Data insights report: declining AEDC results in the ACT

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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Evidence of increasing developmental vulnerability among children in the ACT: analysis of AEDC data

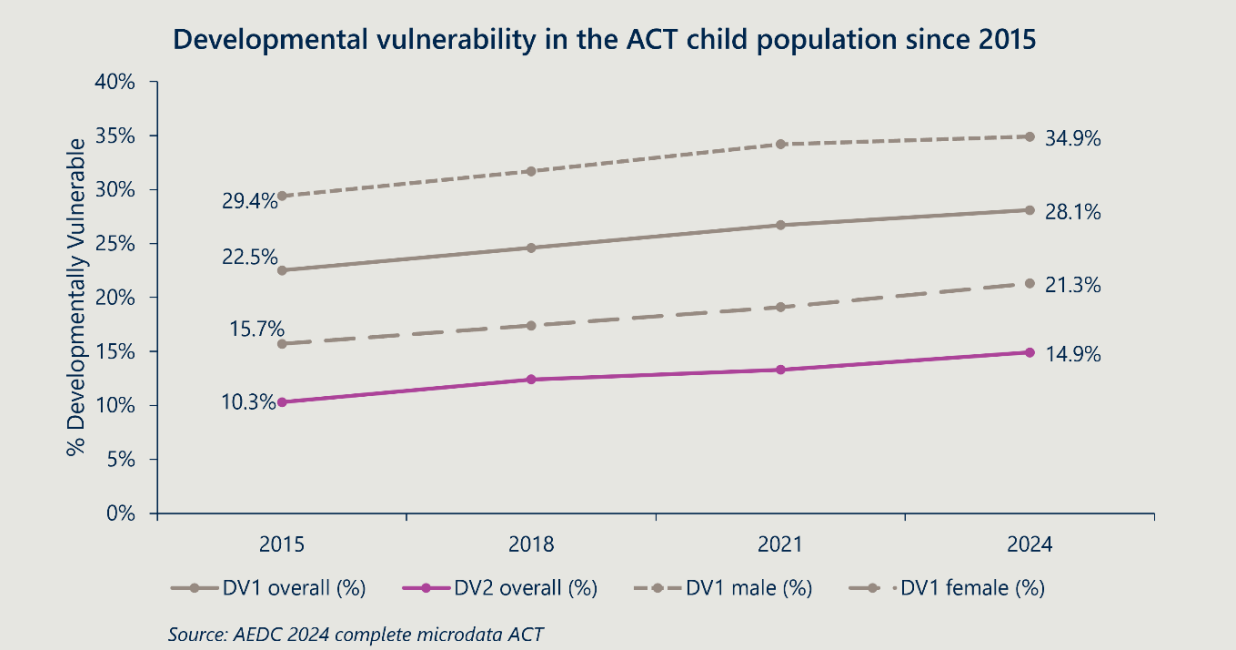
This report forms part of a larger project to examine the emerging drivers of declining results in the Australian Early Development Census (AEDC) for children in the ACT, commissioned from Nous Group by the ACT Health and Community Services Directorate in mid-2026. This summary presents analysis of data obtained through the Australian Bureau of Statistics' Census of Population and Housing 2021 and 2016 (the Census) and from the AEDC, a national measure of children's development in their first year of full-time school and which is conducted every three years. The analysis presented draws on the AEDC complete microdata for the ACT across four collection cycles (2015, 2018, 2021, and 2024) to examine trends over time.

The ACT is experiencing a sustained increase in children's developmental vulnerability

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 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)



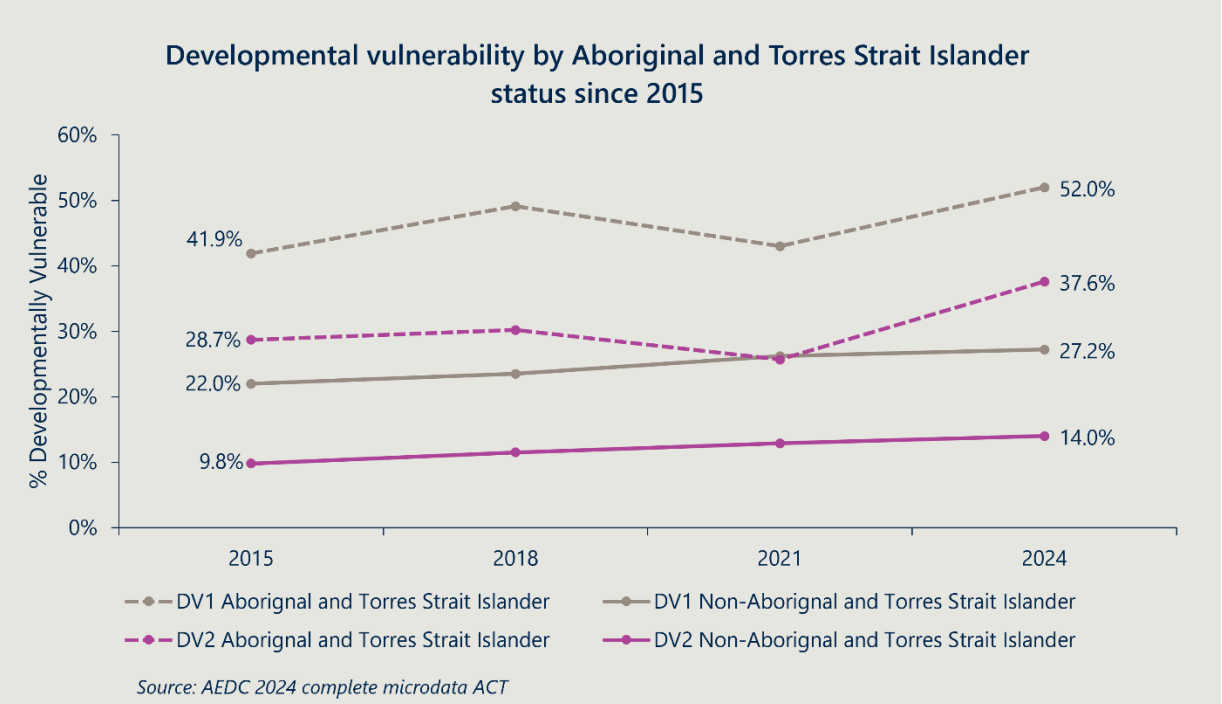
Source: AEDC 2024 complete microdata ACT

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[1].

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 a language background other than English

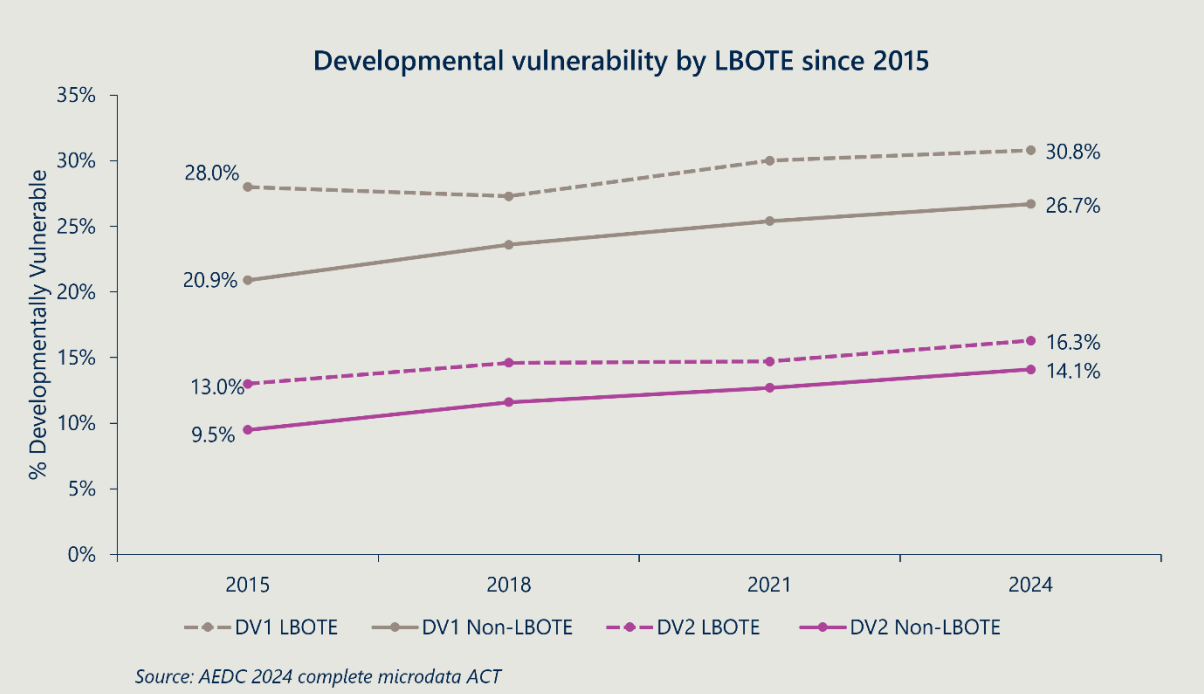
Children from a language background other than English (LBOTE) now make up a third of the ACT's kindergarten cohort, up from just over a fifth in 2015, the largest demographic shift in a decade. They are

[1] AEDC microdata, 2024.

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 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.

These are not the domains driving the ACT-wide decline, however. Those domains are social competence, emotional maturity and physical health and wellbeing, which are unrelated to language background and where children from LBOTE are typically slightly less developmentally vulnerable. Further, the overall gap between children from LBOTE and non-LBOTE has closed over time. However, this is because children from non-LBOTE deteriorated faster, not because children from LBOTE have improved.

Figure 3 | Developmental vulnerability by LBOTE[2]



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[3] (+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).

[2] 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.

[3] 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.

Divergence between worsening AEDC results and relatively stable later academic outcomes should be interpreted cautiously. The AEDC captures domains such as social 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

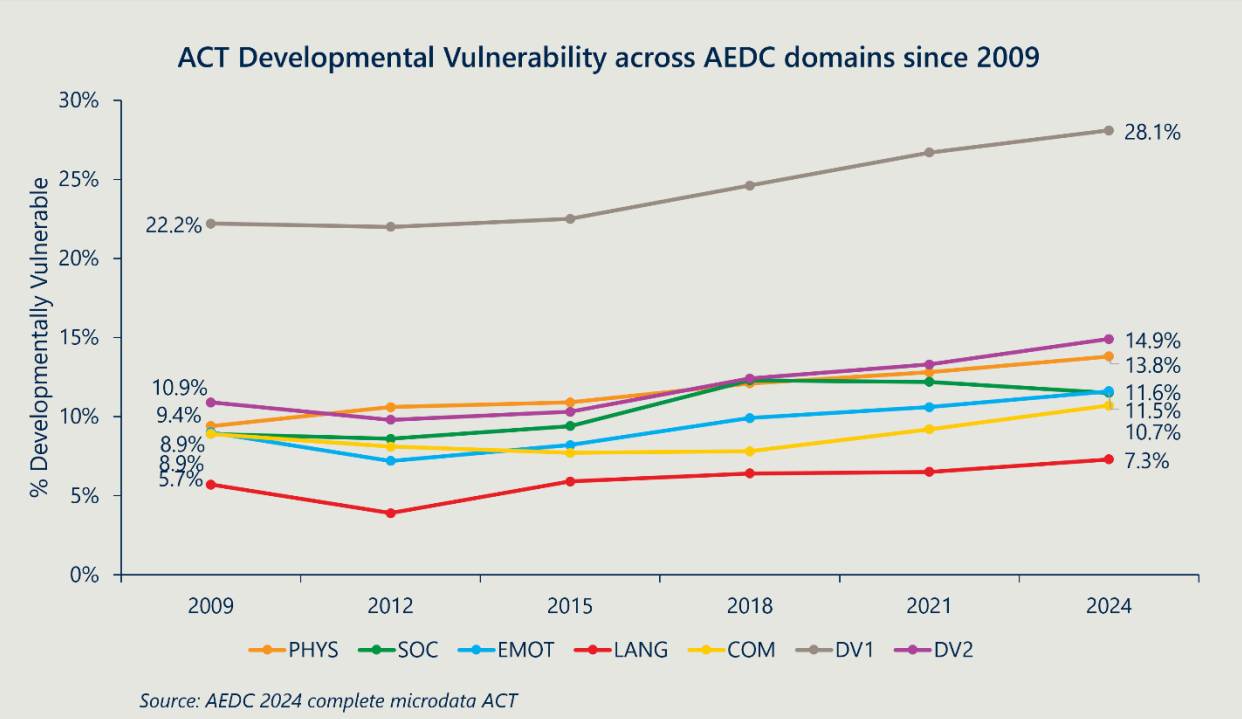
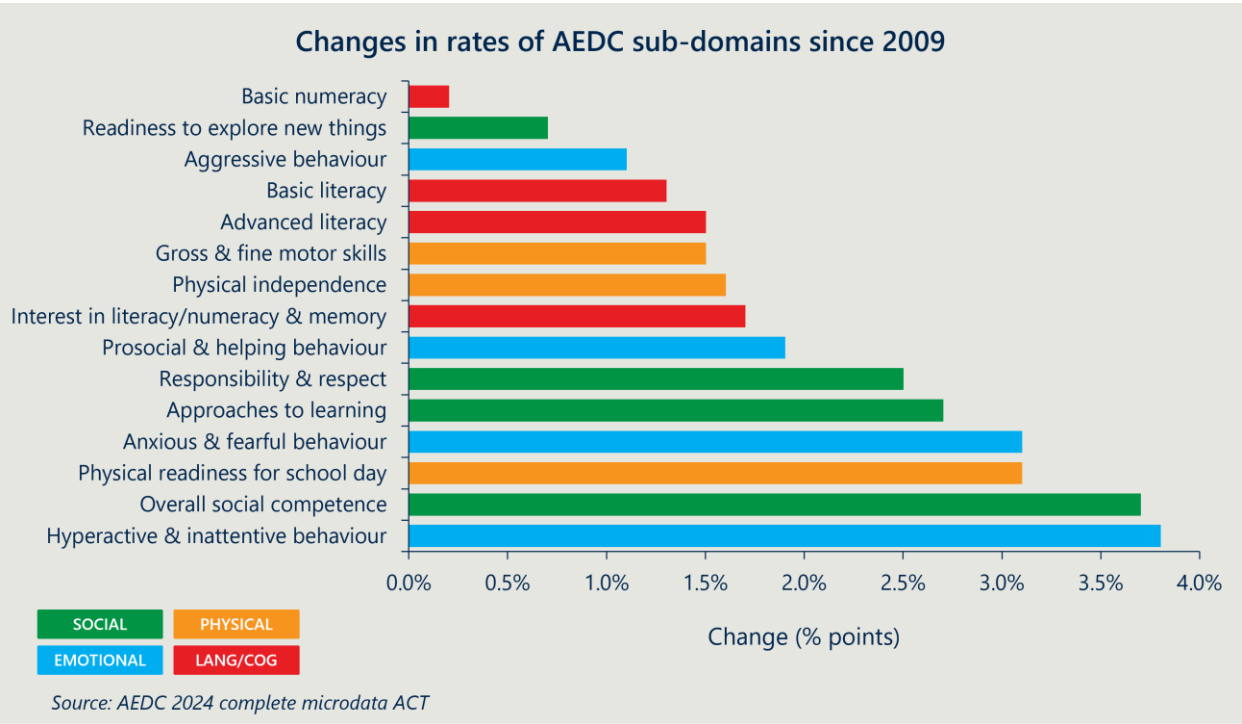


Figure 5 | Percentage point increases in subdomain developmental vulnerability



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

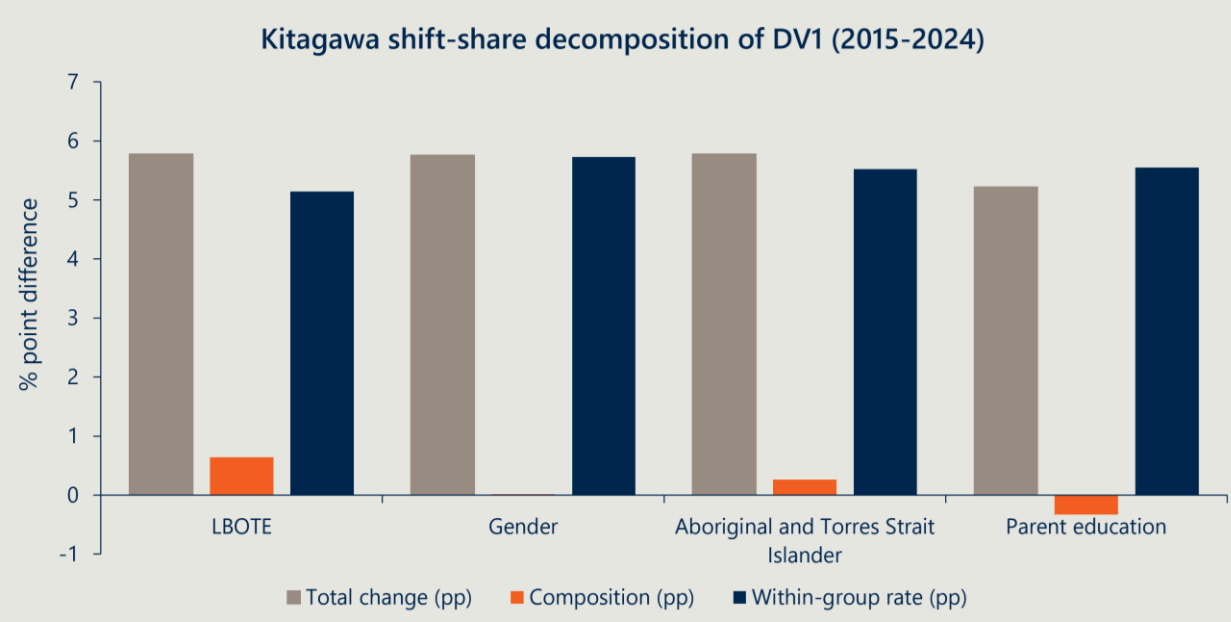
Developmental vulnerability has worsened across most ACT suburbs, and the shift is much broader than socioeconomic disadvantage alone can explain. Of 64 Census Statistical Area 2s[4] (SA2s) with reliable data across the past four AEDC cycles, 47 recorded higher DV1 rates between 2015 and 2024, and 20 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 7 overleaf), even though some of these SA2s are not traditionally characterised as "disadvantaged" communities[5].

The ACT's changing population demographics do not explain increasing 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 (Figure 6 below) 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 6 | Kitagawa shift-share decomposition for DV1 (2015-2024)

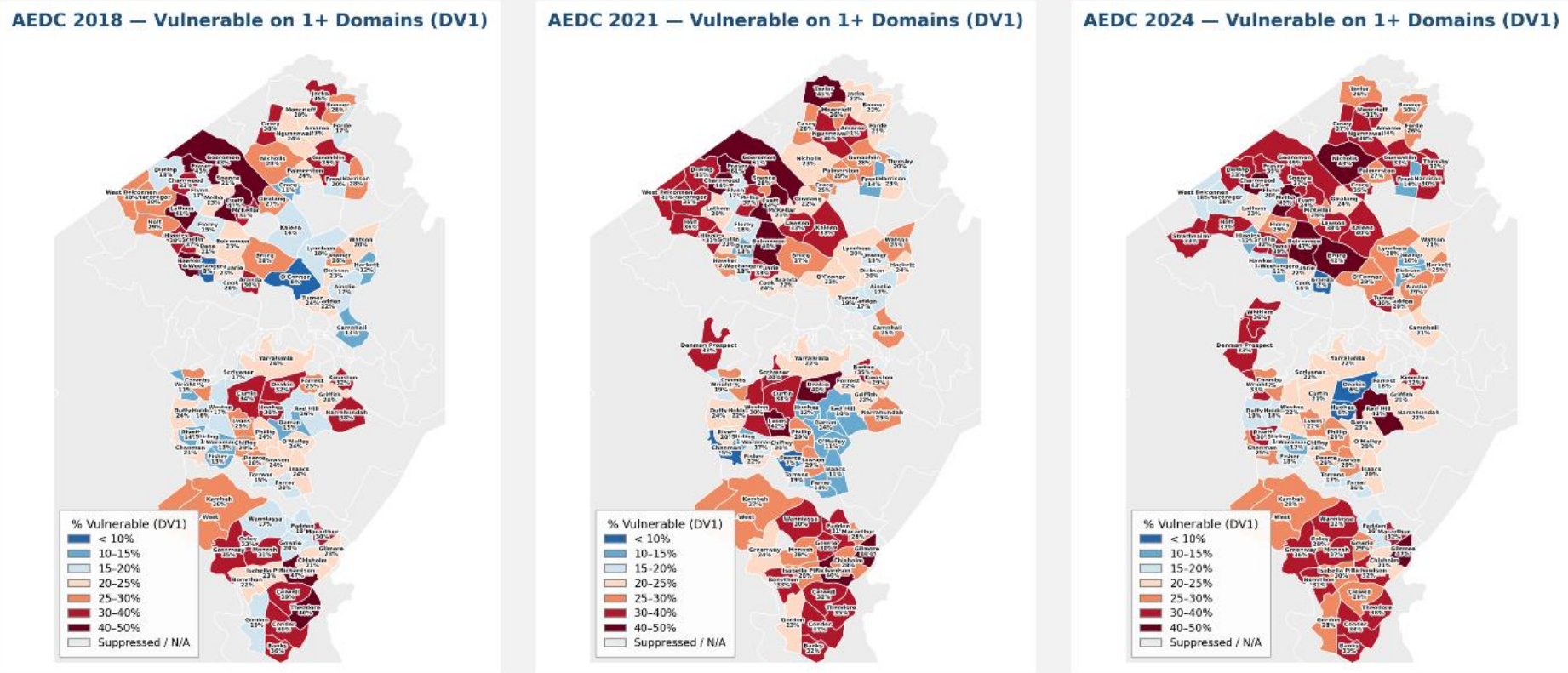


Source: AEDC 2024 complete microdata ACT

[4] 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.

[5] 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 7 | DV1 by SA2[6]



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

Appendix A Methodology and limitations

This section outlines the methodology used for the quantitative analysis of AEDC data, undertaken as part of a broader project to examine the emerging drivers of declining AEDC results for children in the ACT.

Quantitative analysis methodology

The analysis report traces a pattern of increasing developmental vulnerability 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 instruments. 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 AEDC results factsheets, 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 levels of developmental vulnerability, such as children from 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 adequately explain the deterioration in AEDC results. Instead, the results point to a genuine, population-wide increase in developmental vulnerability.

Limitations

The quantitative analysis of AEDC results 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. For these reasons, the quantitative analysis is best understood as identifying patterns and plausible signals rather than establishing causal relationships.

We note that Nous also consulted with a range of stakeholders in the ACT to support the broader project. Findings, including those presented in this summary report, do not fully reflect the breadth of perspectives of Aboriginal and Torres Strait Islander communities and organisations in the ACT. Further, culturally appropriate engagement would be required to validate and strengthen the insights presented.