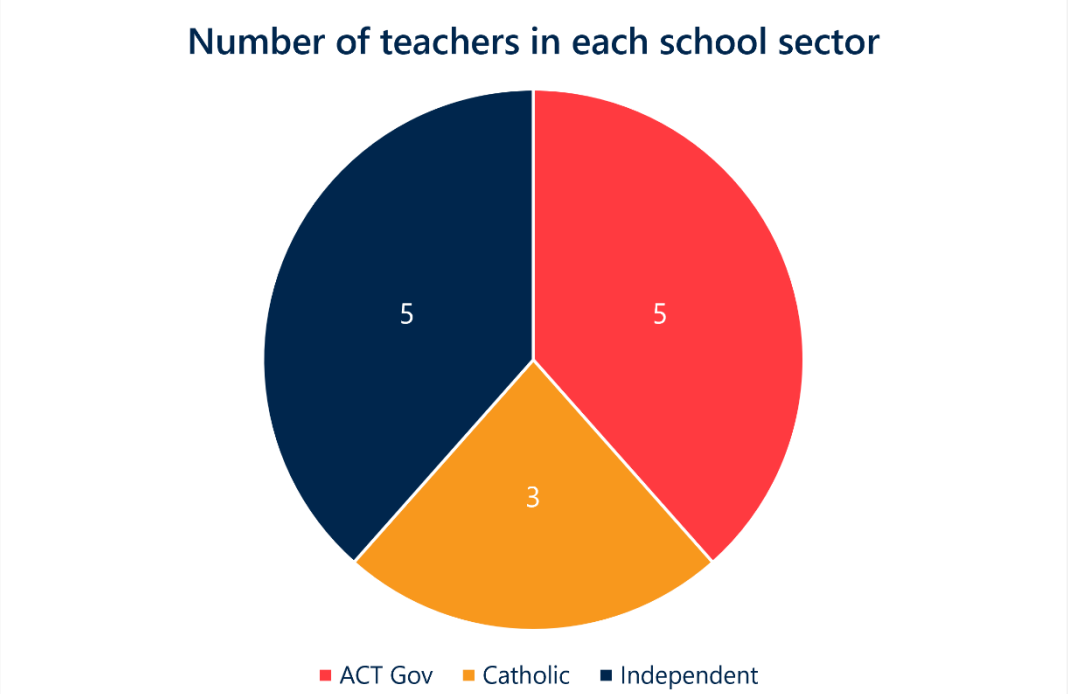


Figure 20 | Question 2: How many years of experience do you have teaching kindergarten?

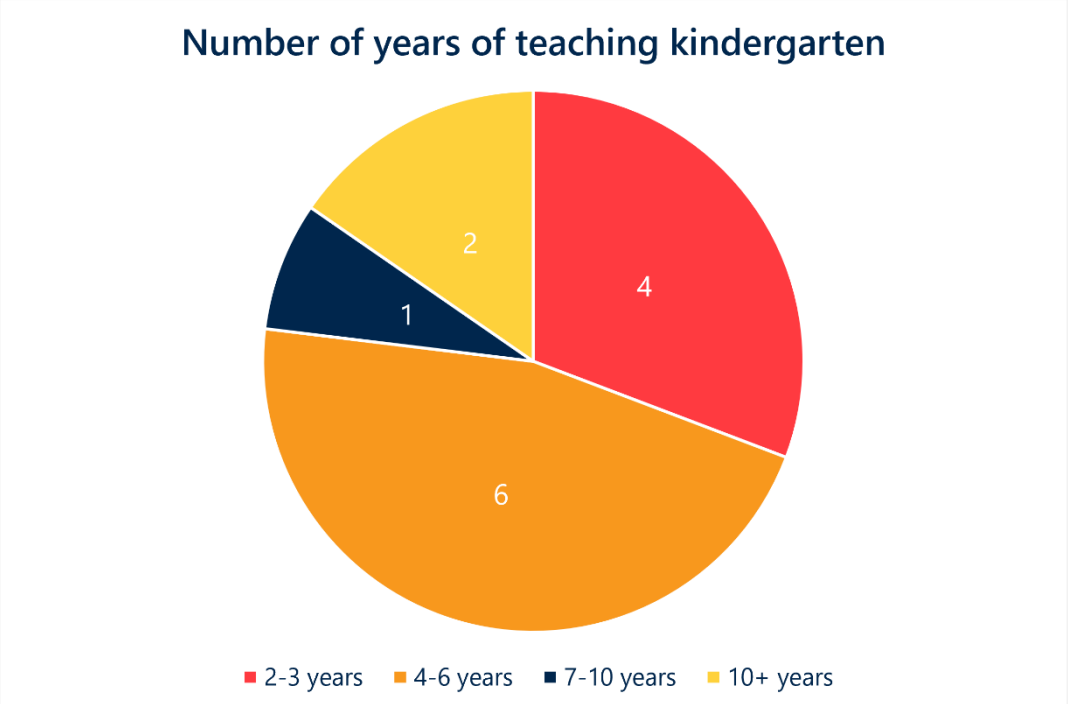


Figure 21 | Question 3: How many times have you completed the AEDC? *The AEDC began in 2009 and is completed every three years (2009, 2012, 2015, 2018, 2021, 2024).*

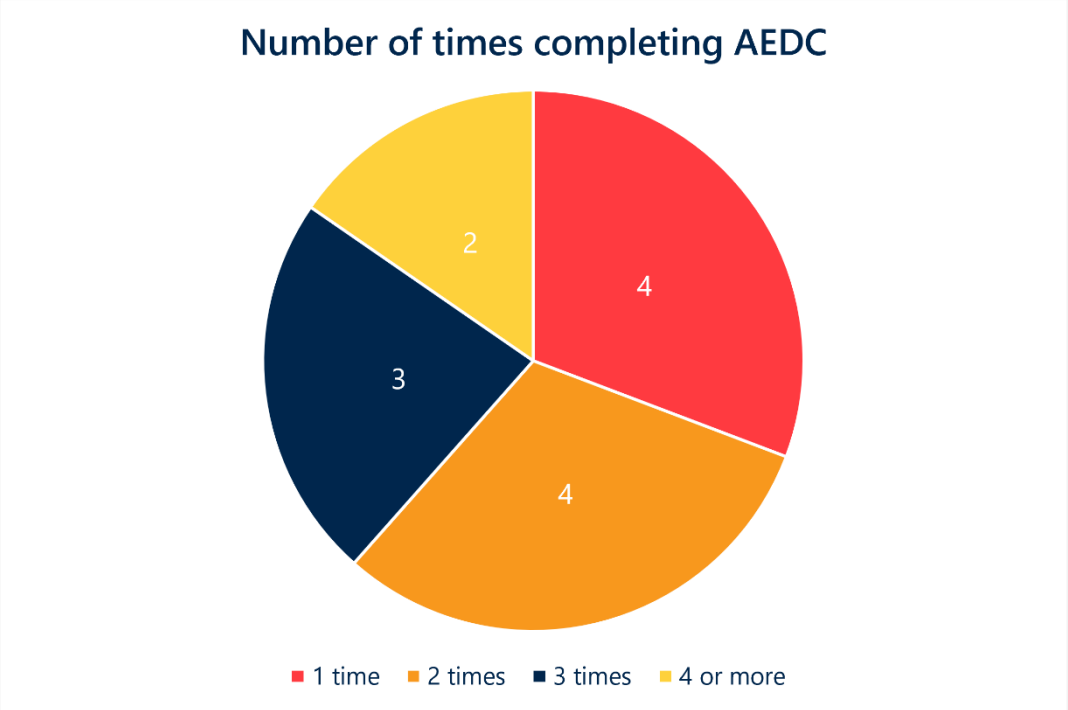


Figure 22 | Question 4: Please indicate how much you agree with the following statements about how you complete the AEDC.

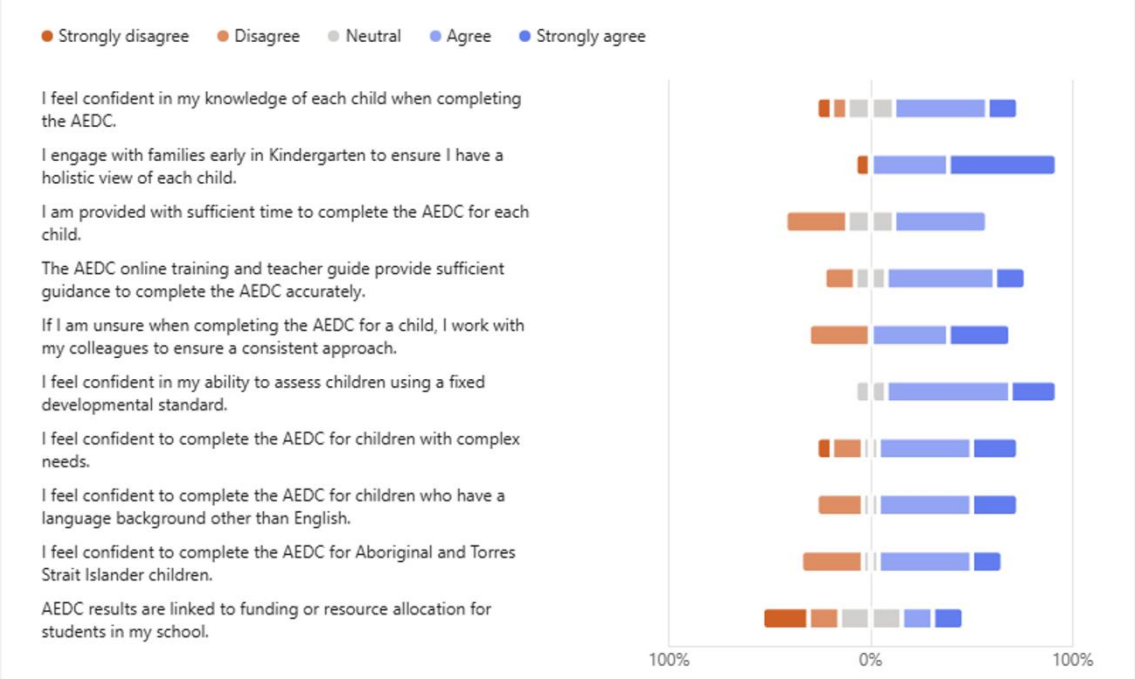


Figure 23 | Question 6: The following questions ask about trends you have observed in kindergarten children in recent years. For each item, please indicate whether you think it has decreased significantly, decreased slightly, stayed the same, increased slightly or increased significantly.

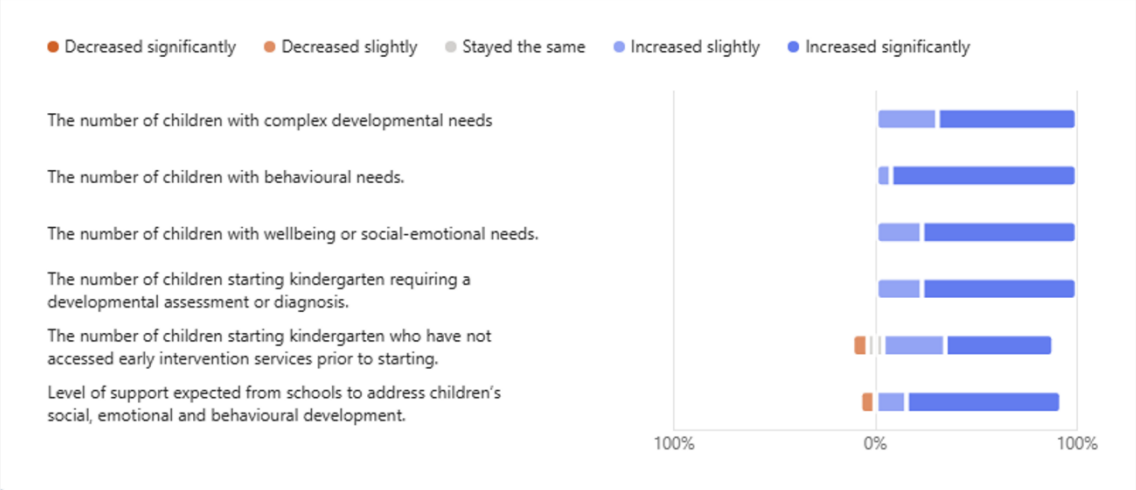


Figure 24 | Questions 8-15: Based on your experience, please rate the impact of the following factors on the decline in the ACT AEDC results (1=no impact, 3=small impact, 5=moderate impact, 7=large impact, 10=extremely large impact).

Teacher rating distribution by driver

Count of respondents per score (1–10 scale). Darker shading = higher count. n = 13.

Driver	1	2	3	4	5	6	7	8	9	10	Mean
Long wait times for services impact timely assessment and early intervention	·	·	·	·	·	·	·	2	2	9	9.5
Increased screen use by child/parent reducing time for activities that support development	·	·	·	·	·	1	·	5	·	7	8.9
Limited service availability delaying early identification and support	·	·	·	·	·	1	2	2	1	7	8.8
Workforce shortages across early years services impacting quality and consistency of support	·	·	·	·	·	·	4	1	3	5	8.7
Poor coordination between services	·	·	·	·	1	·	2	3	2	5	8.5
Late identification of developmental concerns	·	·	·	·	1	1	1	3	3	4	8.4
Family and household pressures	·	·	·	·	2	2	1	2	2	4	7.9
ECEC not always meeting cultural needs of diverse language backgrounds	·	·	·	·	1	3	1	3	1	4	7.9
Limited community awareness of local services and supports	·	·	·	·	·	3	2	4	1	3	7.9

Score count: 0 1–2 3–4 5–6 7+

Source: AEDC Kindergarten Teachers Survey (n = 13). Sorted by mean rating.

Appendix C Methodology and limitations

Quantitative analysis methodology

Section 2 of this report traces this pattern through various disaggregated lenses, drawing on AEDC complete microdata for the ACT across four collection cycles (2015, 2018, 2021, and 2024), spanning 22,780 child assessments. Children scoring in the bottom tenth percentile of the 2009 national baseline on a given domain are classified as developmentally vulnerable. DV1 denotes developmental vulnerability on one or more domains, while DV2 denotes developmental vulnerability on two or more. National comparisons use the AEDC National Report 2024, the ACT Government's published results factsheet, and public AEDC Statistical Area 2 data.

Kitagawa shift-share decomposition

This project uses Kitagawa shift-share decomposition to test what is driving rising rates of developmental vulnerability across the ACT, measured through DV1 and DV2. The analysis distinguishes between two possible explanations: whether developmental vulnerability has increased because the ACT child cohort now includes a larger share of groups with historically higher developmental vulnerability, such as LBOTE or Aboriginal and Torres Strait Islander children; or whether DV1 and DV2 rates have increased across the population, regardless of changes in the territory's demographic mix.

The Kitagawa method suits this analysis because it directly separates these effects. Between 2015 and 2024, the LBOTE share of the cohort grew from 22 per cent to 33 per cent, families' geographic and socioeconomic profiles shifted, and parental education levels rose. Any of these changes could alter the overall developmental vulnerability rate, even if no child became more or less vulnerable within their own group.

The method provides clear interpretation because its two components sum exactly to the observed change, with no residual. The consistent finding that 84 to 87 per cent of the increase in DV1 and DV2 occurred within groups provides strong evidence that demographic change does not explain the deterioration. Instead, the results point to a genuine, population-wide increase in developmental vulnerability.

Limitations

This review was designed as a focused diagnostic of potential drivers of declining AEDC outcomes in the ACT. While the formal scope of the project was relatively narrow, the underlying drivers and relevant evidence base are broad and complex, spanning extensive ACT-specific and national policy, research and existing discourse. As a result, the review should be understood as a high-level exploration of potential drivers rather than a comprehensive investigation of all contributing factors.

The methodology drew on available quantitative analysis, desktop research and a targeted approach of stakeholder consultation. However, the consultation component was limited in scale. Only a small number of teachers were interviewed or surveyed due to low uptake, and the review did not include direct consultation with parents or carers. These limits mean the report does not capture the full range of lived experience across the early years system, particularly the perspectives of families navigating the early years system.

The quantitative analysis also has important limitations. Some subgroup and local area results are based on relatively small numbers, which makes trends more volatile and means they should be interpreted cautiously. Several AEDC indicators used in this report are teacher-assessed rather than directly observed, and some measures cannot distinguish between competing explanations, such as whether changes reflect rising developmental need, greater awareness, or both. Some school-readiness indicators are also conceptually close to developmental vulnerability itself, which creates a risk of circularity in interpretation. For these reasons, the quantitative analysis is best understood as identifying patterns and plausible signals rather than establishing causal relationships.

These constraints should inform how the findings are interpreted. The report identifies plausible and evidence-informed drivers of declining AEDC outcomes, but the findings are not intended to be definitive or conclusive. All findings should therefore be read with appropriate caution, particularly where evidence is limited or based on a narrower set of sources. Further investigation, including broader engagement and deeper analysis, would be needed to test, refine and better prioritise the drivers identified in this report.

Findings also do not fully reflect the breadth of perspectives from Aboriginal and Torres Strait Islander communities in the ACT, and is an important limitation. This project sought to engage with several relevant Aboriginal and Torres Strait Islander stakeholders, including ACT ACCOs and cultural experts. However, not all representatives were available to participate within the project timeframes. Further culturally appropriate engagement would be required to validate and strengthen the insights and recommendations presented.

We interviewed a select number of stakeholders from across the ACT Government and early childhood sector.

Table 10 below outlines the stakeholder groups interviewed to inform this report.

Table 10 | Number of participants in each stakeholder group

Stakeholder group	Number of participants
Canberra Health Services	7
ACT Education Directorate	9
ACT Health and Community Services Directorate	11
Frontline early years practitioners, kindergarten teachers and sector experts	10
Aboriginal Community Controlled Organisation (ACCO) representatives	2

Appendix D Administration of the AEDC

D.1 The AEDC provides a robust and reliable measure of children's development at a population level

The AEDC uses the Australian version of the Early Development Instrument (AvEDI), a teacher-completed measure of children's development that was adapted from the Canadian Early Development Instrument developed in the 1990s.[124] The AvEDI has undergone extensive research and testing over more than two decades and is supported by a large body of evidence demonstrating its validity and reliability as a population-level measure of child development. Studies have consistently shown that the instrument accurately measures key domains of physical, social, emotional, language and cognitive development, produces reliable results across different contexts, and aligns well with other established measures of child wellbeing and development. [125] As a result, the AEDC is widely regarded as one of the most robust and internationally recognised tools for monitoring early childhood development and identifying trends across communities.

D.2 Mixed administration of the AEDC may be limiting the system's ability to effectively detect and respond to emerging need

Kindergarten teachers (via survey), frontline early years practitioners and representatives from the Education Directorate raised concerns that in the ACT, the teacher-administered AEDC may be affected by teachers inadvertently introducing their own biases, limited moderation and insufficient time or guidance for teachers to appropriately complete the assessment.

Subjectivity in assessment

Frontline early years practitioners suggested difficulty responding to items that require generalisation across diverse cohorts, where children's developmental profiles vary widely. This is reinforced through the survey of kindergarten teachers: majority of respondents reported that they are confident to complete the AEDC for children who have a language background other than English (46.2 per cent "agree" and 23.1 per cent "strongly agree") but almost one-quarter (23.1 per cent) reported they disagree. Majority of respondents also felt confident to complete the AEDC for Aboriginal and Torres Strait Islander children (46.2 per cent "agree" and 15.4 per cent "disagree") while over one-third (30.8 per cent) reported they disagree. For reference, 61.5% and 23.1% of respondents "agree" or "strongly agree" (respectively) to feeling confident in their ability to assess children using a fixed developmental standard, while 15.4% responded "neutral".

Timeframes to complete the AEDC

Stakeholders noted that while the AEDC is completed over Term 2 of kindergarten (consistent nationwide), some teachers consider this timing too early in the school year, which may limit the completeness of information available to inform their assessments. This results in a reduced ability to triangulate across sources (e.g., preschool or family) which limits depth of assessment. However, teachers surveyed reported that they engage with families early in kindergarten to ensure they have a holistic view of each child (38.5 per cent "agree" and 53.8 per cent "strongly agree").

[124] Australian Early Development Census (AEDC), *Validity and reliability of the Australian version of the Early Development Instrument (AvEDI) – Fact Sheet*

[125] Australian Early Development Census (AEDC), *Validity and reliability of the Australian version of the Early Development Instrument (AvEDI) – Fact Sheet*

In terms of time to complete the AEDC, the majority of kindergarten teachers surveyed reported "disagree" or "neutral" in response to the statement "I am provided with sufficient time to complete the AEDC for each child" (30.8 per cent and 23.1 per cent, respectively). While schools receive teacher relief funding to support AEDC completion, this may not be translating into protected time in practice. Teachers typically receive a day off class to complete assessments, but those with larger cohorts may have outstanding instruments that must be finalised within their regular duties. Key to successful administration of the AEDC, therefore, is ensuring adequate protected time for completion and recognition of its value as a reflective assessment exercise.

Other issues

A small number of stakeholders from HCSD raised other potential issues with the use and interpretation of the AEDC:

- Limited integration and use of data across AEDC, ECEC participation and school outcomes restricts the system's ability to understand why early developmental vulnerability appears to be rising while later academic performance remains more stable.
- Limited feedback of AEDC and other developmental data into ECEC and early years services, reducing opportunities for system learning, adjustment of practice, and targeted early intervention.

Appendix E Additional quantitative data

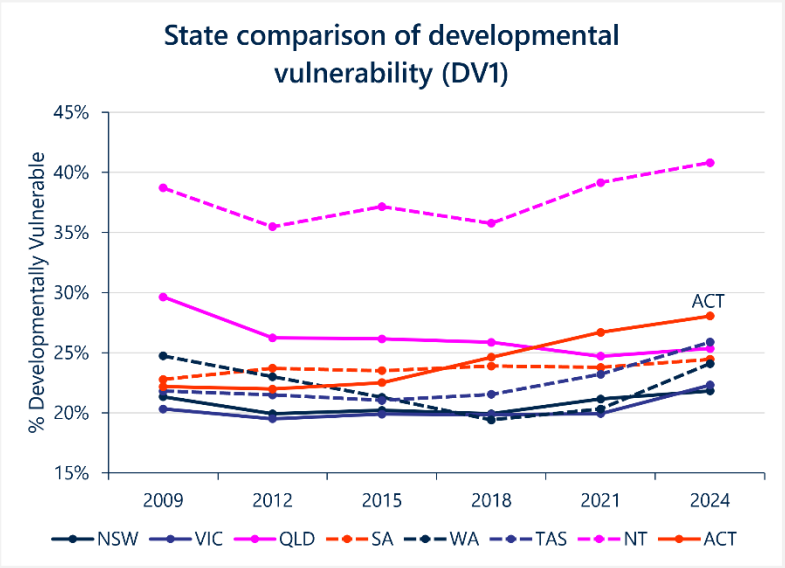
Quantitative data limitations

It is important to note that the total number of Aboriginal and Torres Strait Islander children in the ACT AEDC dataset is 199, with only 183 having DV1 and DV2 data recorded in 2024. Therefore, any findings as they relate to Aboriginal and Torres Strait Islander children should be tempered by the high degree of volatility such small numbers create in the data.

Additional charts and graphs

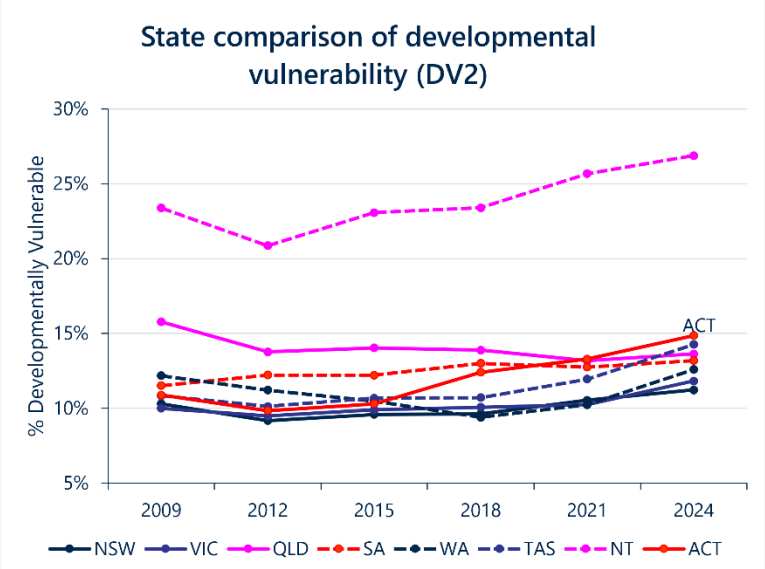
Below are several additional charts and graphs relating to AEDC, NAPLAN, and NDIS data.

Figure 25 | State and territory comparison of children developmentally vulnerable on 1 or more domain



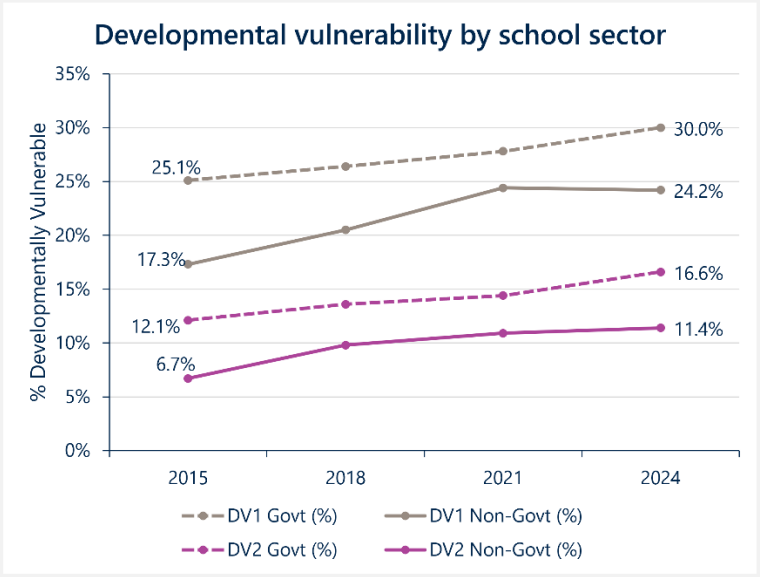
The ACT moved from mid-pack (22.2%) to the top of the non-NT cluster (28.1%) over 2009–2024, the largest increases of any jurisdiction.

Figure 26 | State and territory comparison of children developmentally vulnerable on 2 or more domains



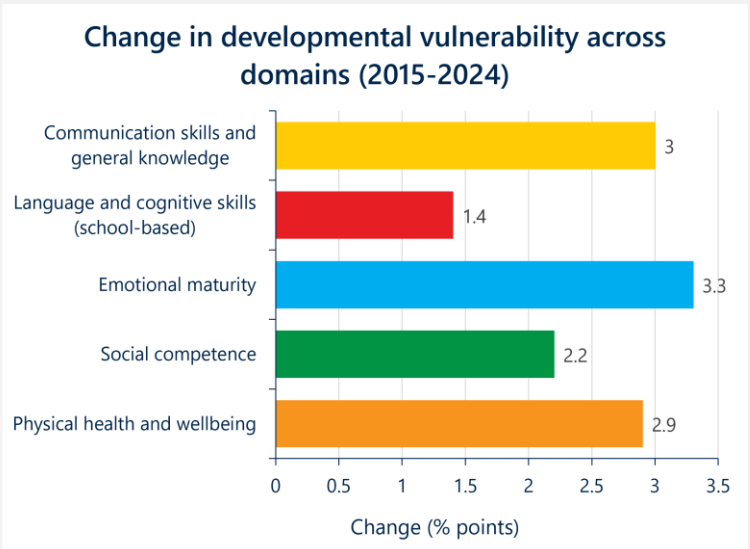
The ACT's deep-vulnerability rate rose from 10.9% to 14.9%, overtaking several states it sat below in 2009.

Figure 27 | Developmental vulnerability by school sector



Government schools sit consistently above non-government on both measures, but the non-government sector is catching up (DV1 17.3%→24.2% vs 25.1%→30%)

Figure 28 | Percentage point increases in domain developmental vulnerability (2015-2024)



Emotional maturity grew most in absolute terms (+3.3pp), followed by communication and general knowledge (+3) and physical health (+2.9). Language/cognitive moved least (+1.4). The socio-emotional and physical domains are doing most of the work behind the overall rise.

Figure 29 | DV2 by SA2 in the ACT[126]

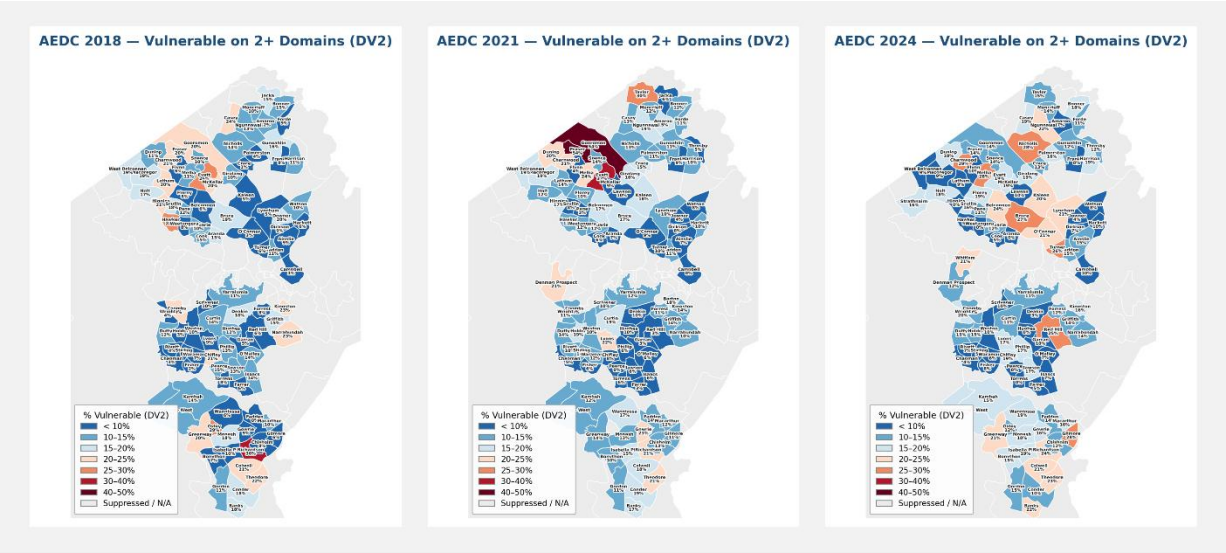
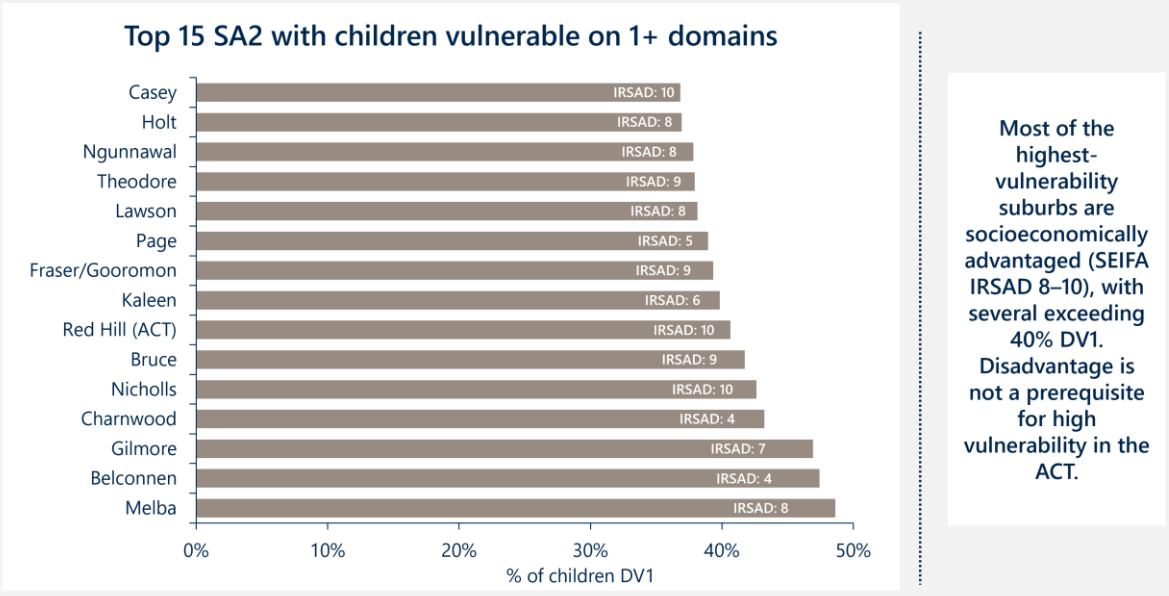
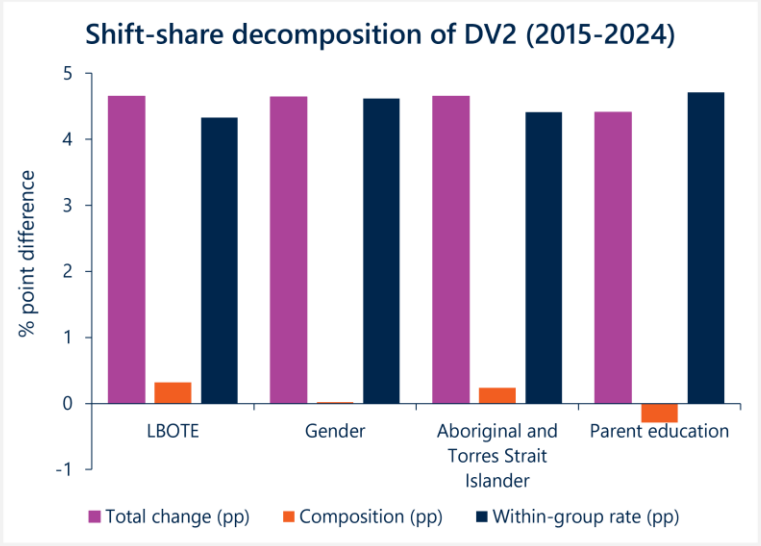


Figure 30 | DV1 across top 15 SA2s



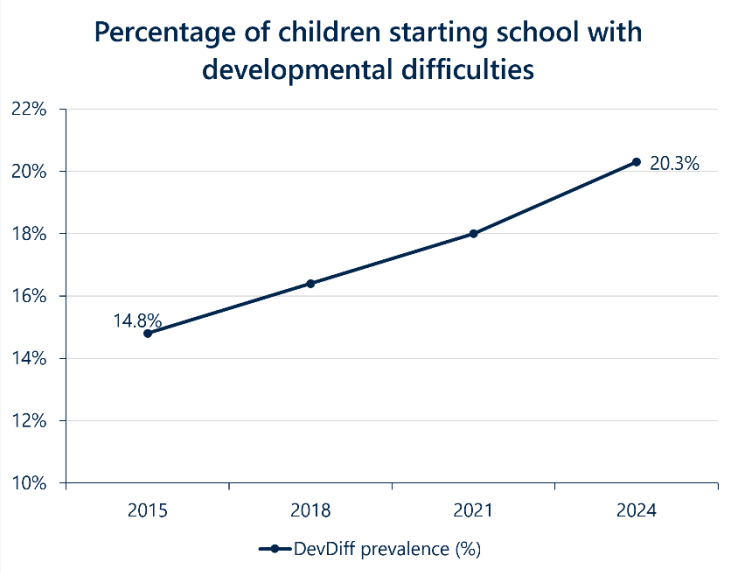
[126] Data by Statistical Areas Level 2 (2009-24)

Figure 31 | Kitagawa shift-share decomposition for DV2 (2015-2024)



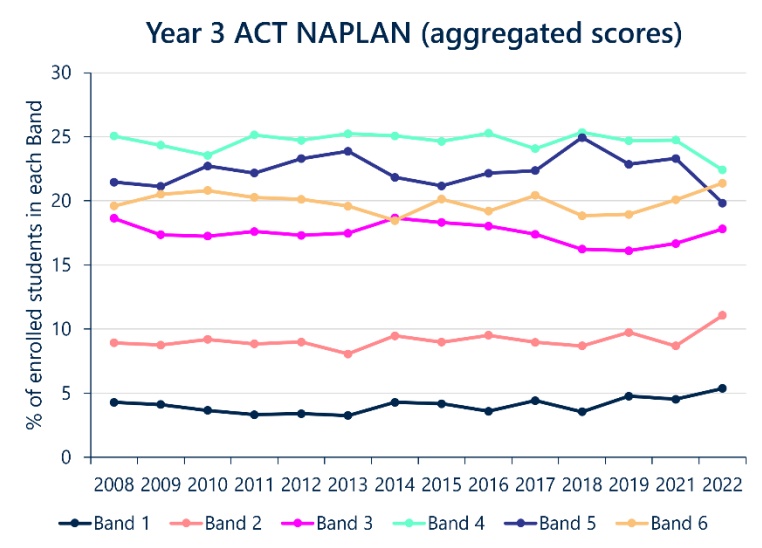
Across every grouping the within-group rate effect accounts for essentially all the rise in DV2. Composition effects are tiny or negative. Children within each group are getting more vulnerable – the population mix is not to blame. For parent education the composition effect is negative, meaning rising education should have lowered vulnerability, but was overwhelmed.

Figure 32 | Percentage of children starting school with developmental difficulty



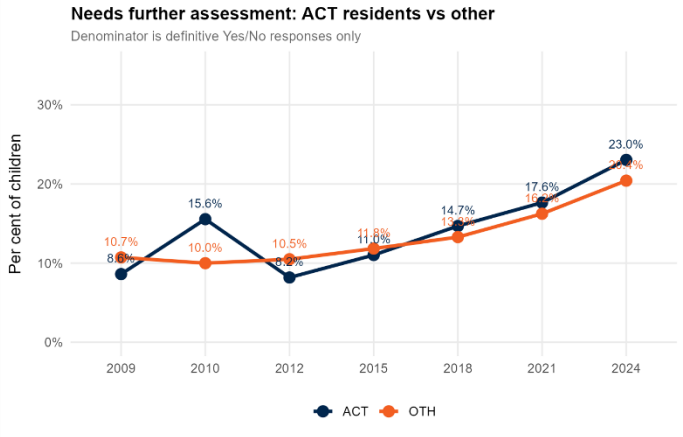
The percentage of children starting school with a developmental difficult not meeting the threshold of a diagnosis has increased by 37%.

Figure 33 | Year 3 NAPLAN results have remained stable over the same period that AEDC results have declined in the ACT[127]



The band distribution is essentially flat from 2008 to 2022. NAPLAN held steady while AEDC vulnerability rose. The two measures diverge, noting NAPLAN does not measure emotional, social, or physical health outcomes.

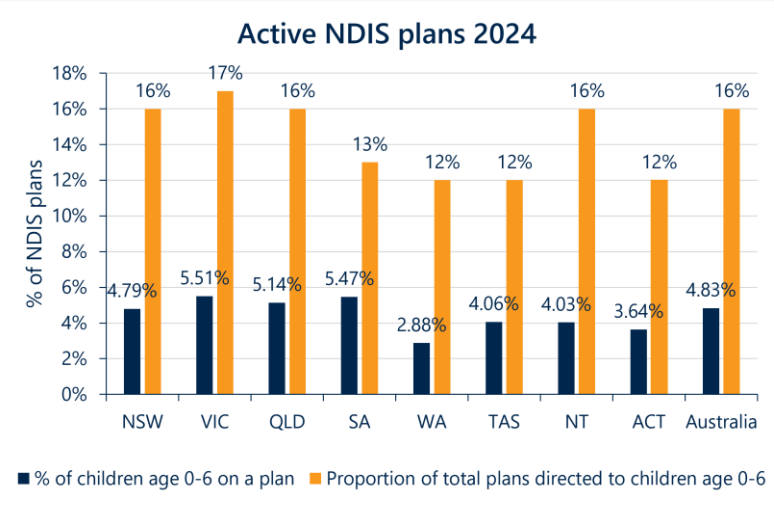
Figure 34 | Children assess as needing further assessment (ACT versus other jurisdictions)[128]



The share of children needing further assessment when they start school has increased every year since 2012. This trend is intensified in the ACT compared to other jurisdictions.

[127] Australian Curriculum, Assessment and Reporting Authority, NAPLAN national results
[128] AEDC Microdata, 2024

Figure 35 | Active NDIS plans for children age 0-6, 2024[129]



The ACT has 25% less children age 0-6 on NDIS plans than the national average, and the second lowest rate after WA. It also has the equal lowest proportion of total plans directed towards children age 0-6.

[129] NDIS Quarterly Report to disability ministers, June 2024 and Census population estimates June 2024

Appendix F Policy and system changes since 2009

Table 11 | Timeline of major policy and system changes since AEDC was introduced in 2009

Year	Policy/system development	Description
2009	Introduction of AEDC	The first AEDC data collection (then known as AEDI) took place in 2009, providing baseline data on the proportion of ACT children developmentally vulnerable across five domains. Around 22 per cent of ACT children were developmentally vulnerable on one or more domains in 2009.
2009	First Closing the Gap report	The first official Australian Government Prime Minister's Closing the Gap report was tabled in Parliament on February 24, 2009.
2009	National Strategy: *Investing in the Early Years*	Investing in the Early Years prompted all states and territories to integrate early childhood services (e.g., through Child and Family Centres) and expand universal preschool access as part of a nationwide early years reform agenda.
2011	CFC integration	Child & Family Centres (CFCs) network expanded. The West Belconnen Child and Family Centre opened in 2011, supported by Australian Government funding.
2012	The National Quality Framework for ECEC commenced	The NQF raising standards (e.g., staff qualifications and child safety) across Australia's preschools and child care centres.
2014	Human Services Blueprint ("Better Services") and Place-Based Pilot	The ACT Government launched the Human Services Blueprint ("Better Services") – a whole-of-system reform for more integrated, person-centred human services. It introduced principles of joined-up, outcomes-focused support for individuals and families, emphasising progressive universalism (a broad universal service base with additional intensity for those with higher needs). Under the Blueprint, a Local Services Network (LSN) pilot in West Belconnen tested a place-based approach with local governance, enhanced service coordination, flexible funding and data-sharing, and outcomes tracking to improve support for vulnerable families. This cross-sector partnership model was aimed at delivering the "right service, right time, right duration" and reducing fragmentation of services.
2015-2017	Targeted Family Support & Out-of-Home Care Reforms	The ACT Government released *A Step Up for Our Kids (2015),* a five-year strategy to reform child protection and out-of-home care. This strategy placed strong emphasis on early intervention and family preservation to reduce entries into care, aligning with the broader focus on prevention in the early years (indirectly related to AEDC outcomes by addressing family risk factors). During this period, Northside and Southside community service hubs expanded targeted family support programs (e.g., parenting support, home visiting) delivered by NGOs via ACT Government grants.
2017-2019	Our Booris, Our Way	Our Booris, Our Way is an Aboriginal-led review and reform initiative aimed at reducing the over-representation of Aboriginal and Torres Strait

Year	Policy/system development	Description
		Islander children in the child protection system. It produced a set of recommendations to drive systemic, culturally-informed change, with ongoing government implementation and oversight to improve outcomes for children, families and communities.
2018	Future of Education Strategy	The ACT's *Future of Education Strategy (2018)* was released after extensive consultation and highlighted equity in learning outcomes, feeding into subsequent early childhood initiatives.
2019	Partnership Agreement on Closing the Gap 2019-2029	On 22 March, the historic Partnership Agreement on Closing the Gap 2019-2029 between all Australian Governments, the Coalition Peaks and Australia Local Government Association was signed.
2019	ACT Aboriginal and Torres Strait Islander Agreement (2019–2028)	The ACT Aboriginal and Torres Strait Islander Agreement 2019–2028 is a whole-of-government partnership with the Aboriginal and Torres Strait Islander Elected Body. It provides the overarching framework to improve health, wellbeing and socio-economic outcomes, grounded in self-determination and implemented through staged action plans across priority areas such as health, housing, education and justice.
2020	ACT strategy: *Set Up for Success – Early Childhood Strategy*	The ACT Education Directorate launched *Set up for Success: An Early Childhood Strategy for the ACT* – a 10-year strategic framework (2020–2030) for ECEC. This nation-leading strategy is grounded in strong evidence that high-quality early education improves lifelong outcomes. Note, interdependency with *Valuing Educators, Values Children:* A Workforce Strategy for the ACT Early Childhood Education and Care Profession (2023–25), which aims to support the recruitment, retention, sustainability and quality of the ACT ECEC workforce.
2021	Commissioning reforms	The ACT Government began implementing a new commissioning approach across human services, aiming to shift from traditional short grants to outcomes-based commissioning and co-design with providers. Early childhood/family services are part of this reform, with the goal of aligning funding with population needs and outcome goals. However, as of 2026, many programs still depend on periodic grants and short funding cycles.
2022	Best Start for Canberra's Children: The First 1000 Days Strategy	Best Start for Canberra's Children: The First 1000 Days Strategy seeks to improve lifelong outcomes for children by increasing awareness of the critical developmental period from conception to age two, strengthening support for parents and carers, and creating a more connected and accessible service system for families.
2022	Maternity in Focus	Maternity in Focus is the ACT Government's 10-year reform plan to improve public maternity services, developed in response to a Legislative Assembly inquiry. It sets a system-wide direction to deliver more woman-centred, equitable and evidence-based care, alongside workforce and service improvements across pregnancy, birth and postnatal care.

Year	Policy/system development	Description
2022	Next Steps for our kids (2022-2030)	Next Steps for Our Kids (2022–2030) is the ACT Government's strategy to strengthen the child and youth protection system, focusing on earlier support for families, keeping children safe at home where possible, and improving outcomes for those in care.
2023	Child and Adolescent Clinical Services Plan (2023-2030)	The Child and Adolescent Clinical Services Plan 2023–2030 is the ACT's roadmap for strengthening health services for children, young people and their families. It outlines priorities to improve access, integration and quality of care across acute, outpatient and community settings, ensuring services better meet needs from early childhood through adolescence.

Appendix G Nous' levers of Government framework

LEVER	Sub-categories	Examples
POLICY LEVERS	Outcome-setting	Governments set overarching objectives they want to achieve from the system and the associated measures of success.
	Policy-setting and coordination	Governments develop policies and strategies to achieve the objectives. This involves coordinating with stakeholders, preparing ministerial advice, designing funding arrangements and programs, and developing legislation.
	Information and intelligence	Governments communicate their policy priorities to the public, and assess and report on progress towards the system-level outcomes. This includes the collation and analysis of data and evaluation of system or program performance.
REGULATORY LEVERS	Rule-setting	Governments design standards and regulations to ensure the fair, safe and efficient operation of the system. This includes development of subsidiary legislation, guidelines and principles.
	Compliance and enforcement	Governments monitor and take action (e.g. provision of advice or information, response to complaints, imposition of penalties) to ensure compliance with standards and regulations.
FUNDING LEVERS – FUNDING	Funding and subsidies	Governments provide funding and subsidies to lower barriers of entry to a service or market or to otherwise offset costs to consumers or providers where this helps deliver desired outcomes.
	Incentives	Governments offer financial and non-financial incentives and penalties for providers and/or consumers to achieve system outcomes (an example being tax rebates).
	Purchasing and commissioning	Governments funds programs that to support specific interventions. These can be funded through models ranging from directly purchasing inputs (including 'social procurement') through to commissioning for the delivery of outcomes.
FUNDING LEVERS – INVESTMENT	Capacity-building programs	Governments invest in the capacity building, often to address weaknesses in the system or assist during a period of transition. An example is funding for a governance structure to support engagement, or for data collection/sharing.
	Capacity-building infrastructure	Provision of government funding and associated support for infrastructure development (including IT) directly related to service provision. An example is investment in education facilities.
DELIVERY LEVERS	Service provision	Governments directly delivers services through public providers at no or relatively low charge (e.g. buses, public hospitals and government schools)
	Product provision	Governments can directly provide a range of products on free or commercial terms (e.g. health testing kits, budget management apps, passports, collectable coins and stamps