Factors driving educational attainment
Murdoch Children's Research Institute
Parliamentary Inquiry submission - June 2026

Executive Summary

Murdoch Children's Research Institute (MCRI) is one of the top three child health research institutes globally, focused on improving outcomes of children and young people in Australia and internationally. This joint submission is from the Centre for Community Child Health (CCCH) and the Centre for Adolescent Health (CAH), both part of the Melbourne Children's Campus which brings together the MCRI, the Royal Children's Hospital (RCH) and the Department of Paediatrics, University of Melbourne.

For over 30 years, CCCH has partnered with families, communities, practitioners and policymakers to improve children's health, development and equity. With a focus on birth to 12 years, our research has shaped national understanding of child inequities and informed more equitable service design.

CAH, is a World Health Organization (WHO) Collaborating Centre for Adolescent Health with strong links to the key United Nations (UN) agencies responsible for child and adolescent health and education (e.g., WHO, UNICEF, UNESCO, UNFPA). For over 30 years, we have collaborated with practitioners, researchers and policymakers to generate knowledge and build capacity to advance the health and wellbeing of all adolescents. With a primary focus on 10-24 years, we are active across the years of 0-24 years.

Together, our two centres bring extensive research and implementation experience in different settings including health services, early education and care (ECEC), schools, and the community, with a strong focus on responding to inequities, prevention and health promotion. Our submission, specifically addresses the following terms of reference of the inquiry:

- drivers of any differences in outcomes based on gender, cultural and linguistic diversity, socio-economic status
- potential evidence-based solutions to raise educational standards and results for learners not meeting standards, including where there is evidence for targeted approaches based on gender or other factors.

The Problem: The current Australian education system has not been able to shift inequities in educational attainment for over a decade. We are also seeing increased rates of school disengagement. Many factors impact the educational attainment and engagement of children and adolescents. These factors are interwoven and combine to have lasting impacts, beginning in the early years, as children progress to primary school and throughout secondary school and beyond.

The Solution: A single "silver bullet" solution will not redress the factors driving inequities in educational attainment. There is an opportunity through strong educational leadership and a cross-sector approach to fundamentally reduce inequitable educational outcomes. Central to this is an inclusion agenda, ensuring that solutions, consider the diverse needs and experiences of students, their school and community. Solutions include:

- Supporting children and families before they start school
- Continued commitment to deliver inclusive, high-quality early education and care
- Evidence-informed, sustained whole-of-school approaches that enable student needs to be identified early and comprehensive responses that support student health, wellbeing, engagement and learning
- Improved data and monitoring systems that better enable schools and education systems to understand and respond the learning and wellbeing of all students.

Inquiry into the factors driving educational attainment: Murdoch Children's Research Institute

Recommendations	Rationale
Support children and families before they start school by: Investing in sustained nurse home visiting for families.	Sustained nurse home visiting has been shown to improve home learning environments, parent confidence and school attainment.
Continued commitment to improve access to high-quality, inclusive and accessible early childhood education and care.	Children who attend high-quality ECEC/preschool in the 2 years before school are more likely to be developmentally on track when they start school.
Ensuring families have the early support they need if financial concerns arise by investing in Healthier Wealthier Families.	Living in financial stress can harm children's future learning, education, health and wellbeing. This has lasting impacts on economic productivity and participation in society.
Support schools to embed whole-of-school approaches by: Governments invest in proven, embedded, sustained whole-school approaches to student wellbeing, engagement and belonging.	Whole-of-school approaches increase schools' abilities to identify and respond early to the developmental, mental health, wellbeing and learning needs of students; build teacher confidence and contribute to improved school engagement. CCCH's Mental Health in Primary Schools (MHiPS) and CAH's work on the Health-promoting Schools framework promulgated by the WHO provide potential solutions.
Support students by: Empowering student voice and ensuring students have opportunities to inform, co-design, lead and evaluate.	Meaningfully engaging all students in what matters to them at school is linked to better academic engagement, learning, attendance, wellbeing and sense of belonging at school.
Improve data collection and monitoring relating to Wellbeing for Learning and Engagement by: Updating the National School Reform Agreement to include 1-2 new Improvement Measures that better reflect progress in the Priority Area – Wellbeing for learning and engagement.	This will provide schools and governments with greater understanding of student wellbeing and engagement as it relates to educational attainment and ensure governments and schools are better able to respond, especially for priority cohorts.

The good news is that the current policy environment presents a significant once-in-a-generation opportunity to deliver learning and education improvements for children, adolescents and their families. National policy platforms including Thriving Kids, Preschool Reform Agreement, the National School Reform Agreement and the National Agreement on Closing the Gap, provide the policy mechanism that can deliver change.

The importance of the early years, childhood and adolescence

The early years of life, defined as the period from conception to 5 years of age is a critical phase, where a child's environment and experiences have lifelong impact on their health, development, learning and wellbeing. A good start to life, sets a child up as they move to the next phase of childhood and the middle years defined as 6-12 years and then into adolescence spanning and overlapping from 10 to 24 years.

Each phase is inter-related, yet each phase has its unique developmental, health, social and emotional considerations that then provide further growth and opportunity. Good health, development, learning and wellbeing at each stage brings benefits across the life-course and into the next generation.[1] [2] [3] Evidence shows that investment in the early years[4] and adolescence[5] can address early-life deficits and support improved trajectories across health, education, employment and wellbeing across the life-course, and beneficial outcomes into the next generation. Continued focus across early years, childhood and adolescence is an investment in human capital both now and into the future, with benefits through investing in the early years and in adolescence sustained across the life course. [6] [7]

The health, development, learning and wellbeing of children and adolescents is shaped by the social determinants of health including the bio-psychosocial, cultural, environmental and economic environments that shape a young person's daily life.[8] [9]

Our submission aims to highlight the bi-directional nature between health, wellbeing, early childhood development and educational engagement and attainment.[10] Good wellbeing, including positive socioemotional skills can enhance a student's academic performance,[11] while poor health and exposure to adverse experiences (e.g., interpersonal violence, homelessness) can prevent students from attending school and reaching their learning potential.[12]

Academic trajectories are often set very early in schooling. Inequities in NAPLAN results are seen in early primary school and this gap widens as children progress throughout secondary school.[13] Given the amount of time children and adolescents spend at schools, schools are crucial platform for improved health, development and wellbeing – an opportunity to disrupt trajectories given the significant amount of time children and young people spend at school. [14] [15]

Inequities in educational trajectories are set early in schooling life and not only persist but increase as students progress through secondary school. This has lasting impacts of learning, educational attainment, economic participation, health and mental wellbeing.

Factors driving educational attainment

Starting school developmentally vulnerable

Nearly 25% of Australian children start school developmentally vulnerable on one of more key developmental domains, a trend that has persisted since 2009 when the Australian Early Child Development Census (AEDC) was first conducted.[16]

Over 30% of boys start school developmentally vulnerable on one developmental domain. Children living in lower socioeconomic areas, children living in regional, rural and remote areas and First Nations children are more likely to experience systemic barriers that increase the likelihood of starting school developmentally vulnerable (Figure 1).

	Percent (%) developmentally vulnerable on one or more developmental domains	Percent (%) developmentally vulnerable on two or more developmental domains
Total population	23.4	12.5
Male	30.2	17.0
Female	16.9	7.9
Children living in most disadvantaged areas	34.7	20.3
Children living in least disadvantaged areas	16.2	7.6
First Nations children	33.9	26.5
Children living in inner/outer regional areas	25.6	14.0
Children living in remote/very remote areas	35.8	21.7
Language diversity	27.4	14.7

Figure 1: Percent children starting school developmentally vulnerable on one or more and two or more key developmental domains. Source: Australian Early Development Census (AEDC) Report 2025.

Starting school developmentally vulnerable has lasting impacts on educational attainment. This includes lower NAPLAN scores in reading and numeracy that track through primary school through to Year 7.[17]

This trend is also observed for children who start school with established (diagnosed at school entry) and emerging (teacher identified) health and developmental needs.[18] Children with teacher identified emerging health and developmental needs, such as speech and language, emotional and behavioural and learning difficulties, have poorer literacy and numeracy skills at Grade 3.[19]

Starting school developmentally vulnerable also increases the likelihood of school disengagement. Over 17% of students with early developmental vulnerabilities, were disengaged from school by Year 4.[20] This is over twice that of students who were not developmentally vulnerable when they start school.

Importantly, there are major shifts over time. For example, more than half of Year 7 students with early developmental vulnerabilities attain numeracy and reading academic thresholds. Conversely, two-thirds of Year 7 students not meeting Year 7 numeracy and reading performance thresholds were not identified as developmentally vulnerable in their first year of school.[21]

This research demonstrates the importance of a nuanced and comprehensive response to both supporting children identified as developmentally vulnerable when the start school and ensuring that children in the middle of years of schooling remain supported and engaged.

Mental health concerns and mental ill-health

Nationally, just over 14% of children and adolescents aged 4-17 years experience a mental health disorder, with boys experiencing slightly higher prevalence than girls.[21]

Evidence from the Child to Adult Transition Study (CATS), a longitudinal study lead by CAH, found that by the time adolescents were 18, 60% had experienced anxiety and 67% had experienced depression, with higher prevalence in girls than boys. A striking total of 74% of the overall sample had experienced either high depressive or high anxiety symptoms by 18 years of age, with half of these reporting high symptoms on 3 or more occasions between 10 and 18 years.[22]

Children and adolescents who experience mental health disorders are more likely to experience poorer learning and educational outcomes. Students with a diagnosed mental illness, were more likely to have lower NAPLAN results across all NAPLAN domains – grammar, reading, spelling, writing and numeracy and across all year levels – Years 3, 5, 7 and 9.[23] Without support, this gap in educational attainment persists into secondary school. Analysis of the CATS study has also shown that 9-year-old students with depressive and anxiety symptoms had lost nearly 4 months of numeracy learning two years later.[24]

The experience of mental health concerns and the impact on learning, differs between primary school aged boys and girls.[25] Boys with total difficulties, conduct problems and peer problems had lower NAPLAN reading scores. NAPLAN numeracy scores were lower for boys with higher total difficulties and emotional symptoms. Girls with peer problems had lower numeracy scores. For both boys and girls, hyperactivity and inattention were associated with lower NAPLAN numeracy scores. Overall, boys with emotional and behavioural problems were 12 months behind their peers in both reading and numeracy after only 3 full years of formal schooling. For girls, the associations between emotional and behavioural problems with academic performance were more modest.

Students living with a mental health diagnosis are also more likely to be absent from school. Primary school students with a mental disorder missed an average of 11.8 days of school per year compared with 8.2 days for students without a mental disorder. This increases to 23.8 days missed per year in secondary school compared to 11 days missed for students without a mental disorder.[23] These absences can impact a student's ability to engage with learning and attain expected academic achievement.

Socioeconomic disadvantage and mental ill-health further impacts learning outcomes with children and adolescents who experience mental ill-health and socioeconomic disadvantage, scoring the lowest on NAPLAN.

Student engagement, student wellbeing and learning

School engagement relates to a student's relationship with school, school staff, their peers and learning.[22]

The relationship between school engagement and learning is bi-directional - when a student feels engaged they are more likely to experience better learning outcomes which in turn fosters further engagement.

Results from the CATS study found:

- Nearly 20% of students in Years 3-5 late primary school-aged students were disengaged from school and as a result had lost a year of progress in numeracy by the start of secondary school.
- Around 10% of students in Years 3-5 reported persistent low wellbeing resulting in nearly three-quarter of a year loss of learning and low wellbeing. This was associated with an over 2-fold increase in likelihood of disengagement in Year 7 (no difference between boys and girls). Primary school students with high levels of wellbeing were over 2 times less likely to disengage by early secondary school.
- Nearly 25% of Year 3-5 students experienced persistent bullying. Persistent bullying was associated with nearly a year's loss of learning.

This evidence highlights early mental health concerns including mental ill-health and student wellbeing and belonging at school are all important factors impacting educational attainment and engagement in school.

Children and adolescents experiencing homelessness or at-risk of homelessness

Homelessness among children and adolescents undermines educational participation and progression, mental and physical health, and social inclusion. It often entails frequent moves between educational settings or short- and long-term absences from these settings, disrupting routine learning and limiting access to the protective supports that schools can provide. These interruptions increase the risk of early school leaving, poorer educational attainment and reduced engagement in further education and employment, thereby affecting life chances well beyond adolescence and into adulthood. Addressing homelessness and its impact on education requires both upstream and targeted, system-level prevention that recognises schools as protective settings.

The International Youth Development Study (IYDS) - a cross-national, state-representative longitudinal cohort study including children, adolescents and young adults in Victoria, provides an important opportunity to provide rich Australian data to comprehensively characterise pathways to homelessness from the start of adolescence. This includes understanding pathways into school disruption and early school leaving. In the IYDS, nearly 10% of young adults have experienced homelessness or insecure housing.[26] More than half of young adults who report experiencing homelessness, also report having been suspended from school.[27] Factors such as school suspension, poor academic achievement and low connection to school in adolescence are salient, modifiable risk factors for young-adult homelessness and broader housing insecurity.[27] [28] [29]

Broader influences that intersect with homelessness and educational participation must also be considered. Factors including engagement in antisocial behaviour, substance use and conflictual family environments are each associated with young people's experience of homelessness and predict school suspension and educational disengagement.[27] [30] Suspension from school, in turn, is frequently less a discrete disciplinary event than a marker of underlying distress and disengagement experienced by adolescents experiencing homelessness and trying to manage the demands of educational participation.[31]

Adopting a Health- Promoting whole-school systems framework has the potential to provide a coordinated, comprehensive response for students at-risk of or experiencing homelessness.

More evidence is needed to understand the effectiveness of early intervention programs for young people experiencing homelessness.[32] This requires increased resources to implement high-quality interventions at multiple sites across communities and comprehensive evaluation enabled by data collection, analysis, interpretation and dissemination.

Many children and adolescents experiencing homelessness are invisible to, and within, school systems, resulting in disconnection and disengagement. Intensive, wrap-around supports are needed, but schools alone cannot be part of response. Adopting a Health-Promoting Schools whole-school systems framework around homelessness offers a practicable population-level prevention approach for a coordinated response[28] that has the potential to:

- reduces exclusionary discipline approaches,
- prioritise early identification of at-risk students,
- formalise and resource school–community partnership models to deliver integrated wellbeing, housing and learning supports, and
- embed Health-Promoting Schools principles into system priorities and workforce capability development.

These steps would target upstream factors, including levers in education policy and practice, to reduce trajectories into homelessness, its impacts on educational participation, and improve children and adolescents' health, education and wellbeing across the life-course.

Solutions and Recommendations

Supporting children and families before they start school

Recommendation 1: Dedicated investment in evidence-based sustained nurse-home-visiting (SNHV)

Children who have solid foundations in learning in the early years (0-5 years) begin school with the skills and attitudes that enable them to engage in and benefit from our education system. Children who miss out on these foundations start school already behind their peers, resulting in disparities in learning readiness that track through their school years.

Sustained nurse home visiting (SNHV) is the most evidence based and powerful public health intervention available in the early years. SNHV provides regular in-home support from pregnancy until a child turns two years. It is during this time that a child's brain develops more rapidly than any other time. SNHV programs aim to help families with parenting, children's behaviour and home learning environments. SNHV programs have been shown to benefit child development outcomes, parenting practice (including home learning environments) and maternal mental health for vulnerable families.[33] [34] These benefits are sustained until a child starts schools and are all factors that impact on children's learning and wellbeing.

Recommendation 2: Improving access to high quality, inclusive early childhood education and care

Children who attend early childhood education and care (ECEC) in the year before school are more likely to be developmentally on-track than children who do not attend ECEC.[35]

Not all children have access to high-quality, inclusive ECEC and children experiencing disadvantage are less likely to attend ECEC, attend for fewer hours and more likely to attend lower quality services. Many barriers exist including cost of services, transport barriers, lack of services in regional/rural areas, cultural and inclusive appropriateness of ECEC services, supportive engagement by educators, and parent understanding of the importance of attending ECEC or knowing how to access ECEC services.[36]

Despite increased investments government across Australia to increase access to affordable ECEC, free or low-cost ECEC only goes part of the way to increasing ECEC attendance, especially for families experiencing vulnerability.[37] This suggests that other measures are needed to ensure children and families access quality, inclusive ECEC services. Measures should involve local, community-driven responses that promote the benefits of ECEC services to families, co-location of ECEC within community-based services or schools (which is happening currently via the Building Early Education Fund) and providing the ECEC workforce with the skills to support families currently not accessing ECEC.

Recommendation 3: Ensure families have the early support they need if financial concerns arise by investing in Healthier Wealthier Families

Despite the known impacts of financial stress on children's lifelong health, development and learning, no Australian service systematically identifies and responds to childhood poverty. Australia's universal, early years services, such as child and family health nursing, offer untapped platforms for systematically identifying and responding to family financial hardship.

In Australia, Healthier Wealthier Families (HWF) supports Australia's existing universal child and family health nursing services to identify families experiencing financial hardship who could benefit from early referral to existing freely available, independent financial wellbeing services, before they reach financial crisis. HWF has been developed and pilot tested for feasibility and acceptability in five sites across Victoria and New South Wales and a new partnership with Queensland's health and social sectors will evaluate the model at scale. Based on the Queensland evaluation, HWF has the potential to intervene before crisis occurs and in turn benefit children's learning, health and development.

Enabling schools to take a whole child and whole school approach to redress inequities in student learning, engagement, health and wellbeing.

Despite significant investment in schools,[38] we have not been able to achieve improvements in overall educational outcomes, reduce inequities in educational outcomes for priority cohorts, nor improve the wellbeing of students. This suggests that we need to think differently about how Australia' education system enables students to realise their full potential and thrive.

As part of a discussion paper "Reinventing Australian Schools" [39] developed in collaboration with the MCRI and the University of Melbourne, five key principles are proposed that provide the start as to what a reimagining agenda could focus on to achieve real change in how schools support children to thrive:

- A whole child and whole school approach[1] (organising principle)
- Co-designed, evidence-based and flexible learning and wellbeing approaches
- Health and wellbeing as essential 21st century skills
- Building an engaging culture of health, wellbeing and learning in school
- Relationships and partnerships between services, families and schools in every community.

These principles are a starting point for a conversation about how we can reimagine schools to ensure they meet the contemporary needs of children. This shift has been successfully achieved in other countries to great effect, resulting in improved health, wellbeing and academic outcomes and reduced inequities. The below recommendations are a first step to progressing this approach.

Recommendation 4: Governments invest in evidence-informed, sustained whole-of school approaches to respond to student wellbeing, development, learning and engagement

Starting with a whole-of-child and whole-of school principle, sustained implementation of whole-of-school approaches to mental health and wellbeing, have been shown to enable schools to move from reactive, behaviour management to proactive, prevention-focused approaches. Where schools have stronger internal capacity, responses tend to occur earlier and more systematically. This is important as it enables schools to reduce and respond to disengagement risks early.

Case Study: Mental Health in Primary Schools (MHiPS) – whole-school approach to wellbeing

MHiPS aims to increase the capacity of primary schools to support the mental health and wellbeing of their students. Increased internal capacity is achieved through the appointment of Mental Health and Wellbeing Leaders. These roles have dedicated, protected time to build the capability of the whole school, provide support to staff, support students with mental health needs and establish referral pathways for students requiring assessment and support.

Evaluation of the Mental Health in Primary Schools (MHiPS) initiative have shown:[40] [41]

- Factors that impact student mental health and wellbeing, including emotional and behavioural needs (which are known to influence educational engagement and longer-term outcomes), can be improved through MHiPS, alongside strengthened school capacity to identify and respond to emerging concerns.
- Improved student engagement and connectedness, shown by better attendance and classroom engagement, increased student help-seeking and improved emotional regulation.

[1] Whole-school systems embed sustained, tiered, evidence-informed responses to health, wellbeing and learning across within all facets of a school's environment including the wider school community. Whole-school systems move beyond short-term, programmatic responses; school-based health services or curriculum.

- Schools across diverse contexts and levels of need benefit from whole-school approaches to mental health and wellbeing, with implementation supported by leadership, staff capability and protected time; however, competing demands can constrain delivery, particularly in more complex settings where sustaining preventive approaches alongside increasing reactive individual support can be more challenging. A funding model that considers school complexity should be further explored, in comparison to funding based on enrolment.

By investing in whole-of-school approaches, governments enable schools to deliver coordinated, comprehensive approaches that create environments that promote student physical and mental health and wellbeing and therefore impact learning and educational outcomes. There is an opportunity for government to build off successful, evidence-based initiatives including the Health-Promotion Schools approach and the Mental Health in Primary Schools (MHiPS) initiative.

Recommendation 5: Students have opportunities to inform, co-design, lead and evaluate

Meaningfully engaging students in what matters to them forms the foundation of safe, inclusive, and supportive school environments that in turn create the environment for educational engagement and attainment. The importance of actions that "engage, amplify, and protect" student voices is recognised internationally[42] and is a core principle of whole-school approaches and Australian educational frameworks.[43] [44] [45]

Active and meaningful student participation is strongly linked to better academic engagement and attendance, improved learning [46] [47] and wellbeing outcomes[48]. It strengthens a sense of connection and belonging[49] which have been linked to academic performance, and better mental and physical health.[50] It also builds social-emotional competencies related to learning and wellbeing such as motivation and self-efficacy.[51]

It is critical to move beyond consultation to engagement, treating students as partners (e.g., shared decision-making, redistribution of power, two-way communication channels) supported by formal mechanisms for engagement (e.g., student advisory groups) in order that they can have genuine influence. Ensuring all students have opportunities to participate through a range of engagement formats (e.g., anonymous contributions, leadership) ensure diverse perspectives and supports greater belonging, wellbeing and equitable outcomes. To ensure sustainability, student voice and participation should be embedded within school policies and within monitoring and evaluation to understand student experiences and guide continual improvements.

Recommendation 6: Update the National School Reform Agreement to include 1-2 new Improvement Measures that better reflect progress in the Priority Area – Wellbeing for learning and engagement

The Better and Fairer School Agreement 2025-2034 (the Agreement) identifies 'Wellbeing for learning and engagement' as a national priority area. The Agreement uses increased student attendance rate as the Improvement Measure to demonstrate improved wellbeing. School attendance is one important indicator of wellbeing and engagement; however, given the evidence relating to domains of student wellbeing that we have highlighted, attendance alone is a to blunt a measure of improved wellbeing and its connection to learning and engagement.

Encouragingly, there are already several important government initiatives underway, to support the development of additional improvement measures that better reflect improved wellbeing. These initiatives include the Australian Institute of Health and Welfare's (AIHW) Children's Headline Indicators and the national Child Wellbeing data set.

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