



Submission to the House Standing Committee on Health, Aged Care and Disability

Inquiry into the Thriving Kids Initiative

About Professionals and Researchers in Early Childhood Intervention (PRECI)

Professionals and Researchers in Early Childhood Intervention (PRECI) is the peak body for professionals and researchers working with young children with developmental delay or disability, and their families. It is an Australian research-to-practice network focussed on outcomes for young children with developmental disabilities. PRECI was established as a not-for-profit public company limited by guarantee in June 2022 and has ACNC charity status, preci.org.au

Our vision is excellence and equity in services for young children with developmental disabilities or at risk of developmental delay, and their families.

Our purpose is to lead Australian early childhood intervention¹ (ECI) research, knowledge translation, quality practice, and policy for young children with developmental disabilities and their families.

PRECI has been formed to:

- provide a national network connecting ECI practitioners² and researchers with a focus on supporting collaborative research, knowledge sharing and peer support.
- provide ECI professionals, community organisations, researchers, higher education institutions and policymakers with an authoritative source of information about best practice in ECI.
- identify, develop, promote, and raise awareness of advances in effective models of service delivery to ensure consistent implementation of best practice for young children and families.
- promote a national approach to coordinated and comprehensive pre-service, in-service, and post-graduate training opportunities for professionals working with children with developmental delay and disability, and their families and related mainstream services, on contemporary and evidence-informed practices.

¹ Early Childhood Intervention (ECI) is designed to promote developmental, well-being and community participation outcomes in infants and young children with developmental concerns, delay, or disability and their families, through the provision of integrated and specialised supports, and services.

² ECI practitioners are minimum bachelor qualified members of a collaborative team (e.g., speech pathologists, occupational therapists, psychologists, physiotherapists, specialist teachers, social workers).

- develop a national research framework and conduct research projects to advance and inform ECI within Australia.
- promote interdisciplinary collaborations to ensure advances in research and translation of research into practice.
- provide nationally coordinated and timely responses to federal policy, funding, and service delivery guidelines to support consistent contemporary practice in ECI.

PRECI board members hold leadership positions across various professional and research organisations across Australia and their views have been sought by Federal and State governments for the last 30 years. Critically, PRECI's views are based on Australian and international research and practice.

Introduction

Thank you for the opportunity to provide a submission to the Inquiry into the **Thriving Kids initiative**, referred by the Hon Mark Butler MP, Minister for Health and Ageing. This initiative represents a vital step towards ensuring that all children in Australia with mild to moderate developmental delay regardless of diagnosis, have access to timely and appropriate support to thrive in all aspects of life.

In addressing the Thriving Kids initiative, PRECI's aim is twofold:

- 1) to highlight the need for systemic evidence-based programs that act as preventative steps, so **all** children and families have access to timely supports regardless of background or disability type. This implies that children do not have to 'fit' specific eligibility criteria to access services and programs, and that these are widely available in the community.
- 2) to draw attention to the potential impact of creating yet another program, which may reinforce the inadequacies of the current system. Instead, the Thriving Kids initiative offers the opportunity to re-structure and re-organise evidence-based services and programs that are already in existence, so a seamless system is effectively implemented.

Our response to the Terms of Reference

PRECI's submission addresses each term of reference and proposes actionable recommendations to strengthen the identification, support, and inclusion of children with developmental concerns, delay, or disability across Australia.

1. Examine evidence-based information and resources that could assist parents identify if their child has mild to moderate development delay and support parents to provide support to these children.

Early identification is critical to improving outcomes for children with developmental concerns, delay, or disability. However, parents/caregivers may not necessarily be equipped with the tools or knowledge to recognise the early signs of delay or know the pathway to seeking support. In this context, we contend that 1) best practice

demands that we focus on the diversity of children's developmental profiles, instead of using a relative and imprecise categorization such as *mild or moderate* developmental delay to describe them; and 2) while parents' access to evidence-based information and resources is indisputable, as important is their knowledge about **how and under what conditions** they may need to use such tools to effectively identify early signs of developmental concerns, delay or disability and choose the most effective pathway of supports.

Recommendations:

- Create a **nationally consistent, multilingual parent education toolkit** co-designed with parents, clinicians, educators, Aboriginal and Torres Strait Islander, and CALD (culturally and linguistically diverse) communities. Clarity around terminology and framing regarding variations in child development, early identification, and varying levels of support will be a central element of this resource.
- **Integrate screening tools** (e.g., Ages and Stages Questionnaire (ASQ), Modified Checklist for Autism in Toddlers (M-CHAT), Ages and Stages Questionnaire - Talking about Raising Aboriginal Kids (ASQ-TRAK)? into universal child health checks and online parent portals. The introduction of these tools or others must follow clear best practice guidelines related to the implementation of assessments regarding key child and family outcomes.
- **Identify and train key professionals in the community** (e.g., GPs, maternal and child health nurses) to be equipped with evidence-based knowledge and information that will support parents/caregivers in the early identification of developmental concerns, delay, or disability.
- Develop **public health campaigns** that destigmatise developmental concerns, delay or disability and normalise parental help-seeking behaviour.
- Ensure resources are **culturally responsive** and available in multiple formats (written, video, audio, Easy English).
- **Examine the effectiveness of peer support programs** to assist parents in the identification of early signs of developmental delay and delivery of evidence-based information and resources via a clearinghouse/portal on relevant websites.

2. Examine the effectiveness of current and previous programs and initiatives that identify children with developmental delay with mild and moderate support needs.

Existing initiatives like the **NDIS Early Childhood Approach**, state-based maternal and child health services, and community health services have shown promise but lack consistency, reach, accessibility, and cultural responsiveness.

Challenges:

- Services remain **deficit oriented** and **fragmented**, leading to delays in early identification, diagnosis, and support.
- Access to community-based playgroups, allied health and specialist early childhood educators is **limited in regional, rural, remote, and low-SES communities**.

- **Poor early identification** of developmental delay is prevalent in CALD and Aboriginal and Torres Strait Islander children due to systemic barriers.

Recommendations:

- Expand funding for **community-based multidisciplinary, child and family hubs**, co-locating practitioners from different disciplines (i.e., maternal health nurses, paediatricians, speech therapists, occupational therapists, physiotherapists, educational and developmental psychologists, educators, and dietitians). Professionals who can provide other support to families, including peer leaders, financial and legal professionals can also form part of co-located support.
- Ensure the principles and practices in the [**National Best Practice Framework for Early Childhood Intervention**](#) be implemented by all practitioners involved with young children with developmental concerns, delay or disability, including early childhood education and care (ECEC) providers, schools, and referring professionals. In this way, children and families experience evidence-informed services and support from the outset, setting them up for working in positive partnerships with professionals in the future.
- Build the skills and knowledge of universal service providers **to identify developmental concerns and work collaboratively with parents** to support them in accessing relevant and effective community-based supports.
- Mandate **universal developmental and health screenings** at key milestones, with funded follow-ups.
- **Evaluate and scale programs** (e.g., Brighter Futures- NSW; Early Years Places, Queensland) that demonstrate improved early identification, and family engagement.
- Invest in **data systems** that track child development and family outcomes to inform policy improvements.

3. Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse

Children from Aboriginal and Torres Strait Islander and CALD backgrounds and their families face higher barriers to early identification of developmental delay, diagnosis, support, and sustained engagement than other children and families in the community.

Recommendations:

- Fund **community-controlled organisations** to deliver culturally appropriate assessments and early childhood intervention services.
- Train professionals in **cultural safety and trauma-informed practice**.
- Recruit and retain a **diverse and culturally representative workforce**, particularly in rural and remote areas.
- Support peer-led models using **community educators and cultural brokers**.

4. Identify gaps in workforce support and training required to deliver Thriving Kids.

A significant constraint to implementation is the **shortage of qualified professionals** across health, education, and allied health sectors. In addition to this limitation, there appears to be a distinct lack of specialist early childhood educators. It is possible that systemic issues (e.g., NDIS structure and demand) may be underlying these concerns.

Challenges:

- **Limited training** in child development, inclusion, participation, parent support, community-based practice, and overall best practice in undergraduate programs across allied health, early childhood educator and GP curricula.
- **Burnout and attrition** among allied health professionals due to caseload pressures.
- **Limited funding** to support the ongoing implementation of best practice across all professions involved in working with children with developmental concerns, delay, or disability.
- Lack of **standards of practice** aligned with the National Best Practice Framework for ECI.

Recommendations:

- Invest in **national workforce planning**, including rural scholarships and HECS relief for new allied health and education graduates.
- **Embed National Best Practice Framework for ECI principles and practices** in pre-service training across professional degrees in allied health, education, and social sciences.
- Fund and implement **ongoing professional development and supervision** for allied health and educators to deliver evidence-informed, family-centred, and inclusive services in line with the National Best Practice Framework for Early Childhood Intervention.
- **Develop, implement, and regulate the implementation of standards of practice** for professionals involved in working with children with developmental concerns, delay, and disability in line with the National Best Practice Framework for ECI. A strong example behind this recommendation is the ECEC National Quality Framework which combines approved frameworks with National Quality Standards as well as legislation.
- Promote, fund, and support **interdisciplinary collaboration** across universal and specialist services.

5. Draw on domestic and international policy experience and best practice

The Australian government has recently developed and released the **National Best Practice Framework for ECI**, which includes principles, practices, and resources to guide practitioners in their work with all children with development concerns, delay, or disability. Australia can draw on this Framework and successful international models for community-based developmental support for children and families.

Importantly, further clarification is needed regarding the policies and structure of the Thriving Kids initiative and whether a tiered level system of supports will be created. Central to this premise are the **links between tiers of support and the NDIS**, and the eligibility criteria for children and families to enter the later as well as having access to community-based support. Regardless, we assert that a community-based system, as espoused by the Thriving Kids initiative, **should not have formal eligibility criteria, or cost** other than parents or others identifying child developmental concerns. A strong collaboration between the Thriving Kids initiative and the NDIA will be then required to determine eligibility criteria on the basis of the significance of support required (as opposed to severity of disability). The **addition of layers of support**, instead of children and their families moving among autonomous services, should be a critical policy consideration in these discussions.

Recommendations:

- Align Thriving Kids with **localised, inclusive, family-centred models**, which support the implementation of evidence-informed practices in **everyday environments** such as homes, ECEC and schools.
- Align Thriving Kids with the **National Best Practice Framework for Early Childhood Intervention**.
- Prioritise **local governance and cross-sector collaboration** across health, education, early childhood intervention, and social services.
- Promote **Multi-Tiered Systems of Support (MTSS)** to support children's inclusion and participation in ECEC and schools. MTSS is gaining recognition nationally and has a growing evidence base internationally.
- Invest in **evidence-based coaching models** for allied health practitioners who are supporting the inclusion and participation of children in ECEC and schools.
- Draw on international programs which have implemented community-based models of support. Examples of these are:
Best Start Family Service (UK) – Community-based early childhood services in low-income areas.
Help Me Grow (USA) – Coordinated system connecting families with developmental resources.
Whānau Ora (NZ) – Holistic, family-centred support led by Māori providers.

6. Identify mechanisms that would allow a seamless transition through mainstream systems for all children with mild to moderate support needs.

Transitions across systems (e.g., from early years to school, or from screening to access to services) and jurisdictions are often disjointed.

Recommendations:

- Introduce policies that support a “**no wrong door**” approach for entry to services, regardless of starting point. Data sharing among services about key child and family outcomes may facilitate this approach.

- Create a **national coordination framework** that guides and mandates the implementation of seamless services by ensuring that health, education, early childhood intervention and social services are connected, timely, and of high quality for children with developmental concerns, delay, or disability. The implementation of this framework will require the establishment of strong links among federal, state, and local jurisdictions and effective translation from policy to practice.
- Ensure **effective transitions** along established service navigation pathways (e.g., screening to assessment to service provision) and across settings (e.g., early childhood into school settings). An effective service pathway will ensure parents have the opportunities to reflect and discuss the outcomes they want for their child and family before any discussion of services needed to achieve those outcomes.
- Develop **shared development plans** within and across sectors, which provide a roadmap designed to align key stakeholders (children, families, educators, health providers, community organisations, and policymakers) around the **developmental needs, goals, outcomes and supports** for children.

Conclusion

The **Thriving Kids initiative** is a timely and transformative opportunity to reframe how Australia supports children with mild to moderate developmental delay. With a coordinated, inclusive, and evidence-informed approach, we can ensure that every child and family experience the conditions and have the opportunities to thrive—regardless of postcode, culture, or developmental profile.

PRECI board members welcome the opportunity to meet and discuss our recommendations with the House Standing Committee on Health, Aged Care and Disability, the Thriving Kids Advisory Group, and stakeholders to help this initiative's vision come to life.

PRECI envisions various ways in which we could play a role in implementing recommendations made in our submission at a national level, including engagement with the early childhood intervention sector, resource development, and professional development and training.

Kind regards,

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