Submission to The Inquiry into Thriving Kids

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About ARACY

ARACY champions the wellbeing of all Australian children and young people. We drive systemic change, collaborate with communities, and amplify the voices of children and young people to create a healthier future. Our work focuses on prevention, early intervention, and equity. Our purpose is for every child and young person to thrive.

ARACY and our initiatives - Thriving Queensland Kids Partnership (TQKP), the Investment Dialogue for Australia's Children (IDAC), and the Western Australian Children's Funders Alliance (WA CFA) - are focused on holistic wellbeing, including health. We aim for sustainable system changes to prevent diseases and promote early intervention. Our commitment to the complete wellbeing of children and young people drives us to seek meaningful and continual systems improvements.

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Executive Summary

Thriving Kids is a once-in-a-generation opportunity to shift Australia's systems from reactive to preventative, from programmatic to systemic, and from medicalising to enabling. With the right design, every child can thrive.

ARACY's core position

- Adopt a **public health approach**: invest in prevention and early intervention (primary, secondary, tertiary).
- Use **The Nest** – Australia's first holistic framework for children's wellbeing – to guide Thriving Kids.
- Shift towards a **social model of disability**: focus on enabling environments, not deficits.
- Embed **genuine codesign** with children, families, and communities, ensuring accountability for their voices to shape design and delivery.

Key recommendations

1. Prevention and early intervention

- Systemically incorporate primary, secondary, and tertiary health interventions, with proportionate resourcing.
- Link **developmental checks** (e.g. PEDS-R) to existing health touchpoints such as immunisations.
- Invest in **public awareness campaigns** (Core Story, Words Grow Minds, NOFASD).
- Expand **sustained maternal nurse home visiting** for families facing extra barriers.

2. Use The Nest wellbeing domains

- Six interconnected **wellbeing domains**: Healthy, Learning, Material Basics, Valued, Loved & Safe, Positive Identity & Culture, and Participating.
- Provides a **common language** across health, education, and community sectors.
- Helps systems and families see children as whole people, not just by diagnosis.

3. Equity and inclusion

- Partner with **First Nations organisations** to ensure culturally safe, self-determined solutions – invest in Aboriginal Community Controlled Organisations (ACCOs).
- Address intersectional needs: CALD families, children in remote/regional areas, low-SES communities.
- Recognise systemic trauma and structural barriers that compound disadvantage.

4. Strengthen mainstream services

- Resource and expand **Child and Family Hubs** – "one-stop shops" reducing system navigation barriers.
- Build cross-sector capability in schools, ECEC, health and community services.
- Ensure **clear supports beyond age eight**, to avoid a "diagnosis as passport" model.

5. Embed voices of children and families

- Codesign across all phases: policy, design, delivery, and evaluation.
- Partner with representative bodies (CYDA, ICAN) and ensure accountability for acting on lived experience.

Terms of Reference

- 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.
- Examine the effectiveness of current (and previous) programs and initiatives that identify children with development delay, autism or both, with mild to moderate support needs and support them and their families. This should focus on community and mainstream engagement, and include child and maternal health, primary care, allied health playgroups, early childhood education and care and schools.
- Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse.
- Identify gaps in workforce support and training required to deliver Thriving Kids.
- Draw on domestic and international policy experience and best practice.
- Identify mechanisms that would allow a seamless transition through mainstream systems for all children with mild to moderate support needs.

Overview

We support the current government's goal of ensuring children with developmental vulnerabilities thrive and their recognition of the period between 0 and 8 years as critical in influencing children's lifelong trajectories. We also welcome the establishment of the Thriving Kids Advisory Group, co-chaired by Minister Butler and Professor Oberklaid, as an important step in progressing the national design of supports for children and families.

We consider the Thriving Kids to be an opportunity to **prevent and reduce developmental vulnerability** and subsequent developmental delay among children. In doing so, **many children can be prevented from progressing to "permanent and significant disability"** [1] circumventing the need for participation in the NDIS and the associated personal, social, and economic costs of long-term disability. In the long term, Thriving Kids can support the realisation of a social rather than medical model of disability.

Importantly, NDIS sustainability requires a systemic response, not a programmatic one. To achieve this, we recommend a public health approach to Thriving Kids based on a holistic framework of wellbeing which we call The Nest. If done well, Thriving Kids can

shift the system towards genuine inclusion and the social model of disability, whereby societal structures are enabling to people of all abilities.

Summary of Recommendations

- Optimise healthy child development through proportionate investment of resources, embedding primary, secondary, and tertiary supports across all government services - guided by a whole-system, whole-child philosophy that ensures every policy and service works together to help all children thrive.

- Develop and implement Thriving Kids to be based upon the Nest, an evidence-based, holistic framework for conceptualising and communicating about children's needs.

- Embed genuine codesign and accountability with children and families with diverse lived experienced throughout the design, implementation, and evaluation of Thriving Kids to ensure accountability and action is taken based on their views.

- Work together with First Nations organisations and communities to promote First Nations self-determination, including through investing in and working collaboratively with ACCOs.

- Thriving Kids embrace a social rather than medical model of disability with a view to cross-sectoral collaboration and resourcing to enhance the capability of mainstream services, enabling a seamless transition of all children with mild to moderate support needs through mainstream services.

- Support parents and families with the vital knowledge, tools, and services needed to understand developmental milestones and act early, recognising that systems must provide timely and accessible information. This should complement the work being undertaken by the Core Story, which has examined public beliefs about cultivating healthy child development and associated communication techniques to make an awareness campaign effective.

- Enhance public awareness about fostering healthy child development. This includes continuing and amplifying existing efforts such as NOFASD (aiming to reduce maternal alcohol exposure in pregnancy), Core Story (national initiative promoting better understanding of early childhood development among public), and Words Grow Minds (a three-part program including a comprehensive public health media

campaign, sector capability development, and free resource packs designed to support parents and families nurture child development in the early years).

- Work with health service providers to better understand whether and how often child development screening is occurring and the key barriers and facilitators that could improve this.

- Optimise state/territory data collection on developmental screening practices and outcomes.

- Consider leveraging the opportunity of high immunisation compliance by linking brief, structured developmental checks such as the PEDS-R with immunisation health visits. Implementation would require close collaboration and consultation with healthcare providers and communities to ensure barriers such as clinician awareness, time, funding, and language among others were addressed.

- Resource and expand Child and Family Hubs as an existing network which can be harnessed to provide child-centred, holistic supports to children.

- Consider resourcing and expanding sustained nurse home visiting for vulnerable families.

- Thriving Kids must have a clear pathway for ongoing supports for children beyond eight years.

General comments

A Public Health Approach

ARACY recommend a public health approach to Thriving Kids to prevent and reduce developmental vulnerabilities/delay. A public health approach applies a prevention framework to systematically address the underlying drivers of a condition with proportionate allocation of resources. As outlined in our publication Inverting The Pyramid – Enhancing Systems for Protecting Children there are three tiers of intervention: primary, secondary, and tertiary.

> ***Primary interventions*** are whole population initiatives implemented before symptoms arise. For example, optimising antenatal care to prevent maternal alcohol consumption and ensure safe birthing, preventing congenital causes of developmental delay.

Secondary interventions are targeted at families with vulnerabilities or risk factors. An example would be a parent presenting with developmental concerns about a child, such as delayed speech, and implementing evidence-based supports such as speech therapy to help the child 'catch up'.

Tertiary interventions aim to reduce progression or severity. For example, a child diagnosed with autism or global developmental delay receiving holistic, multi-disciplinary supports to ensure they reach their full developmental potential.

Importantly, a public health approach requires proportionate allocation of resourcing, with the majority of resourcing invested in primary interventions where returns are greatest. Many systems are structured inversely, where most resourcing is allocated to reactive (i.e. tertiary) measures.

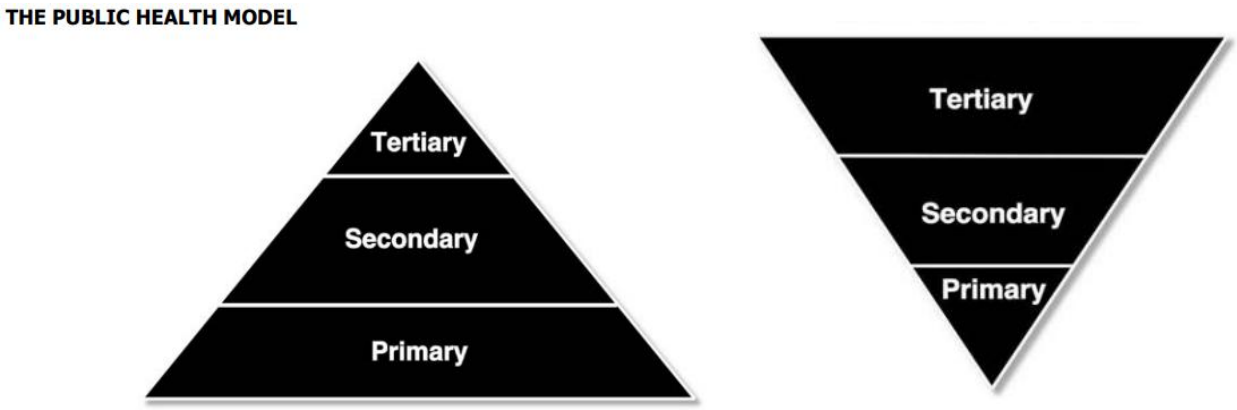

Figure 1: *The public health model versus typical models of resource allocation. Excerpt from ARACY's Inverting The Pyramid – Enhancing Systems for Protecting Children.*

Our publication Better Systems, Better Chances: A review of research and practice for prevention and early intervention outlines how to design systems that support a public health approach through prioritisation of prevention and early intervention with a specific focus on child development.

Recommendation:

- Thriving Kids should systemically consider and incorporate primary, secondary, and tertiary measures to optimise healthy child development with proportionate allocation of resources.

The Nest: A holistic model of children's wellbeing

The Nest is Australia's first and most comprehensive evidence-based framework for conceptualising children's wellbeing. It was developed in consultation with over 4,000 children, families, and experts, including those with lived experience of disability/caring for a child with disability. It consists of six interconnected domains (Figure 2). All children need to be adequately supported in all domains to thrive.

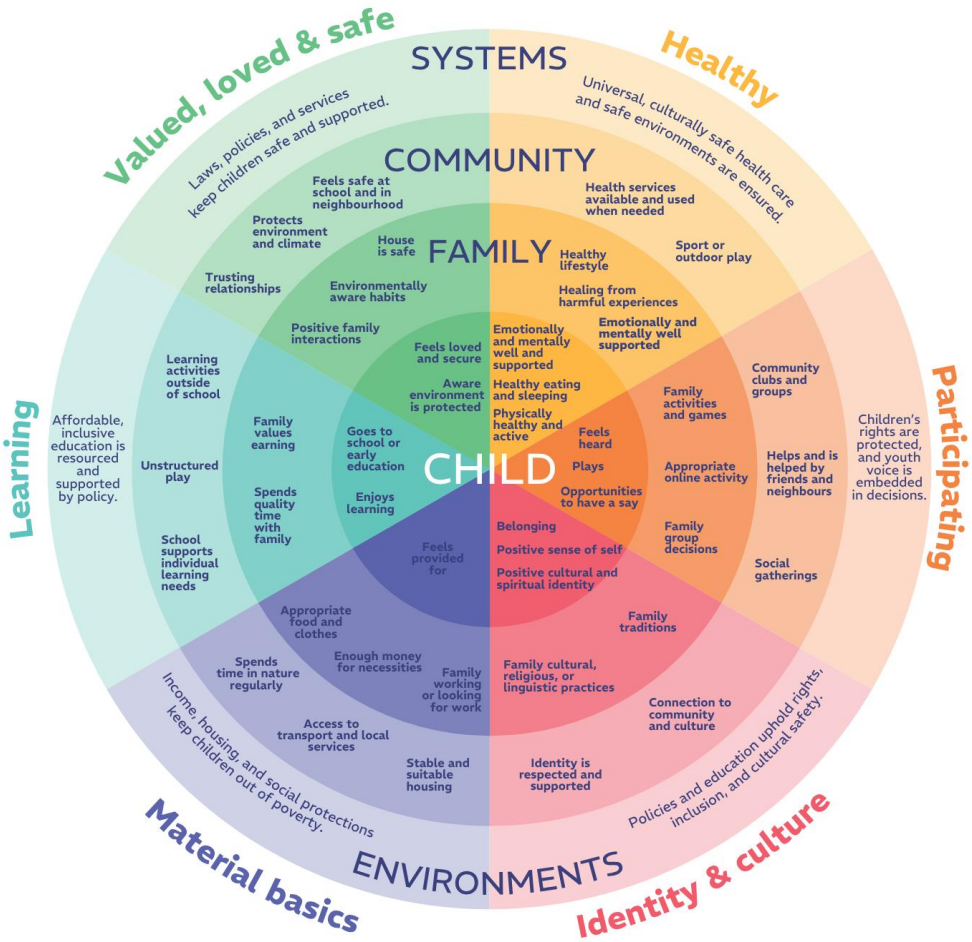

Figure 2: *The Wellbeing Wheel, based on The Nest and aligning with the Early Years Learning Framework, shows key elements that support children's happiness, health, and overall wellbeing. It helps explore the different areas of a child's life and environment, essential to nurturing their growth, learning, and development in a holistic way.*

The Nest provides a framework to support both systems and individuals to think and communicate about the needs of children with developmental delay. These domains can be applied at a child, family, community, and systems level i.e. they are compatible with an ecological model. Please see Appendix 1 for a comprehensive summary of

needs and opportunities for children with developmental delay/disability by Nest domain.

Importantly, a holistic framework shifts the focus away from the what the child cannot do and enables us to have a child-centred approach that focuses on the child as a person rather than the needs/disability. Having a holistic view also encourages us to utilise existing mainstream services rather than just specialist services.

The Nest also provides a common language and understanding of the needs of children with developmental delay across service providers, parents, carers, and systems, facilitating effective communication and collaboration.

In relation to Thriving Kids, The Nest framework can be used at a systems level to systematically consider and ensure the needs of children are being met:

Participating: Do children (and their caregivers) have mechanisms to have a say about the development and implementation of Thriving Kids? Are the goals and support plans collaboratively developed with children and families?

Material Basics: Are the material needs of children with developmental delay or autism being met? Is there scope within Thriving Kids to better address these needs?

Healthy: How can Thriving Kids help optimise the physical and mental health of children with developmental delay or autism?

Valued, Loved, and Safe: Are there mechanisms to ensure that children with developmental delay or autism feel valued, loved, and safe in their various environments? Are there processes that can be embedded into Thriving Kids to ensure this is considered and escalated?

Positive Sense of Identity & Culture: How can we ensure Thriving Kids is inclusive and builds on a strengths-based model?

Learning: Are children optimally supported to learn in formal and home/other environments? How can Thriving Kids support the learning and development of children in and outside the home?

Recommendation:

- The Nest should be used as an evidence-based framework for conceptualising children's needs throughout the development and implementation of Thriving Kids to support a holistic approach to children's development.

Embedding the voices of children and families

At ARACY, we understand that children and young people are capable. Consulting with children and young people of diverse lived experience benefits children and aligns outcomes with lived experience. It ensures children have a voice in what impacts them outcomes, aligning with Articles 12, 13, 23, 24 of the United Nations Convention on the Rights of the Child. Embedding processes within Thriving Kids that ensures genuine consultation with children and families with lived experience of developmental delay and autism is therefore imperative. Evidence indicates that both children under the age of 10 years and children with disability have fewer opportunities ????. Yet maximal benefits of invested resources cannot be gained without codesign. Importantly, codesign extends beyond listening and requires acting on and being accountable for the valuable information gleaned from codesign processes.

There are many examples of consultation where children and young people living with disability and their families have been effectively consulted. For example, funding from the ARC Centre of Excellence for Children recently supported a 'Families in Focus' consultation activity with over 50 children and families with lived experience of disability to better understand their experiences and priorities across health, education, and social services. Creative methods were codesigned with participants to help facilitate communication, such as art, craft, games, poetry, short films, journaling, and 3-D installations. Findings showed that "hospital play spaces, quieter areas, tailored education, safe friendships, and coordinated care" were needed to help address barriers such as cost, wait times, noise, travel, and challenges with NDIS access, and highlighted equity issues for regional participants and those with rare conditions. Organisations such as ICAN (Australia's largest autistic-led network) and CYDA (Children and Young People with Disability Australia) are valuable sources which can support incorporating the lived experience of children and young people into the design, implementation, and evaluation of Thriving Kids.

Recommendation:

- Embed genuine consultation and codesign with children and families with diverse lived experienced throughout the design, implementation, and evaluation of Thriving Kids to ensure accountability and action is taken based on their views.

Beyond eight years

It is hoped that through Thriving Kids, many children who experience developmental concerns or delay can have their trajectories supported into one of healthy development and not require ongoing supports. It is also hoped that of those children

who do have persistent disability, optimal supports in early childhood will reduce their ongoing needs through the NDIS.

However, there is concern about what happens to children who need supports beyond eight years of age and are not eligible for the NDIS. An analogy is in taking away reading glasses when a child is no longer struggling to read – in taking away needed supports, the functional impairment will return. Denying or removing needed supports defers impact to other parts of the system and/or later in life, with increased costs to individuals and human capital. The absence of adequate support mechanisms for children aged over eight years will risk over-medicalisation and over-diagnosis of their impairment to enable them to access NDIS supports i.e. a disability diagnosis becomes a 'passport to support' in a void of alternatives.

Developmental concerns/delay and autism are distinct conditions. Autism is a permanent functional impairment, while some children with developmental delay can experience transient impairment that resolves if appropriately supported. While Thriving Kids is an opportunity to support children with autism in their development, a mechanism to provide ongoing support beyond the age of eight years must be available.

Importantly, the absence of support systems for children aged over eight years can result in long-term cost, both economic and in terms of human capital, leaving children vulnerable during the critical 'middle years' where many long-term mental health conditions emerge.

Recommendation:

- Thriving Kids must have a clear pathway for ongoing supports for children beyond eight years.

Response to Terms of Reference

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.

There is a deficit of research which examines how well Australian parents understand and identify developmental concerns. A small Australian study found "there was general lack of knowledge and awareness among parents/caregivers about child developmental milestones and the need for ongoing developmental monitoring by completing the developmental checks at the recommended ages and stages" [3]. This was supported by a survey of Australian healthcare workers who found a lack of awareness about the schedule of recommended health checks and misconceptions by

parents about when to be concerned [4]. The Core Story for Early Childhood Development and Learning. The Core Story for Early Childhood Development and Learning identified discrepancies between expert and public understanding of child development, underscoring the opportunity for systems to provide parents and families with timely, accurate, and accessible information to support early recognition of developmental concerns.

Recommendation:

- Support parents and families with the knowledge, tools, and services needed to understand developmental milestones and act early, recognising that systems must provide timely and accessible information. This should complement The Core Story for Early Childhood Development and Learning being undertaken by The Kids Research Institute Australia, which has examined public beliefs about cultivating healthy child development and associated communication techniques to make an awareness campaign effective.

Examine the effectiveness of current (and previous) programs and initiatives that identify children with development delay, autism or both, with mild to moderate support needs and support them and their families. This should focus on community and mainstream engagement, and include child and maternal health, primary care, allied health playgroups, early childhood education and care and schools.

Our publication Better Systems, Better Chances: A review of research and practice for prevention and early intervention details key evidence-based interventions alongside risk and protective factors to support healthy child development from conception and will be an invaluable resource in the development and implementation of Thriving Kids. Relevant excerpts are included below and in Appendix 1.

Protective factors				Risk factors		
Community	**Family**	**Individual**		**Individual**	**Family**	**Community**
- Access to health and social care services - Screening for health and wellbeing issues	- social support and connections	- parental mental health and wellbeing - maternal nutrition	**Antenatal**	- preterm birth - genetic factors	- maternal stress during pregnancy - prenatal alcohol exposure	- severe social and economic disadvantage
- Access to health and social care services - Screening for health and wellbeing issues	- Reliable and reciprocal interactions - secure attachment to caregiver - Material wellbeing - Higher parental education - Cognitive stimulation in the home - social connections	- Adequate birth weight - easy temperament, good settling and sleep - breastfeeding	**Infancy**	- low birth weight - difficult to settle and soothe -unresponsive parent/carer -insecure attachment -toxic stress -abuse and neglect	- harsh parenting - inconsistent discipline - low parental aspirations for child - sole parent - young parents - parental stress - parental anger-hyper-reactivity	- severe social and economic disadvantage
- Access to health and social care services - stable attachment to child care provider - low ratio of caregivers to children in care settings	- material wellbeing - nurturing relationship with parents/carers - ability to provide adequate nutrition, housing, healthcare - cognitive stimulation in the home	- self-regulation and emotional wellbeing - early mastery, intrinsic motivation - planning and problem solving - communication and learning skills - preschool attendance - appropriate peer	**Preschool**	- difficult temperament - insecure attachment - hostile to peers or socially inhibited - poor early achievement and poor language and communication skills - abuse and neglect	- harsh parenting - inconsistent discipline - low parental aspirations for child - parental conflict and stress - early family separation	- severe social and economic disadvantage - community stressful events, interpersonal conflict - low social cohesion

Figure 3: *Risk and protective factors for child development by life stage and according to an ecological model. An excerpt from ARACY's Better Systems, Better Chances.*

The remainer of our response to this term of reference is structured in alignment with our recommendation to take a public health approach to Thriving Kids and embrace a holistic approach to child supports via The Nest. The following sections highlight activities that could fit within scope of Thriving Kids.

Primary Prevention Strategies

In principle, Thriving Kids can help cultivate positive child development across whole populations and prevent developmental delay before it occurs by considering the upstream determinants of child development through The Nest framework.

Examples of upstream determinants of child development according by Nest domain:

Healthy: Strong antenatal care, including optimising maternal physical and mental health. High child immunisation compliance.

Material basics: Addressing poverty, especially that experienced in the first 2,000 days

Learning: Accessibility of high-quality early childhood education and care. Parent/caregiver awareness of nurturing healthy child development through serve-and-return interactions, read-sing-play

Valued, Loved and Safe: Supports for vulnerable families, especially during the first 2,000 days, to keep children safe at home. Supporting families to cultivate good maternal mental health and avoid/reduce post-partum depression.

Positive Sense of Identity and Culture: Enabling First Nations self-determination and ensuring interventions are culturally safe and appropriate.

Participating: Co-design embedded in all design, development, and implementation of interventions. Co-design should include the voices of those whom the intervention targets, including children and families of diverse backgrounds. Evaluation includes child and family feedback and flexibility in systems to make modifications.

Our recommendations below outline some practical strategies that could be implemented by Thriving Kids that support a preventative approach to child development.

Recommendations:

- **Healthy, Learning, Valued, Loved and Safe:** Address public awareness about fostering healthy child development. This includes continuing and amplifying existing efforts such as NOFASD (aiming to reduce maternal alcohol exposure in pregnancy), Core Story (national initiative promoting better understanding of early childhood development among public), and Words Grow Minds (three-part program including a comprehensive public health media campaign, sector capability development, and free resource packs designed to support parents and families nurture child development in the early years).

- **Participating:** Embed codesign with accountability throughout Thriving Kids. Ensure children and families of diverse backgrounds and with lived experience of living with/caring for a child with developmental vulnerabilities, delay, or autism are genuinely consulted and included throughout the design, implementation, and evaluation of Thriving Kids.

- **Positive Sense of Identity and Culture:** Work together with First Nations organisations and communities to promote First Nations self-determination, including through supporting and working collaboratively with ACCOs.

Secondary and Tertiary Strategies

Better data about child development surveillance. While all states and territories have a recommended schedule of child health/development checks and a mechanism of delivery, data examining whether these checks occur is sparse and that which is

available is concerning. For example, a NSW survey from 2011 found that only about half of infants aged 11 months or younger had attended an early childhood health centre appointment since birth, and only about 35% of children aged one to four years had attended an appointment in the last year [5]. Of those that participate in early childhood health checks, a study of families in South-Western Sydney found that between 45 and 62% of families had documented developmental screening at the health check [6]. No state-level population health indicators about child development or developmental surveillance are collected in NSW [7][i]. Child health records (such as the NSW 'Blue Book') have been implemented to facilitate parental and clinical screening of development, but again information on their use is sparse and unconvincing. For example, a study of Australian healthcare workers quoted a paediatrician stating, "the Blue Book very often isn't used, families lose it, or forget to bring it" and a GP stating "Blue Book? Most of the time we don't refer to that" [4]. This presents an opportunity to engage with clinicians about how often child development screening is occurring, to understand the key barriers and facilitators of child development surveillance, and to improve monitoring of regular child development checks.

Work collaboratively with existing systems and services. Australia has high levels of immunisation compliance even among marginalised groups. This involves health service contact at birth and at six additional timepoints until age four years. This is an opportunity to harness pre-existing engagement with the health system already occurring at regular intervals throughout a child's earliest years of development. Coupling parental developmental education and child developmental screening with immunisation – ideally with regular data collection – has potential to improve screening and early identification of developmental vulnerabilities. This would need close collaboration with health service provides to ensure systems and processes enabled effective implementation. Another opportunity is the Parents' Evaluations of Developmental Status (PEDS) screening tools. PEDS screening tools are an eight to 12 question survey that can be completed by parents. The screening tool takes around five-minutes to complete, is designed for use in primary care settings; and has a high sensitivity and specificity for detecting developmental risk. Key barriers to the use of developmental screening tools identified Australian healthcare workers included:

- Parent awareness of recommended health checks / not bringing their child routinely for health checks [4]
- Language barriers preventing participation in developmental screening
- GP and paediatrician knowledge of developmental screening tools
- Fundings systems not equipped to support structured developmental screening, instead relying on clinical judgement

This reinforces the need for consultation and codesign with health service providers to develop feasible approaches to improving child development screening occurrence and monitoring.

Resource and expand existing national Child and Family Hubs. Child and Family Hubs represent a promising opportunity for Thriving Kids. Hubs are integrated child services co-located in familiar, accessible settings such as primary schools and playgroups [8]. Hubs are a 'one-stop-shop' for children, providing both universal and targeted services across health, education and social services [8]. We point to the submission by MCRI's National Child and Family Hubs Network which outlines the potential of hubs for Thriving Kids in detail [8]. Key strengths include:

- An existing national network of 470 hubs that can be leveraged by Thriving Kids
- Co-located services simplify system navigation
- Location in familiar and accessible settings reduces barriers to service engagement, such as stigma and transport, especially for vulnerable families
- Services tailored to the local community
- Evidence supporting cost-effectiveness, better identification of development concerns, increased access to early intervention, and reduced developmental vulnerability at school commencement

As outlined in the submission by the National Child and Family Hubs Network, Thriving Kids has the potential to enhance and amplify hubs by [8]:

1. Expanding the hubs network by converging funding across portfolios such as the Building Early Education Fund
2. Providing 'glue' funding for core activities of hubs such as community liaison and family outreach that is not covered by service-specific funding

Resource and expand sustained nurse home visiting for vulnerable families. Sustained nurse home visiting is a prevention and early intervention to support families with children at risk of poor developmental outcomes. It has been successfully implemented at multiple sites across Australia with a strong evidence base around supporting healthy parenting behaviours, safe home environments, improving maternal mental health, and a trend towards improved language and social-emotional child development at school age [9] [10] [11]. Piecemeal funding among other barriers has prevented systematic state or national implementation despite being an important first step in influencing the developmental trajectories of vulnerable children. Benefits spanning not only health but also education and social outcomes would likely benefit from converging funding with other government portfolios.

Recommendations

- Optimise State/Territory data collection on developmental screening practices and outcomes.

- Work with health service providers to better understand whether and how often child development screening is occurring and the key barriers and facilitators that could improve this.

- Consider leveraging the opportunity of high immunisation compliance by linking brief, structured developmental checks such as the PEDS-R with immunisation health visits. Implementation would require close collaboration and consultation with healthcare providers and communities to ensure barriers such as clinician awareness, time, funding, and language among others were addressed.

- Resource and expand existing Child and Family Hubs.

- Resource and expand sustained nurse home visiting for families experiencing vulnerability.

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

AECD data provides insights into developmental vulnerability among priority groups. Overall, about half of children in Australia commence school developmentally on track. Priority groups identified by the AECD and risk factors for developmental vulnerability include:

- First Nations children, with about one third commencing school developmentally on track [12]
- Children who are not proficient in English at school commencement. This includes children from English-speaking backgrounds and children from linguistically diverse backgrounds [13]. Importantly, children from diverse linguistic backgrounds who are proficient in English at school commencement show a slight advantage in being developmentally on track.
- Children from disadvantaged communities [13]
- Children who did not attend preschool [13]
- Children from regional, remote, and very remote communities, with developmental vulnerability rates increasing with increasing remoteness [12]
- Children from lower socioeconomic backgrounds. About six in 10 children from the highest SES quintile were developmentally on track compared with about four in 10 from the lowest SES quintile [12]. Importantly, SES also

affects the mobility of developmental trajectories, with children from high SES backgrounds commencing school developmentally vulnerable showing a tendency to catch up, unlike those developmentally vulnerable with low SES backgrounds [13]

It is important to note the historical and intergenerational effects contributing to this inequity in developmental trajectories of children, and that addressing these inequities requires a far more comprehensive approach than providing supports once developmental concerns have been identified. Rather, addressing the upstream determinants of inequity (such as historical trauma, cycles of poverty and disadvantage) to support future generations must be coupled with supports for children experiencing developmental vulnerability now. Children, families, and communities with lived experience and the organisations which represent them are best placed to develop effective strategies to address inequity and intersectional issues.

Draw on domestic and international policy experience and best practice.

Examples of best practice have been provided throughout this response.

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

The key lies in embracing a social rather than medical model of disability.

A medical model of disability conceptualises a person's deficits in relation to their ability to interact with the world around them i.e. it is a condition affecting an individual which requires medical intervention to help 'normalise' the individual's function [14].

A social model of disability conceptualises all people as having a range of diverse abilities and holds that the 'disability' is a result of challenging interactions between the individual and their environment. The social model of disability places the onus on society to address the "physical, attitudinal, communication and social barriers" so that individuals with a range of abilities can participate meaningfully [14].

Thriving Kids has the potential to shift culture and processes towards a social model of disability. This cannot be achieved through programmatic funding. It requires significant cross-portfolio collaboration and resourcing so that mainstream services such as schools and early childhood education and care facilities are adequately resourced and have the capability to support children with disability and developmental delay.

Given the relevance of supporting healthy child development to long-term health, education, and social outcomes and alignment with other efforts such as the national Early Years Strategy, Australia's Disability Strategy, the Building Early Education Fund, and the Investment Dialogue for Australia's Children there is a need for strong leadership to coordinate funding across these portfolios.

Recommendation:

- Thriving Kids embrace a social rather than medical model of disability with a view to cross-sectoral collaboration and resourcing to enhance the capability of mainstream services, enabling a seamless transition of all children with mild to moderate support needs through mainstream services.

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Appendix

Appendix 1: Priority intervention pathways during the antenatal period. An excerpt from ARACY's Better Systems, Better Chances.

Antenatal	
Protective factors • Access to medical and social care • Social connections and support • Positive health and nutrition	Risk factors • Presenting late for antenatal care • Smoking, alcohol use, substance misuse • Household stress and family violence • Parental mental health • Pre-term birth
High quality antenatal care	Antenatal services play an important role in preventative care, as well as in the early identification of vulnerability and risk and provision of timely support and referral to address additional needs. For vulnerable families, access to services, lack of optimal care, poor communication and collaboration and a lack of continuity of care are recurrent challenges (Schmied, Cooke, Gutwein, Steinlein, & Homer, 2008, p. 7)
Breastfeeding preparation	Breastfeeding protects children from a range of later problems including reducing the risk of ear (otitis media) and lung infections, asthma, obesity, diabetes, sudden infant death syndrome, dermatitis, gastrointestinal disorders (coeliac and inflammatory bowel disease) and leukaemia, and appears to have an impact on neurodevelopmental outcomes including intelligence (Barlow and Blair, 2013, p. 6:3). It helps promote bonding and attachment, while also having health benefits for mothers (NHMRC, 2012, p. 16).
Smoking cessation	Smoking during pregnancy is associated with impaired foetal growth, low birth weight and preterm birth, as well as an increased risk of miscarriage, stillbirth, neonatal death and sudden infant death syndrome (BMA, 2004).
Maternal mental health	There is some evidence to show that maternal mental ill-health during pregnancy has independent and adverse impacts on birth outcomes (Grote et al., 2010) and on continuing depression in the postnatal period (Heron et al., 2004). A British longitudinal study found that depression in pregnancy was associated with poorer infant development and later child outcomes. For instance, they found that depression during pregnancy was strongly associated with violence in adolescence, even after controlling for the family environment, the child's later exposure to maternal depression, the mother's smoking and drinking during pregnancy, and parents' antisocial behaviour (Hay, Pawlby, Waters and Sharp, 2008). There is also emerging evidence that maternal depression can impact epigenetic pathways (Gray, 2012, p. 5.3).
Maternal alcohol use	Foetal Alcohol Syndrome Disorder (FASD) is the largest cause of non-genetic, at-birth brain damage in Australia (House of Representatives, 2012, p. 1). FASD can result in a range of impairments, including learning difficulties, a reduced capacity to remember tasks from day to day, anger management and behavioural issues, impaired speech and muscle coordination, and physical abnormalities in the heart, lungs and other organs (House of Representatives, 2012, p. 1).
Infancy and early childhood	
Protective factors • Adequate birth weight • Attachment and nurturing relationship with caregivers • Material wellbeing • Adequate nutrition and breastfeeding	Risk factors • Low birth weight • Difficult temperament • Insecure attachment and harsh responses from carers • Inadequate housing

Appendix 2: Provides an overview of The Nest wellbeing areas as they apply in the early years. It outlines what thriving looks like for all children, highlights additional considerations for children experiencing developmental delay or disability, and notes examples of services that can support these areas of wellbeing.

Valued, Loved & Safe

Level	What Valued, Loved and Safe looks like in the early years	Considerations for child with a developmental delay or disability	What is available that may help...
Child	The Child... • Has safe and trusting relationships with parents and caregivers • Feels safe at home, in services, in the community, and online • Knows that educators, and other adults value and care for them	The Child... • Are there barriers to having these relationships e.g. attachment issues? • Are positive interactions limited by care needs? • Can the child communicate their emotions in an acceptable way - does this require additional support?	• Play therapy • Increased opportunities for positive interactions; e.g. playgroups, Sing and Grow, Gymabroo, library activities - story time • Library books, language development, opportunities to interact with peers
Family	The child's family... • Provides warm and responsive connection • Ensures the home environment is physically safe • Considers the child when making decisions (emotional wellbeing, physical health etc)	The Family • Are there barriers to having these relationships e.g. attachment issues? • If there are safety concerns, what are the safety concerns and how can they be addressed?	• Circle of Security program • Parenting programs and support • Family education • DV support • Disability related issues - space in toilet for toileting assistance, ramp, • Support and education on child nutrition
Community	In the child's community and wider environment... • Child and Family Services are safe and supportive, adapting their practice to support and benefit children and families. • Safe environments and spaces are available for children to attend and engage with	• What support groups and networks are available? • Does the child's disability or delay impact the accessibility to these supports? • Are there any support groups or networks that would be helpful because of the child's individual needs?	• Peer support groups • Maternal health services • Playgroups • ELCs • Disability specific groups

Healthy

Level	What Healthy looks like in the early years	Considerations for child with a developmental delay or disability	What is available that may help...
Child	The Child... • Has access to appropriate nutrition • Has a routine with regular sleep patterns • Is physically active • Has regular health checkups with medical professionals • Meets developmental milestones, and has access to appropriate support/s as needed	The child: • Are there any physical or medical limitations which may impact the child's nutritional intake? • Are there financial issues regarding appropriate nutrition? • Does child see all relevant health professionals - and if not, why not? i.e. waiting lists, transport, availability	• Feeding therapy - breast feeding advice or speech pathologist for eating, chewing, swallowing therapy • Clinic, hubs, local GP, Health services • Peer modelling in playgroups or ELCs • Specific activities e.g. climbing the slide in the playpark, singing songs, hearing stories, swimming
Family	The child's family... • Teaches and practises good hygiene habits, such as handwashing and brushing teeth • Understands the child's emotional needs and supports the child with emotional regulation and developing age-appropriate emotional skills	• Are additional supports required due to medical concerns? e.g. specific products, additional hygiene measures • Are the family able to support the child's social emotional development and regulation? Are additional supports such as parent courses required?	• Financial support for specific products • Additional training or personnel to support • Social and emotional skills groups • Parent courses • Emotional regulation tools

Participating

Level	What Participating looks like in the early years.	Additional considerations for a child with developmental delays or disability.	What is available that may help and what else can be explored
Child	The child... • Is seen as being capable of being an active participant in routines, activities and experiences • Is involved in decision-making processes, and has regular opportunities to have a say in decisions that affect them • Has access to play-based centres and natural play spaces • Regularly attends early childhood education and/or playgroup opportunities	• Is the child able to access existing community resources and events: i.e. Is the child able to use the equipment in the local playground? Is the child able to join local playgroups or other groups? • Are local groups and services inclusive in a manner appropriate for this child's needs?	• Is there additional support, staffing available to allow the child to fully participate in ELCs or playgroups or swimming lessons? • Is there an all-access playground in the neighbourhood?
Family	The child's family... • Supports participation in early childhood education activities • Advocates for the needs of the child, at their early childhood education and other settings.	• Do the family require additional support to enable the child's participation? E.g., transport considerations, physical supports, additional people	• Parent-child groups e.g. Sing & Grow • Disability support networks • Safety advice educational and play facilities
Community	In the child's community and wider environment ... • Age and developmentally appropriate playgrounds and public spaces are provided and maintained • upholding the rights of children	• Can the child join in with their peers in the same spaces?	Playgrounds Parks Local groups

Positive Sense of Identity & Culture

Level	What a Positive Sense of Identity & Culture looks like in the early years	Additional considerations for a child with developmental delay or disability	What is available that may help and what else can be explored
Child	The child... • is provided with stories, songs, materials, activities representing their heritage • is encouraged and supported to have knowledge and awareness of their identity and culture and that of others • is encouraged and supported to play with children of diverse cultural backgrounds • sees others like them	• Is the child able to access the stories, songs and cultural activities or do they require additional supports? • Does the child have peers like them i.e. do they see peers with additional needs like them e.g. wearing hearing devices, using alternative means of communication, using mobility aids etc.	• Cultural events and groups • Inclusion in mainstream services and events • Accessibility requirements
Family	The child's family... • Proudly shares their identity and cultural heritage • Encourages the child to learn and engage with cultures different to their own • Fosters a strong sense of self and cultural pride by celebrating and incorporating diverse cultures, languages, and backgrounds of others.	• Are there any cultural barriers to accepting and meeting the child's needs?	• Peer support groups • Disabliity Networks
Community	In the child's community and wider environment ... • Diversity is celebrated and seen as a strength	• Accessibility	As above

Material Basics

Level	What Material Basics looks like in the early years	Additional considerations for a child with developmental delay or disability	What is available that may help and what else can be explored
Child	The child ... • Has adequate food, nutrition and appropriate clothing • Has safe and stable housing, has bed/clothes/nappies/ • Has food/water/milk • Has toys and books • Has a safe place to live	Does the child have any dietary, supplements, medications, medical aids needed due to their additional needs? Does the child require any specialised clothing, continence aids or bedding? Does the child have any assistive technology or mobility aids required for daily life?	Health Services Parent Child health clinics Disability services
Family	• Family has stable housing • The family home is safe and has adequate heating/cooling • Family has adequate, secure income for their needs • Transport • Access to culturally appropriate food	Does the child's need for additional or adapted supports (e.g., supplements, medications, assistive technologies etc) create financial pressures for the family? Are the family able to access travel with the child without additional support or modifications?	What funding is available to support these needs, e.g. there are power supplements for people using life supports, and cpap at home; Centrelink benefits; one off funding?
Community	• Natural spaces are safe and accessible • The neighbourhood is safe • There are transport options • There are facilities for shopping and health services		Services which rent or loan additional supports e.g. mobility, toileting, communication aids

Learning

Level	What learning looks like in the early years	Additional considerations for a child with developmental delay or disability	What is available that may help and what else can be explored
Child	• The child attends ECEC, playgroups or other activities • The child has access to a variety of learning opportunities • The child has access to a variety of educational toys, materials, books • The child enjoys learning	• Does the child need any specific supports or personnel to allow them to access the available education.	• Communication supports • Existing groups and ECEC services
Family	• Creates positive relationships with others in a child's life (e.g. ECEC Educators and Child and Family Practitioners) • The family values formal and informal learning experiences	• Are the family able to support the child's learning? Do they require anything to assist them?	• Parent support programs such as The Hanen program for communication needs
Community	• Parents are valued as the first teachers and encouraged to participate in educational events • Educational needs of all children are provided for.	• What is required for the child to access learning on the same basis as their peers? – Modifications, physical and technological supports • Personnel	• Inclusion funding • Community grants and supports • educational services including playgroups, community centres, libraries, pre-schools and childcare facilities.

Appendix 3: Thriving Kids Core Elements

This figure illustrates the three core elements proposed to underpin Thriving Kids as a system-level reform. These elements provide a clear, simple frame for how Australia can create an equitable developmental system in which all children can thrive:

- Mainstream uplift in health and education – proportionate universalism as the basis of "seek and respond" services.
- Local solutions with national guardrails – ensuring place-based approaches, such as Child and Family Hubs, are supported within a consistent national framework.
- Enabling parents to understand and act – providing parents and carers with the knowledge, tools, and supports to recognise milestones and engage in best practice early intervention.

Together, these elements align with ARACY's recommendations and The Nest wellbeing framework, offering a practical pathway for Thriving Kids to deliver equitable outcomes across systems.