

Submission to the Inquiry into the Thriving Kids initiative



Thriving Kids – the opportunity for equitable and inclusive systems for Australian children and families. Submission to the Inquiry into the Thriving Kids initiative.

Prepared by the Centre for Community Child Health – a research group of the Murdoch Children’s Research Institute.

Suggested citation

Murdoch Children’s Research Institute (2025). Thriving Kids – the opportunity for equitable, inclusive supports for children and families. Submission to the Inquiry into the Thriving Kids initiative.
<https://doi.org/10.25374/MCRI.30463436>

The writing team acknowledges the valuable commentaries by the following expert reviewers; Professor Bruce Bonyhady (Executive Chair and Director, Melbourne Disability Institute, The University of Melbourne) and Professor Christine Imms (Director, Health Trajectories Child and Youth Disability Research Hub, The University of Melbourne).

This work is copyright. To request permission to reproduce any part of this material please contact the Centre for Community Child Health.

The Centre for Community Child Health is a department of The Royal Children’s Hospital and a research group of the Murdoch Children’s Research Institute.

Centre for Community Child Health

The Royal Children’s Hospital Melbourne

50 Flemington Road, Parkville

Victoria 3052 Australia

Telephone: +61 9345 6150

Email: enquiries.ccch@rch.org.au

www.ccch.org.au

Executive Summary	3
Uplift of mainstream health and education systems	3
Empowered families	3
Local solutions with national guardrails	3
Thriving Kids – a national opportunity to realise equitable, inclusive developmental systems for all Australian children and families.....	5
Thriving Kids core elements	6
Uplift of mainstream health and education systems	7
Empowered families	7
Local solutions with national guardrails	7
Critical system design principles that should underpin Thriving Kids	8
About the Centre for Community Child Health	9
Response to Inquiry Terms of Reference.....	10
1: Examine evidence-based information and resources that could assist parents to identify if their child has mild to moderate development delay and support parents to provide support to these children.....	10
2. 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.....	13
3: Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse.	17
4: Identify gaps in workforce support and training required to deliver Thriving Kids.	18
5: Draw on domestic and international policy experience and best practice.	20
6: Identify mechanisms that would allow a seamless transition through mainstream systems for all children with mild to moderate support needs.....	23
Conclusion.....	25
References.....	27

Executive Summary

Murdoch Children's Research Institute and the Centre for Community Child Health, welcomes the Inquiry into Thriving Kids. Thriving Kids is a once-in-a-generation opportunity to build equitable, inclusive systems that support the development and wellbeing of all Australian children. With 12.5% of children starting school developmentally vulnerable, bold, system-wide reform must underpin Thriving Kids. **Our submission proposes three core elements to guide the Thriving Kids system:**



Uplift of mainstream health and education

Proportionate universalism as the basis of "seek and respond" systems



Empowered families

Helping parents/carers to understand and act on best practice early intervention



Local solutions with national guardrails

Tiered, integrated supports with Child and Family Hubs as the potential to meet local need

Uplift of mainstream health and education systems

Universal platforms, such as maternal and child health services, primary care, early childhood education and care (ECEC), and schools, must be enabled to both identify and respond to developmental needs early.

Empowered families

Parents are central to identifying and supporting their child's development. Thriving Kids must ensure families have access to inclusive, evidence-based supports and are empowered to use and act on information, resources and supports in response to their child's developmental needs.

Local solutions with national guardrails

Thriving Kids must empower communities to design tailored responses, supported by national guardrails that ensure consistency, quality, tiered and integrated pathways of services and supports, and accountability.

The table below provides a summary of the recommendations that can deliver on the three core elements as they relate to each of the Inquiry's Term of Reference.

Terms of Reference	Uplift of health & education Systems	Empowered families	Local solutions with national guardrails
1. Evidence-based resources for parents	National framework for developmental checks embedded in universal systems; workforce capability uplift across health and education to guide and support families.	Co-designed, evidence-based resources and tools (including digital supports); structured parenting programs that empower families; navigation supports (in-person and digital).	Co-designed resources delivered via Child and Family Hubs nationally; tailored, co-designed supports for families including priority populations.
2. Effectiveness of current programs and mainstream engagement	Uplift of health (including child and family health services), ECEC, and schools underpinned by proportionate (tiered) approaches responsive to level of need.	Accessible and localised parent support programs and peer networks; early intervention supports for families while waiting for services and supports.	Tiered, integrated assessment and supports via Child and Family Hubs; underpinned by local referral pathways and 'the glue' needed to develop within and between service integration.
3. Equity and intersectionality (<i>First Nations, culturally and linguistically diverse</i>)	Culturally safe child development tools, such as ASQ-TRAK; universal and tiered systems that reach priority populations and respond to equity.	Co-designed supports with families; bicultural workers; child and family centred practice.	First Nations-led Child and Family Hubs; place-based approaches that respond to needs of communities; Data systems to monitor equity.
4. Workforce support and training	Capability uplift across health and education; training in early identification and family-centred practice; support for relational practice.	Building on existing, evidence-based initiatives that support the workforce to enable families.	Integrated, tiered multi-disciplinary workforce models across health, education and early intervention supports; funding for "the glue" to support integration.
5. Domestic and international best practice	Implementing the National Best Practice Framework for Early Childhood Intervention as the basis for Thriving Kids.	Building on existing, evidence-based initiatives that enable and empower families.	Integrated, multi-disciplinary approaches delivered within Child and Family Hubs; GenV as national evaluation platform.
6. Seamless transitions through mainstream systems	Seek and respond models delivered via proportionate universal health and education; Nationally consistent structure of child development checks underpinned by local supports; workforce capability and capacity uplift.	Digital parent microlearning platforms and navigation supports that enable and support parents to identify child development needs, navigate pathways and support their child with developmental concerns.	Child and Family Hubs provide tiered, integrated approaches to assessment and support; Localised solutions with national guardrails for planning, commissioning, implementation and evaluation; Data systems to monitor for quality, impact, outcomes and equity.

Thriving Kids – a national opportunity to realise equitable, inclusive developmental systems for all Australian children and families.

In Australia, we want every child to thrive. Children thrive when families are well supported. Our current systems are failing too many children and their families. The 2024 Australian Early Development Census (AEDC) shows 12.5% of children start school developmentally vulnerable in two or more key developmental domains, the highest rate since 2009,ⁱ when the Census was introduced. In 2024, developmental vulnerability increased across all communities, but is concentrated in disadvantaged communities, where 1 in 5 children are developmentally vulnerable on two or more key developmental domains compared to 1 in 13 in the least disadvantaged areas (Figure 1).ⁱ These gaps have persisted for over 15 years.

Systemic and structural inequities disproportionately disadvantage children living in regional, rural and remote areas, First Nations children and families, and children and families from migrant and refugee backgrounds, placing them at greater risk of developmental vulnerability.

Teachers are also raising concerns: In 2024, 23.6% of children starting school were identified by teachers for further support with emerging special health-care needs (SHCN) due to medical, physical, behavioural, emotional, or cognitive concerns. This has risen from 18% in 2009 meaning more children now need further support.ⁱⁱ Emerging SHCN increased across all communities, but exists along a social gradient, with prevalence greater for children living in the most disadvantaged communities (Figure 2).ⁱⁱ

Thriving Kids is a once-in-a-generation opportunity to reverse these trends. It offers bold, system-wide reform to improve child wellbeing, reduce inequities, and lift Australia's child wellbeing global ranking (currently 35th of 38).ⁱⁱⁱ This reform aligns with major national initiatives—universal ECEC, the Building Early Education Fund, Closing the Gap, and place-based programs—underpinned by frameworks like the [National Best Practice Framework for Early Childhood Intervention](#),^{iv v vi} the Early Years Strategy and the yet to be released National Standards for Foundational Supports. Thriving Kids converges these policies and investments needed to deliver lasting change for children and families.

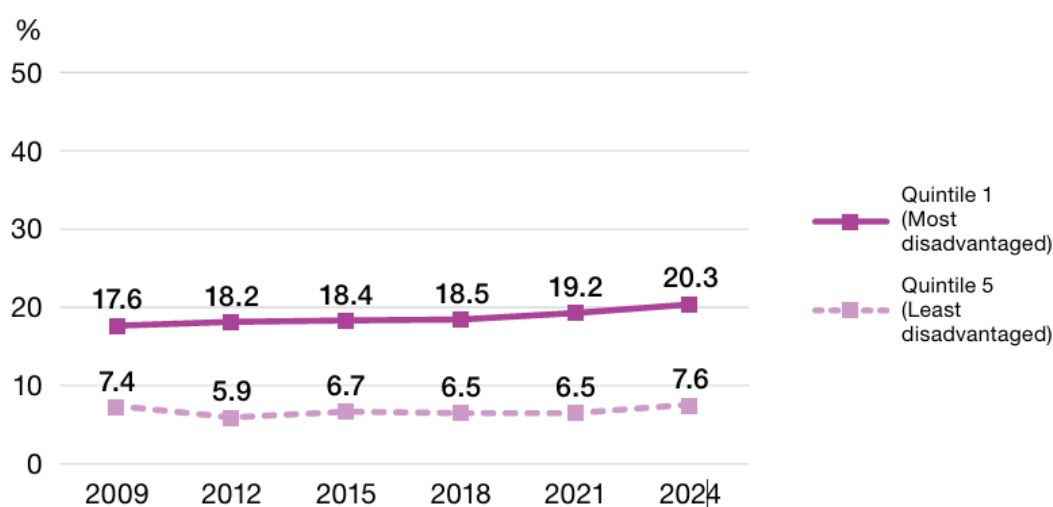


Figure 1: Proportion of children vulnerable on two or more developmental domains 2009-2024 (Source: AEDC National Report 2024 Early childhood development in Australia)

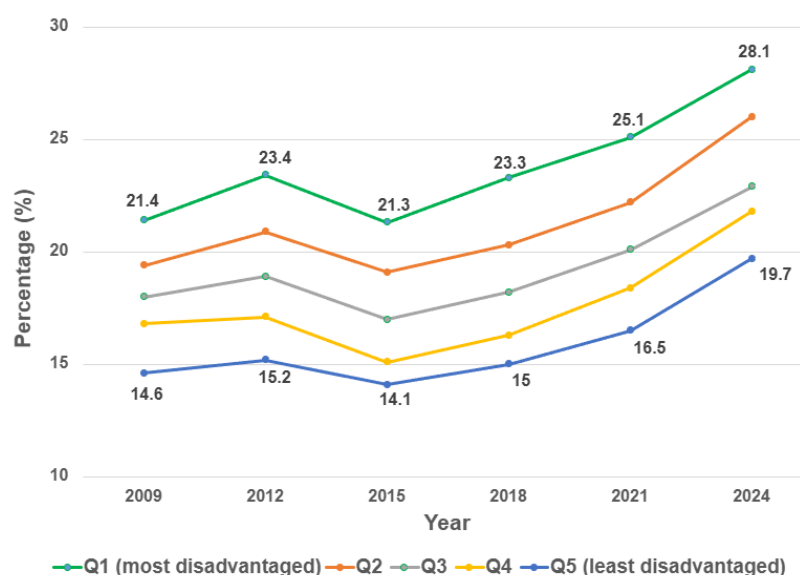


Figure 2: Prevalence of teacher-reported emerging special health-care needs (SHCN) within each level of SEIFA.

Thriving Kids core elements

It is not possible to address the needs of 12.5% of the population through incremental or marginal changes - there are simply too many children and families. Thriving Kids must be a system-level response that delivers on the principles of equity and inclusiveness. We suggest Thriving Kids be centred around three core elements all designed to make better use of the existing service systems:



Figure 3: Three core elements of Thriving Kids to deliver on equity and inclusion for children’s health, development and wellbeing.

Uplift of mainstream health and education systems

Strengthen universal systems to meet children's developmental needs by embedding proportionate responses in everyday settings. Universal systems, such as antenatal care, child and family health (e.g. maternal and child health nurses), primary care, early childhood education and care and schools are central to this approach (see Figure 4).^{vii} Proportionate universalism emphasises that improving health for all requires universal action, but with intensity scaled according to levels of disadvantage (adversity). This tiered model integrates evidence-based approaches to identify and respond to families' needs, balancing universal access with targeted support within the same service.^{viii} This shifts services from a “seek and refer” approach to “seek and respond,” maximising the impact of existing services rather than creating new ones.

Empowered families

Parents and carers play a vital role in identifying and supporting their child's development. Thriving Kids should ensure parents have universal, inclusive, and responsive supports to understand child development, strengthen parenting skills, as well as skills in how to optimise their child's development, navigate services, and build social and community connections. Providing multiple offerings such as evidence-based advice and information, digital navigation supports, playgroups, structured family programs, and peer support networks, ensures parents can access a range of supports that meet their needs. Services must be equipped to provide these offerings and respond to parent concerns with timely, evidence-based, family-centred approaches that deliver safe, seamless, and inclusive support. The National Best Practice Framework for Early Childhood Intervention provides information and resources to support understanding about what best practice in early childhood intervention looks like – and what it does not – and can be used by parents, practitioners, services and policy makers to guide decision making.

Local solutions with national guardrails

The local contexts in which children and families live, learn and grow matter to children's outcomes. Place-based, local approaches empower communities and services to design responses that reflect the needs of children and families.^{ix} This is critical in the early years, where environments shape lifelong outcomes. Place-based approaches ensure equity, foster belonging, and can uncover local opportunities and solutions.

Thriving Kids can provide a national framework with clear guardrails to ensure local solutions meet the needs of children and families. National mechanisms—planning, commissioning, implementation, and evaluating evidence-based, place-based approaches—enable local innovation while maintaining consistency. Children and families do not want a postcode lottery.

These mechanisms should include:

- Leverage the national network of 470+ Child and Family Hubs as key local delivery points for Thriving Kids. Hubs provide equitable access to health, education, and social services, offer parent supports, and foster community connections – whilst also connecting families to specialist Early Childhood Intervention programs and services. Hubs adapt to local needs while sharing a common goal: delivering high-quality, tiered, integrated care for children and families.
- Funding for partnership and integration (“the glue”) for commissioners and providers
- Robust data and monitoring to guide design, delivery, improvement, monitoring and evaluation

Thriving Kids does not need to start from scratch but can build on and strengthen on what exists such as the National Standards for Foundational Supports for children 0–8 years (to be released) could form the starting point for building this framework.

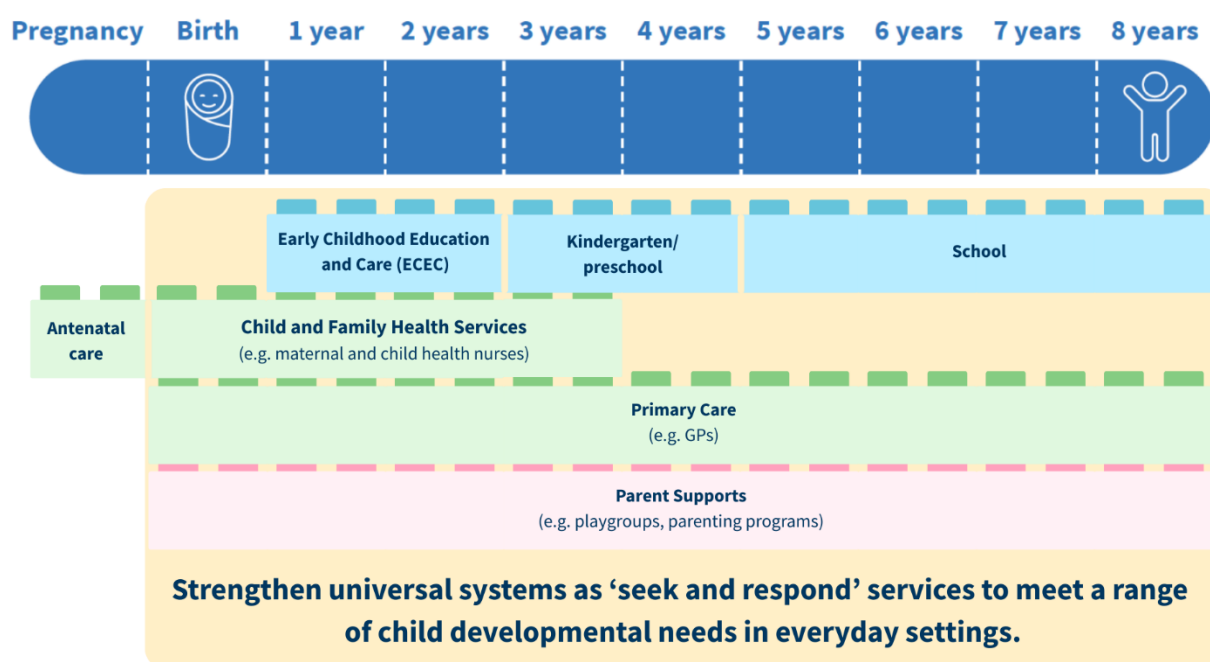


Figure 4: Universal systems requiring uplift across health and education, so they are inclusive, culturally safe and responsive.

Critical system design principles that should underpin Thriving Kids

Any system that aspires for all children to thrive **MUST** be built with equity design principles from the start with co-design and co-development at its core.

We propose five principles to guide this reform:

Equity and inclusiveness: Thriving Kids is the opportunity to ensure a fair and inclusive system that supports every child's health, development and wellbeing and that of their family.

Identify social determinants and adversity: Thriving Kids can shine a light on the social and physical environments essential for young children's optimal development, such as housing, financial security and social supports.^x Thriving Kids can work together with other government policies and services, such as housing and social supports, to ensure children and families have the conditions they need for well-being and development.

Prioritise evidence-based, prevention and early intervention: This ensures that children and families have timely access to high-quality, evidence-based supports, across a range of systems, that are demonstrated to lead to improvements in children's development and wellbeing now and into the future.

Child and family-centred design: Amplifying the voices of children and families mean that families are genuine partners in designing, building and improving the system that affect their children.

Underpinned by data and evidence: Timely access to quality, meaningful data is critical for ensuring the system can respond effectively to the needs of children and families.

About the Centre for Community Child Health

As part of Murdoch Children's Research Institute and The Royal Children's Hospital, the Centre for Community Child Health (CCCH) has pioneered developmental outpatient clinics, led the universal Victorian Infant Hearing Screening Program, and trained generations of paediatricians to address behavioural and developmental needs. For over 30 years, [CCCH](#) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing within a generation. Our research has shaped national understanding of child inequities and informed more equitable health service design. Drawing on this deep evidence base and proven programs, we present evidence-based, best-practice solutions for what might be possible in delivering on Thriving Kids in Australia.

Response to Inquiry Terms of Reference

Our response to the Inquiry's Terms of Reference provides initial insights, grounded in evidence and aligned with the three Thriving Kids core elements we propose – uplift of mainstream health and education systems, empowered families and localised solutions that operate within national guardrails. Table 1 in the Executive Summary provides an overview of how the solutions we propose respond to the Terms of Reference and the core elements.

A note on the Terms of Reference - The terms 'mild to moderate' are problematic. We would suggest 'all children with developmental concerns, delay and disability'. There is rarely agreement about what they mean, children have varying developmental profiles across domains, and families find the descriptor 'mild to moderate' dismissive of their concerns and challenges. Children and families have varying levels of need for support – and are best supported in a system that provides a continuum of support in everyday settings. Some children will have access to the NDIS, but the role of NDIS supports – as well as that of Thriving Kids – should be to work in everyday settings, with families and providers, to make settings inclusive and supportive of children's functioning, participation and wellbeing.

We also recommend:

- a more detailed review and mapping of best practices, both nationally and internationally, be undertaken for each Term of Reference. This would support more comprehensive, evidence-informed recommendations to guide the future direction of Thriving Kids.
- That the Standing Committee convene a forum to bring together existing, but separate, national expert advisory groups with significant experience in child development. These groups have contributed to national frameworks and measures that can deliver for Thriving Kids, including the Thriving Kids Expert Advisory Group, NDIA Child Expert Advisory Group, Preschool Outcomes Measures Advisory Group, and place-based initiatives such as Stronger Places, Stronger People and Connected Beginnings.

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

EMPOWERING PARENTS TO UNDERSTAND DEVELOPMENTAL TRAJECTORIES, BE RESPONSIVE TO OPPORTUNITIES TO SUPPORT DEVELOPMENT AND TO ACCESS EVIDENCE-BASED, BEST-PRACTICE EARLY INTERVENTION.

A range of evidence-based resources and tools that are authentically co-designed with families are critical to supporting parents to understand child development and identify concerns early. Doing so ensures resources and tools are culturally safe, respond to culturally and linguistically diverse needs and are accessible in a variety of ways to ensure equity of access. Evidence-based developmental check tools, that incorporate parent feedback on their child's development, such as PEDS, ASQ and ASQ-TRAK, should form part of comprehensive approach to empowering parents (see Terms of Reference 2 for more information).

Digital tools and supports available at the right time are one-way families can understand child development and respond early from within their homes.

Parents tell us they want to access this information first before they seek actual services.^{xi} Therefore evidence-based, co-designed digital resources provide accessible, inclusive, low-stigma support options for parents. These are especially powerful when designed with an equity lens e.g. accessible using low or no digital data, translated into other languages and/or utilise mainly visual communication. Digital offerings will not be accessible to all families and mechanisms must exist that support the scaling of digital resources in other ways to ensure equitable access.



The Raising Children Network ([RCN](#)) is Australia's trusted, government-funded parenting platform, demonstrating the impact of digital health innovation at scale. In 2024, RCN recorded 37.5 million page views, the Raising Healthy Minds app reached 35,000 families, and 300+ content assets were licensed to Australian states and territories to deliver evidence-based information directly to families.

RCN has a proven record of delivering inclusive resources. Previously funded by the NDIA, RCN developed neuro-affirming, strengths-based content co-designed with autistic people and parents with lived experience. We have also worked alongside leading community organisations and First Nations groups to adapt and translate resources for cultural relevance, ensuring they resonate deeply with diverse families.

Building on this foundation, RCN is a supporting partner in the MCRI led parent microlearning platform initiative. The platform is focussed on equipping parents concerned about their child's development with practical, evidence-based strategies they can use immediately, while waiting to access formal supports.

**Refer to the submission from the Raising Children Network for more information.*



Co-designed with children and families, [Child and Family e-Hubs](#), offer tiered digital support—self-service, chatbot, and human assistance—linked to local physical Child and Family Hubs for integrated care. Pilots show strong engagement from families experiencing unmet health and social need and high levels of satisfaction in information and resources provided, highlighting the opportunity for national scale-up.^{xii} This builds on current national web sites, such as RCN, but offers a local “front end” solution to engage families with a national “back end” IT solution for efficiency.

Workforce capability uplift

Alongside accessible, evidence-based resources and tools, across health, ECEC, and schools remains essential to guide families to evidence-based information and help.

See Terms of Reference 4 for more information.

EMPOWERING PARENTS TO SUPPORT THEIR CHILDREN WHILE THEY WAIT TO RECEIVE CARE AND SUPPORT

Long waits for developmental support risk widening gaps and increasing stress for families. Thriving Kids can bridge this gap by empowering parents to understand and act as part of an early intervention response. Providing multiple delivery modes in multiple settings enables parents to receive support that best meets their needs. Evidence-based interventions include:

Parenting Programs

Evidence-based parenting programs such as structured group-based programs effectively support parents to effectively address behavioural challenges, when delivered with fidelity.^{xiii} However, current delivery across Australia is inconsistent, often due to programs not matched to local needs, funding constraints limiting reach and/or effective delivery, and ongoing workforce recruitment and retention challenges. [Restacking the Odds](#) has shown that enhancing participation and ensuring sufficient quality and access are essential for parenting programs to deliver benefit for parents who need them most. Yet to be published research has also identified common components that underpin effective parenting programs. We look forward to sharing these insights when published, to inform national uplift of parenting supports within existing Government investment.

Digital Microlearning Platform

A national parent-focused microlearning platform could be developed to offer short, evidence-based content (videos, infographics, podcasts) tailored to developmental stages, to support parents to optimise their child's development. Co-designed with families and clinicians, a microlearning platform would be scalable, culturally inclusive, cost effective and integrated with existing resources like RCN and e-Hubs. Digital delivery ensures equity for rural, remote, and low-income families who cannot afford out of pocket expenses associated with care; however, will need adaptation to ensure reach to families who are not digitally connected.

Microlearning has the potential to improve parental knowledge and confidence, child outcomes, and reduce service demand. Development of this platform is currently subject to a MRFF application, and we welcome further discussions regarding its development.

2. 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.

UPLIFT OF HEALTH AND EDUCATION AS THE UNIVERSAL BACKBONE FOR IDENTIFYING AND SUPPORTING CHILDREN AND FAMILIES

The mechanisms to enable the identification of children with developmental delay, autism or both and support them and their families – ensuring uplift of health and education systems should include:

Nationally consistent structure for child development checks utilising universal systems

Australia lacks a consistent national framework for regular child development checks across universal platforms such as health, primary care, ECEC, and education. The best way to establish a comprehensive, effective and timely national approach is to include multiple opportunities for developmental checks before and after age three, and mechanisms to respond to parent concerns at any stage. It must also utilise all existing universal platforms and not be restricted to GPs only.

A national approach to child development checks must be supported by strong, localised referral pathways. Without these, families risk being left to navigate fragmented systems and long waitlists. Local pathways should connect children and families to both developmental and social supports—such as housing, food security, and family violence services—ensuring a holistic, family-centred response to early intervention. National guardrails below support implementation of a nationally consistent structure for child development checks:

- **Building on the National Framework for Universal Child and Family Health Services (2011),^{xiv}** establish a nationally consistent framework for developmental checks from birth to school entry, delivered through universal platforms (e.g. child and family health nurses, GPs, primary care nurses, ECEC educators), aligned with professional competencies.
- As per the recently released National Guidelines^{xv} **ensure checks appropriately elicit parent concerns and provide an opportunity to assess and respond to the social determinants of health** – such as parental mental health, financial stress, housing and food insecurity – which directly impact child development and wellbeing. The WE CARE tool (Boston primary care) provides a proven way to do this and has been shown to be feasible in Australian settings including via allied health.^{xvi}
- **Prioritise the Australian Digital Health Agency initiative to update the Child Development section in the My Health Record.** This would include developmental screening tools and supports and enables families and health service providers to access and collaborate on identifying solutions where they are needed. This work would involve the implementation of standardised, electronic screening tools linked to local data systems to support population-level surveillance and resource targeting.
- **Expand use of parent-completed tools** like PEDS-R® to support early identification, recognising parents as key informants in relation their child's development.
- **Integrate culturally safe tools** such as ASQ-TRAK2 to meet the needs of Aboriginal and Torres Strait Islander families and communities (see response to Terms of Reference 3).

- **Build capacity across universal health and education services**, to ensure services are high-quality, have appropriate resources and workforce responses to enable ready identification of support needs and appropriate time and skills to engage with children, families and local service providers. There is potential for harm, without such responses in place. The [Preschool Outcomes Measure](#) is new national formative assessment tool that has the potential to build educator and teacher capacity to assess children's developmental progress and respond. The Preschool Outcomes Measure is being developed by Australian Council for Education Research in partnership with Ninti One and is a joint initiative of the Australian and state and territory governments.

Implementing and building on the National Best Practice Framework for Early Childhood Intervention as the basis for delivering on Thriving Kids

The just released [National Best Practice Framework for Early Childhood Intervention](#) provides a unified, evidence-informed approach to supporting children aged 0–9 with developmental delay or concerns. It outlines a nationally consistent vision, principles, and practices that prioritise family-centred, culturally safe, and strengths-based support delivered in everyday settings. By embedding early childhood intervention within universal and tiered services, such as maternal and child health, ECEC, and schools, the Framework enables inclusive, coordinated care that builds family capability and promotes meaningful participation. It offers practical tools for practitioners, families, and policymakers, to ensure all children can thrive.

The National Best Practice Framework for Early Childhood Intervention and its resources provide detailed information about what best practice is, the universal principles and key practices that support implementation of best practice, and guidance on relevant outcomes and how to measure them. Families want to know that they are receiving best practice and practitioners want to deliver it. Guided by the Framework, Thriving Kids is the opportunity to design systems that enable rather than constrain or divert practices from what is best.

As part of the review of best practice in ECI, practice frameworks from the US, UK, Europe, New Zealand and Australia were reviewed. Promising frameworks include Europe's Eurlayd framework, being implemented in Portugal, underpinned by a legal framework that requires health, education and social services sectors to collaborate on the delivery of best practice for young children with developmental concerns, delay or disability and their families.

**Refer to the submission from the Consortium that delivered the new National Best Practice Framework for Early Childhood Intervention for more information.*

Child and Family Health Services as an example on delivering on equity and inclusion

The strengthening of universal systems to meet children's developmental needs by embedding proportionate responses in everyday settings, is critical to delivering equitable outcomes and responding to intersectionality that children and families experience. Proportionate universalism ensures all families receive support through health and education platforms, with additional help scaled to need.^{xvii}

"To reduce the steepness of the social gradient in health [inequalities], actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism."^{xviii}

This shifts services from a "seek and refer" model to "seek and respond," integrating evidence-based, tiered practices that build on family strengths and deliver both universal access and tailored support within the same service.

Universal Child and Family Health (CFH) services across Australia (also known as Child and Maternal Health) are an opportunity for Thriving Kids to deliver on equity. Existing CFH services provide free, high quality, non-stigmatising child health care from birth to school entry. CFH services are an opportunity for proportionate universal approaches by integrating tiered, evidence-based supports that build on family strengths, during a child's first five years of life (see Figure 5).

CFH services are equipped to address child health and developmental concerns, reducing unnecessary referrals to overburdened services, and ensuring timely care – articulating the importance of seek and respond models, away from the current seek and refer approach of the current service system.^{xix} However, a considerable uplift in family attendance at these services is required to make them truly universal.

Proportionate CFH service models have also been adopted to support First Nations families and children and families from culturally and linguistically diverse backgrounds. With child and family health services often the only services accessible and appropriate to many families who identify as culturally and linguistically diverse, Thriving Kids solution must be broader than primary care.

Maternal Early Childhood Sustained Nurse Home Visiting (MECSH) is a proven prevention and early intervention approach to improving child development outcomes and parental wellbeing, as well as reducing inequities. As part of a tiered response, sustained nursing support is provided to families experience multiple adversities from pregnancy onwards in their homes. The Australian-developed MECSH program is currently being rolled out in Queensland in 2024-2028 and has the potential for national scale.

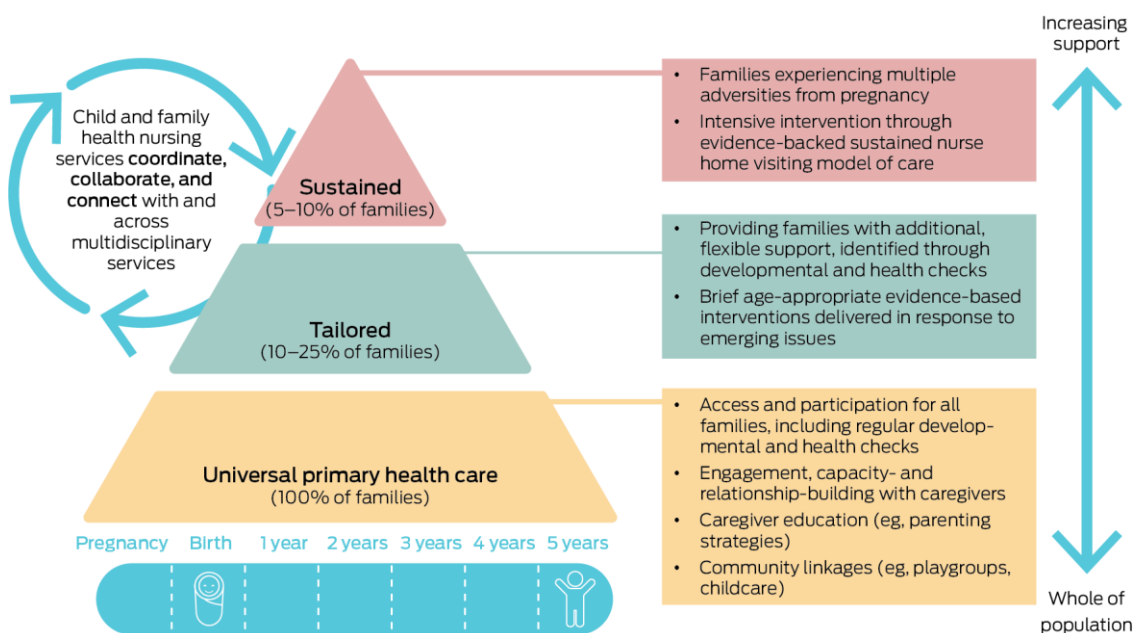


Figure 5: Illustration of how proportionate universalism can be effectively embedded within existing CFH services (Source: Price, A.M.H., O'Connor, E. and Goldfeld, S.R. (2025), The importance of universal child and family health services for equitable early development. Med J Aust. <https://doi.org/10.5694/mja2.70067>)

Building school capacity and capability for early identification as part uplift of universal education services

Australian primary schools are well-placed to respond to children's developmental needs given the time children attend school. Yet, with 12.5% of children starting school developmentally vulnerable, schools require support to deliver a 'seek and respond' approach to child development.

Two programs that demonstrate potential are:

Mental Health in Primary Schools (MHIPS) is designed to enable schools to identify and respond to emerging mental health and wellbeing concerns in primary school students, before problems become entrenched. A Mental Health and Wellbeing Leader (MHWL) receives comprehensive professional learning to enable a whole-school approach to student mental health and wellbeing. Evaluation results show that MHIPS leads to:

- increased educator knowledge, skills and confidence to support student mental health and wellbeing
- better care pathways, including between schools and community-based services
- reduced stigma around mental health and increased family mental health literacy
- improved student mental health and wellbeing, including enhanced emotional literacy and stronger school connectedness.

Getting it Right from the Start aims to support the 7.7% of children starting school developmentally vulnerable and the 10.6% at risk of vulnerability in the language and cognitive developmental domain of the AEDC.^{xx} Using Response to Intervention (RTI) framework, Getting it Right from the Start enables teachers to quickly identify children who are having difficulties and provide targeted, evidence-based support.^{xxi} Using proportionate universal approach, this initiative provides access to high-quality classroom instruction and intensive intervention for students identified 'at-risk' i.e. intensity is proportional to the needs of individual students. Trial results will be released over the next few months.

Child and Family Hubs – the opportunity for integrated universal and tiered supports responsive to local need

Australia's network of over 470 Child and Family Hubs offers an opportunity to deliver on Thriving Kids via integration of universal and tiered services and supports in environments where children live, learn and play.

Australian evidence shows that Hubs enable earlier identification of developmental vulnerability and social determinants of health; increase service uptake; and improved coordination of supports, leading to better child health and development outcomes. Hubs are well positioned to:

- Empower families with evidence-based resources and community connections such as playgroups and parenting programs;
- Seamlessly integrate universal services, such as child and family health services, ECEC and schools with tiered supports such as parenting groups, community-based and specialist early childhood intervention supports (including ECI key worker models); and
- Enhance access for families facing intersecting challenges—such as socioeconomic disadvantage, cultural or linguistic diversity, disability, and geographic isolation—by addressing systemic barriers and promoting inclusive service delivery.

The National Best Practice Framework for Early Childhood Intervention (pg 24) describes the universal, tiered and specialist responses to support children's development. These include universal health and education; tiered supports; integrated services that respond to local need; and specialist supports. With these supports provided within existing Child and Family Hubs, Hubs can provide a 'seek and respond' approach to Thriving Kids.

**Refer to the National Child and Family Hubs Network submission for more information.*

**Refer to Early Childhood Intervention Best Practice Network for more detailed information on Early Childhood Intervention Key Worker model.*

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

**Refer to our response to Terms of Reference 2, outlining the opportunity for Thriving Kids to deliver on equity and intersectionality via the uplift of mainstream services based on proportionate universalism.*

ENABLING SERVICES AND SYSTEMS TO RESPOND TO THE NEEDS OF CULTURALLY AND LINGUISTICALLY DIVERSE CHILDREN AND FAMILIES

Children and families from culturally and linguistically diverse backgrounds often miss out on early identification and support. This is due to current services and supports not designed or delivered for culturally safety or inclusiveness or parents not knowing where to get help or facing stigma in asking for help. This contributes to reduced opportunities for children to reach their potential and inequities in children's outcomes.

To ensure services meet the needs of children and families from culturally and linguistically diverse backgrounds, Thriving Kids should build on key system design principles, including being community-led and co-designed; strengthening of links between migrant and refugee services and universal child health and education services; investing in bicultural workers and trauma-informed, culturally appropriate practice; ensuring access to interpreters and improving data collection to monitor service accessibility, quality, participation and outcomes:^{xxii}

As mentioned in Terms of Reference 2, Child and Family Health Services (including maternal and child health) and integrated Child and Family Hubs, are well positioned to respond to the needs of culturally and linguistically diverse children and families. Initiatives such as [Restacking the Odds](#) provide the data platforms and support needed to track service access, quality and participation and identify improvements, while and cohort initiatives such as [GenV](#) can evaluate the impact on Thriving Kids on child development outcomes, including children and families from culturally and linguistically diverse backgrounds.

IMPROVING ACCESS TO CULTURALLY SAFE AND APPROPRIATE CHILD DEVELOPMENT CHECKS AND SUPPORTS FOR FIRST NATIONS CHILDREN AND FAMILIES

[ASQ-TRAK](#) is the only culturally adapted developmental screening tool designed specifically for Aboriginal and Torres Strait Islander children aged 2 months to 5.5 years. Co-designed with First Nations communities, it offers a strengths-based, family-centred approach that actively involves caregivers, supporting both early identification and caregiver confidence. ASQ-TRAK enables timely, equitable access to early intervention and is ready for national scale, with training and implementation supports in place. Broader adoption across early childhood services presents a key opportunity for Thriving Kids to embed culturally safe developmental care into universal platforms and support First Nations children to thrive.

Ongoing and increased support for First Nations led place-based initiatives such as Connected Beginnings and Aboriginal Community Controlled Organisations (ACCOs) Child and Family Hubs should form part of comprehensive Thriving Kids. These initiatives are demonstrating impact via inclusive, holistic, and culturally responsive models. Aboriginal and Torres Strait Islander integrated early years centres, embody these principles by serving as culturally safe community hubs which support early identification and improve access to both universal services and tiered interventions.

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

To achieve the three core elements of Thriving Kids, building workforce capability and capacity of all professionals engaging with children and families as part of the Thriving Kids system is critical.

BUILDING CAPABILITY OF THE THRIVING KIDS WORKFORCE

Professionals across health, education, and ECEC sectors report a strong need to build knowledge in child development, behaviour, and wellbeing—particularly around autism, ADHD, intellectual disability, and mental health to better support children and families.^{xxiii} There is a clear demand for training that enables early identification of developmental concerns and training offerings that help families navigate complex service systems. Training gaps include relational practice, applying evidence-based practices, and incorporating children's voices in care.

To better support the workforce, workforce capability building (including training) needs to be flexible, affordable, and easy to access. Workforce capability building should also be tailored to real-world challenges, including how to support children with developmental concerns and how to work with families experiencing adversity who are also likely to be disengaged from the services that seek to support them. This includes training and mentoring in family relational practice, inclusive approaches, and multidisciplinary teamwork. Professionals want practical tools and pathways to help families understand when their child might need support, where to go, and what to do next while they wait for specialist care.

Allied health professionals who have largely worked clinically since the introduction of the NDIS will also need considerable professional development to equip them with the knowledge and skills to deliver practices in line with the new National Framework for Best Practice Early Childhood Intervention.

BUILDING CAPACITY OF THE THRIVING KIDS WORKFORCE

Helping the workforce, by creating services and work environments where people can try out new ideas, learn new skills, and see what works will be key to Thriving Kids. The Centre for Research Excellence in Childhood Adversity and Mental Health demonstrated that education and training alone does not lead to sustained practice change.^{xxiv}

Initiatives must address the barriers and enablers to workforce capacity, support innovation tailored to local needs and build on existing workforce motivation and skills. Effective initiatives have shown to deliver multiple benefits including: increased practitioner confidence in relation to managing child development and mental health, reduced burnout, improved access to specialist support, and reduced reliance on waitlists. They also enable practitioners to work at the top of their scope and expand access to care for families facing systemic barriers.

One of the benefits of leveraging local solutions and national guardrails is that it will generate significant opportunities for highly effective communities of practice. With addition of highly effective data collections there will then be 'natural experiments' which will allow lessons to be shared and which facilitates national as well as local improvements.

Effective workforce initiatives that could support Thriving Kids include:

- Strengthening Care for Children (see Terms of Reference 5 for more information) that has enabled GPs to work at top of scope, increasing their confidence and skills in diagnosing and managing child developmental delays and empowering them to identify and address these problems earlier.^{xxv}
- COMPASS Community of Practice upskills frontline health professionals to identify and manage child development and mental health concerns with support from specialists as required.^{xxvi}
- ADHD Shared Care models with GPs and hospital-based paediatricians, improving access to timely, affordable care while increased GP confidence and capability
- Wimmera By 5 Paediatric Model of Care^{xxvii} (see Terms of Reference 5 for more information) is an example of a successful local solution to address local challenges in accessing specialist paediatric care for families living in regional and rural areas, whilst building local collaboration amongst health and education professionals, and increased families' trust in expertise of local professionals

Embedding incentives and fostering a culture of improvement are key to sustaining change and encouraging the use of new skills in practice.^{xxviii}

BUILDING WORKFORCE CAPABILITY AND CAPACITY TO SUPPORT EVALUATION AND DATA-BASED DECISION MAKING

Thriving Kids cannot succeed without enabling key workforce groups to collect, interpret, and act on data. However, significant barriers limit data-driven decision-making, including low capability, limited stakeholder engagement, poor data-sharing environments, lack of trust in data quality, insufficient resources, weak leadership, and short-term funding cycles.^{xxix}

High-quality evaluation requires resourcing and support for service providers, frontline professionals, and service users to engage in all stages of data collection and use. Building workforce capability in data and evaluation must be a core component of any future data initiatives under Thriving Kids.

Benefits to supporting data-driven decision-making include:

- Stronger monitoring, evaluation, and accountability across service, commissioning and policy-making levels and structures
- Improved data interpretation and reduced risk of misapplication of data
- Enhanced innovation and local adaptation based on evidence
- Support for flexible commissioning aligned with local needs
- Ensuring data informs policy and practice

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

The below examples of domestic and international practice, demonstrate how localised solutions can address local need within a broader national, state and territory service planning, commissioning and implementation. The **National Best Practice Framework for Early Childhood Intervention** also provides evidence-based guidance for practitioners, families, communities and policy-makers to support children aged 0-9 years with developmental delay, concerns or disability.

CHILD AND FAMILY HUBS - INTERNATIONAL POLICY AND BEST PRACTICE

Child and Family Hubs offer one of the most significant opportunities to deliver on the three core elements of Thriving Kids, redress social determinants and adversity and act as a mechanism for delivering the National Best Practice Framework for Early Intervention Framework.

With the UK Government recently announcing funding Hubs in all local authorities as part of its '[Giving every child the best start in life](#)' Strategy, the international commitment and evidence demonstrates that well-functioning Hubs with strong coordination, responsive to local need, have both immediate and sustained impact on the outcomes for children and families. Evidence from the UK's *Sure Start* program, which funded nearly 3,500 hubs, shows wide-ranging benefits:^{xxx}

Education: improved educational achievement through age 16 years, especially for children experiencing disadvantage.

Early identification increased at age 5 years, but long-term need decreased—with education, health care plans reduced by 9% by age 16.

Health: Hospitalisations rose slightly for very young children, but dropped by 8.5% from baseline at 15 years, averting over 13, 000 hospitalisations of 11-15 year olds. Reasons included stronger immunity, safer homes, and better socio-emotional development.

Crime: Youth convictions fell by 13%, and custodial sentences by 20% in areas where children had access to a Child and Family Hub.

Economic Impact: Benefits exceeded costs by 67%, driven by higher lifetime earnings, reduced hospitalisations, lower special education needs and disabilities costs, and less youth justice spending on children who had access to a Child and Family Hub.

**Refer to National Child and Family Hubs Network submission (Appendix A) for more detailed evidence summary of child and family hubs.*

STRENGTHENING CARE 4 CHILDREN

Only 13–22% of Australian general practitioner registrars report confidence in managing common childhood issues like autism and behavioural concerns.^{xxxi} Consequently, children can face wait times of up to two years for hospital outpatient appointments for conditions that could be managed in primary care. Private paediatricians are available, but unless they bulk bill, can be too expensive for families. Strengthening Care for Children ([SC4C](#)) is a model comprising GP-paediatrician co-consultations, case discussions, and remote support. Tested with a stepped wedge trial with over 130 GPs across 21 general practices in Victoria and NSW, this model has enabled GPs to work at top of scope, reducing referrals to specialists and increasing their confidence and skills in diagnosing and managing child developmental delays and empowering them to identify and address these problems earlier.

WIMMERA BY 5 PAEDIATRIC MODEL OF CARE

In regional areas, 14% of children are developmentally vulnerable on two or more key developmental domains; in remote areas it's 21.7%. This compares 11.7% children who live in major cities.^{xxxii} With children living in these areas facing poorer access to behavioural and developmental paediatric services, these service gaps contribute to delayed support, limited early intervention, and poorer health and developmental outcomes.

To address the gaps in the Wimmera region of Victoria, the *By Five Paediatric Model* was co-designed with local communities and delivered through a partnership between the Wimmera Southern Mallee Early Years Initiative and CCCH.

The model includes four key components: **cross-partnership knowledge sharing** between paediatricians, local health and education professionals, and families; **multi-disciplinary case-based learning** to build local capability; **co-consultations via telehealth**, offering integrated care with local providers and paediatricians; a **local Delivery Coordinator** to build tailored referral pathways.

During 2024, 135 children (84% experiencing high vulnerability) received timely care via co-consultations with local health professional and a specialist paediatrician and reduced wait times. Local capacity building, using multi-disciplinary case discussion engaged over 100 local professionals covering topics such as ADHD, behavioural concerns, language and developmental delay and attention difficulties.^{xxxiii} Encouragingly, the [Wimmera Southern Mallee Early Years Initiative](#) has shown a decrease in developmental vulnerability in the region, against broader Victorian and national trends (see Figure 6).

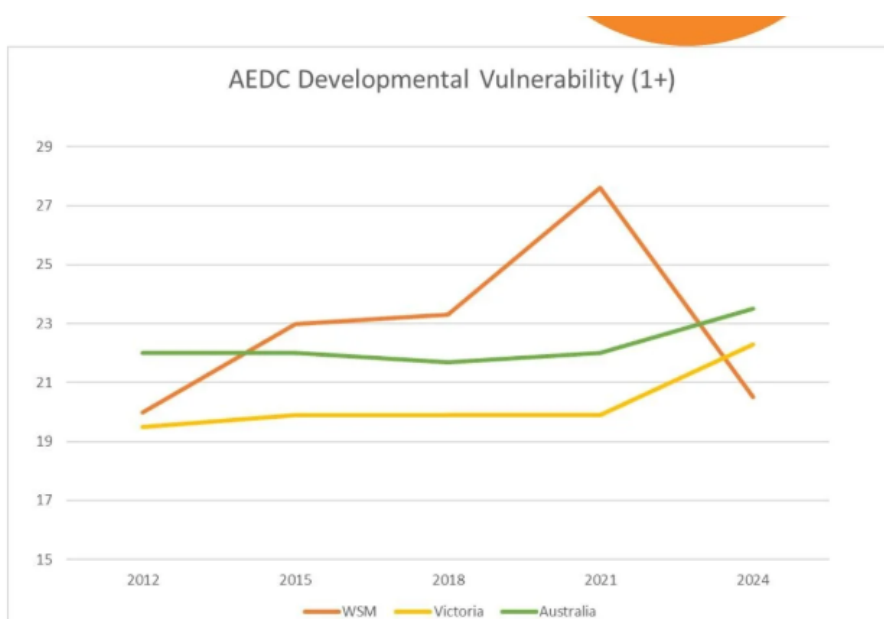


Figure 6: Trends in developmental vulnerability of children living in the Wimmera Southern Mallee region, Victoria and Australia (Source: Wimmera Southern Mallee Early years initiative).

SLEEP PROGRAMS THAT ENABLE PARENTS AND PROFESSIONALS TO UNDERSTAND AND ACT ON BEST-PRACTICE, EARLY INTERVENTION

Sleep problems are common for children with autism,^{xxxiv} and ADHD.^{xxxv} On their own, sleep problems contribute to emotional and behavioural concerns, poorer quality of life and poorer learning and cognitive functioning in children and poorer mental health in parents.^{xxxvi} Locally developed, evidence-based initiatives such as [Sleeping Sound](#), [Sleeping Sound Autism](#) and [Sleep with Kip](#) assist parents and professionals in delivering proven sleep solutions, increasing child and parent functioning and supporting a child's health, development and learning.

**Refer to Terms of Reference 2 for examples of promising examples for uplift in universal education systems.*

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

To ensure seamless transitions through mainstream systems for all children with developmental concerns, delay or disability, Thriving Kids must deliver a coordinated, inclusive and responsive system built around:

STRENGTHENING UNIVERSAL HEALTH AND EDUCATION SYSTEMS IS ESSENTIAL.

This includes embedding a nationally consistent framework for developmental checks across platforms such as maternal and child health, early childhood education and care, and schools. These checks must be supported by local referral pathways and workforce capability uplift to ensure professionals can identify and respond to developmental needs early and effectively. Proportionate universalism is central to this approach, ensuring that services are universally available but scaled to meet varying levels of need, thereby reducing reliance on fragmented referrals and long waitlists.

EMPOWERING FAMILIES WITH INCLUSIVE, EVIDENCE-BASED SUPPORTS

These supports should enable families to understand and act on their child's development. Digital tools, microlearning platforms, and structured parenting programs provide accessible, low-stigma guidance, while navigation supports help families find and engage with appropriate services. These resources must be co-designed with families to ensure cultural safety, relevance and equity of access, particularly for those from First Nations, and culturally and linguistically diverse backgrounds.

LOCAL SOLUTIONS SUPPORTED BY NATIONAL GUARDRAILS

Child and Family Hubs, both physical and virtual, offer integrated, multidisciplinary care in everyday settings, acting as trusted entry points for families and reducing the burden of navigating complex systems. National standards, robust data systems and continuous improvement mechanisms ensure consistency, quality and accountability across local responses, including Child and Family Hubs.

Together, these elements create a system where children and families experience continuity of care, timely support, and inclusive pathways through universal systems.

INVEST IN THE 'GLUE' TO STRENGTHEN INTEGRATED, TIERED SERVICE RESPONSES

Research shows Child and Family Hubs are most effective when services operating within Hubs are well connected. ***The 'glue' is the vital ingredient that ensures families can access the right supports when they need them, providing a seamless and collaborative transition through mainstream and tiered services and supports.*** Glue strengthens service delivery across three key domains: internal integration, external partnerships, and family engagement and outreach.^{xxxvii}

The glue comprises multiple, interconnected components— relational infrastructure, cross-sector governance and distributed leadership, coordination systems and backbone infrastructure, physical and place-focused design and a shared culture of responsibility. Each of these are components are essential for effective integration but can be tailored to the unique needs of each community through a process of co-design.

To strengthen existing Hubs, investment in long-term funding for the glue would enhance support for families, leveraging existing platforms for greater impact. While flexibility is needed to reflect local context, a national integration framework could guide how the glue is defined, measured, and funded consistently. This framework could build on existing knowledge around the core components of the glue and enable continuous improvement through data collection, evaluation, and shared learning to refine future funding models and drive system reform.

**Refer to the National Child and Family Hubs submission for more information on 'the glue'.*

DATA, EVIDENCE AND EVALUATION TO DRIVE QUALITY IMPROVEMENT, ACCOUNTABILITY AND OUTCOMES

Thriving Kids should be underpinned by a consistent national data framework that includes consistent definitions of **lead indicators** for service quality, quantity, and participation, alongside impact and outcome measures. Lead indicators are essential to enable data-driven decision making to make inequities visible and guide early action. Clear, consistent definition and indicators developed in consultation with priority groups is also needed to ensure Thriving Kids can monitor reach, participation, equity and progress. System-wide delivery requires services to be equipped with the tools and capabilities to collect and act on these data routinely.

Evidence from [Restacking the Odds](#) shows that lead indicators are critical for reducing inequities and enabling real-time, evidence-informed action. When embedded at the service level—supported by dashboards and continuous improvement tools—this approach empowers frontline workers and strengthens local solutions (see Figure 7). At the government level, it enables monitoring of equity, outcomes, and system performance, while fostering collaboration across services through shared goals and language. Embedding this framework within local partnerships also supports warm referrals, data sharing, and continuity of care.

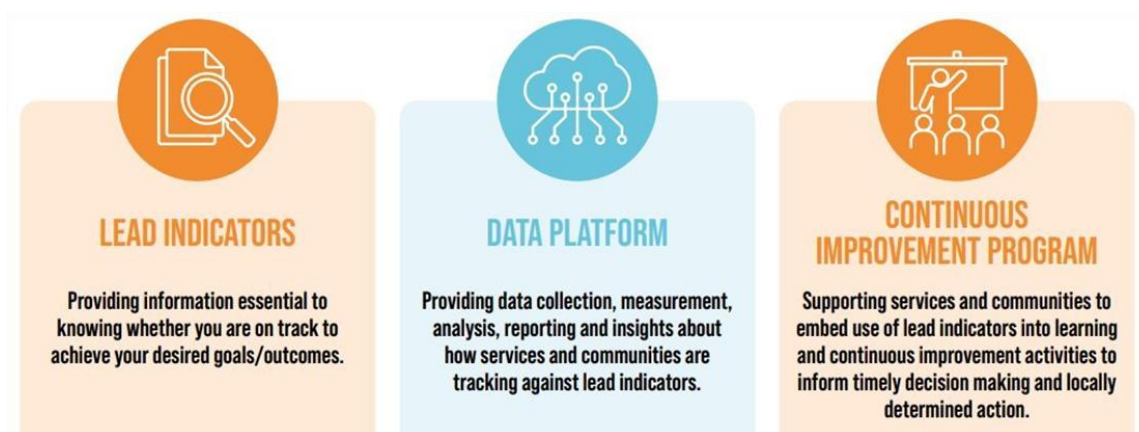


Figure 7: Restacking the Odds – enablers of real-time, evidence-informed decision-making and action.

GenV – Data and evidence platform to test service and policy implementation

GenV is a new Australian research asset, uniquely designed to test new services/policy implementation, as well as observe. It consists of children and their parents (124,000 in total), reflecting the population diversity of Australia (except remote Indigenous communities). GenV also has consent to combine GenV data with existing administrative and service data, adding value to the government's investment in linked data assets. This ready made research asset is both cost efficient and quicker to test /evaluate meaning quicker translation of evidence, across the system, at scale. GenV's inclusive cohort also means that changes made in findings using GenV are relevant to kids in Australia. Current government data infrastructure, eg National Disability Data Asset (NDDA) and Person Level Integrated Data Asset (PLIDA) cannot adequately evaluate policy without the individual outcome data and testing platform from Australia's cohorts.

GenV is Australia's only inclusive consented longitudinal cohort, with more than 800 parents who identify as First Nations and more than 7,000 families who primary spoken language at home is not English. Evidence based decisions that don't include the voices and information from children who identify as First Nations and migrant and refugee backgrounds risk baking in inequity when evidence is not inclusive. GenV provides a platform for monitoring and evaluating the impact of Thriving Kids for all children and families.

Conclusion

Tens of thousands of children are starting school developmentally vulnerable or requiring further assessment each year in Australia. This is an extraordinary potential loss of human capital for a country with such a limited population base.

Thriving Kids presents **THE** critical systems-level opportunity to ensure all children are supported within the mainstream environments where they live, learn and grow. This must include integrated, tiered pathways for all children, ensuring Australia delivers a truly inclusive and equitable system. To achieve this, children and families must be at the centre of design and delivery, with co-design and co-development embedded throughout.

The current policy environment with its many offerings is a unique and timely opportunity to realise transformative change. By uplifting universal systems in health, early education and care, and schools, and embedding evidence-based, proportionate responses, alongside best-practice early childhood intervention supports, *Thriving Kids* can deliver equitable outcomes for all children.

Personal contact details

Rachel Whiffen
Child Mental Health Policy and Impact Lead
E: rachel.whiffen@mcri.edu.au

Murdoch Children's Research Institute

The Royal Children's Hospital
50 Flemington Road
Parkville, Victoria, 3052 Australia

www.mcri.edu.au

References

- ⁱ Commonwealth of Australia (2025). Australian Early Development Census National Report 2024. ISSN 2206-284X (Online). Department of Education, Canberra.
- ⁱⁱ Updated analysis of O'Connor M, O'Connor E, Quach J, Vashishtha R, Goldfeld S. Trends in the prevalence and distribution of teacher-identified special health-care needs across three successive population cohorts. *J Paediatr Child Health*. 2019 Mar;55(3):312-319. doi: 10.1111/jpc.14192.
- ⁱⁱⁱ Organisation for Economic Co-operation and Development. (2022). Child Wellbeing Dashboard. Paris: OECD Publishing. Retrieved from <https://www.oecd.org/els/family/child-well-being/data/dashboard/>
- ^{iv} Moore T., Imms, C., Luscombe, D., SNAICC authors, Bonyhady, B, Dimmock, K., Deane, K, D'Aprano, A., & Kakoschke-Moore, S. (2025). National Best Practice Framework for Early Childhood Intervention. The University of Melbourne. Commissioned by the Commonwealth of Australia's Department of Social Services.
- ^v Imms, C., Moore T., Bull, K., Gavidia-Payne, S., Lami, F., Wilson, M., Allen, L. & Knight S. (2024). *Review of best practice in early childhood intervention: Desktop review full report*. The University of Melbourne, funded by and provided to the Commonwealth of Australia's Department of Social Services.
- ^{vi} Imms, C., Moore T., Luscombe, D., SNAICC authors, Wilson, M., Knight, S. (2024). *Review of best practice in early childhood intervention: Review Report*. The University of Melbourne, funded by and provided to the Commonwealth of Australia's Department of Social Services.
- ^{vii} Centre for Community Child Health at Murdoch Children's Research Institute, Social Ventures Australia and Bain & Company (2023). The Restacking the Odds Indicator Guide: Quality, quantity and participation indicators across early years services and why they're important (Second edition). Melbourne, Australia. <https://doi.org/10.25374/MCRI.21484551>
- ^{viii} Price, A.M.H., O'Connor, E. and Goldfeld, S.R. (2025), The importance of universal child and family health services for equitable early development. *Med J Aust*. <https://doi.org/10.5694/mja2.70067>
- ^{ix} Centre for Community Child Health (2011) Policy Brief - Place-based approaches to supporting children and families. Issue 23. https://www.rch.org.au/uploadedFiles/Main/Content/ccch/Policy_Brief_23_-_place-based_approaches_final_web2.pdf
- ^x Moore, T.G. (2024). Core Care Conditions for Children and Families: Implications for policy and practice. CCCH Working Paper No. 6. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute. <https://doi.org/10.25374/MCRI.26065597>
- ^{xi} Loveday S, Balgovind M, Hall T, *et al* Emotional work of getting help: a qualitative analysis of caregiver-perceived barriers to responding to childhood adversity. *Archives of Disease in Childhood* 2023;**108**:857-861.
- ^{xii} MCRI, Child and Family eHub: Evaluation of the Child and Family eHub: MCRI Report, 2025.
- ^{xiii} Molloy, Macmillan, Goldfeld, Harrop, Perini, Centre for Community Child Health at Murdoch Children's Research Institute, Social Ventures Australia and Bain & Company. 2019. Restacking the Odds Technical Report Parenting Programs for Behavioural Problems: An Evidence Based Review of the Measures to Assess Quality, Quantity and Participation
- ^{xiv} Schmied V, Kruske S, Barclay L, Fowler C. (2011) National Framework Universal Child and Family Health Services. National Child Health and Wellbeing subcommittee of the Australian Population Health Development Principal Committee of the Australian Health Ministers' Conference (AHMC).

<https://www.health.gov.au/sites/default/files/2023-01/national-framework-for-universal-child-and-family-health-services.pdf> (Accessed on 28/09/2025)

^{xv} <https://www.mentalhealthcommission.gov.au/projects/wellbeing-in-early-childhood-checks>

^{xvi} Lauren Hamill, Anna Kearns, Laura Doig, Meghan Hesse, Daina Frederick, Alison Purcell & Sue Woolfenden (2023) Screening for unmet social needs in paediatric speech language pathology to achieve the Sustainable Development Goals, *International Journal of Speech-Language Pathology*, 25:1, 77-81, DOI: 10.1080/17549507.2022.2134456

^{xvii} Marmot M, Atkinson T, Bell J, et al. Fair society, healthy lives: the Marmot Review. A strategic review of health inequalities in England post-2010. London: Marmot Review, 2010. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> (viewed Sept 2025).

^{xviii} Marmot M, Atkinson T, Bell J, et al. Fair society, healthy lives: the Marmot Review. A strategic review of health inequalities in England post-2010. London: Marmot Review, 2010. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> (viewed Sept 2025).

^{xix} Price, A.M.H., O'Connor, E. and Goldfeld, S.R. (2025), The importance of universal child and family health services for equitable early development. *Med J Aust*. <https://doi.org/10.5694/mja2.70067>

^{xx} Commonwealth of Australia (2025). Australian Early Development Census National Report 2024. ISSN 2206-284X (Online). Department of Education, Canberra.

^{xxi} Shingles, B., Sinclair, C., Weadman, T., Poed, S., Snow, P., Eadie, T., ... Quach, J. (2024). An implementation case study for the Response to Intervention (RTI) approach for oral language and reading instruction in the early years of primary school. *Australian Journal of Learning Difficulties*, 29(1), 97–115. <https://doi.org/10.1080/19404158.2024.2335892>

^{xxii} Melbourne Children's Campus (2020). Submission to Inquiry into early childhood engagement of CALD communities – Legislative Assembly Legal and Social Issues Committee.

^{xxiii} Ellis Jones (2023). Market research report. Commissioned by Centre for Community Child Health. Unpublished.

^{xxiv} Centre for Research Excellence in Childhood Adversity and Mental Health (2025). How can we support practitioners to ask about and respond to family adversity? Policy Brief #2. Murdoch Children's Research Institute, Parkville, Australia. <https://doi.org/10.25374/MCRI.28039541>

^{xxv} Hiscock Harriet, O'Loughlin Rachel, Pelly Rachel, Laird Catherine, Holman Jessica, Dalziel Kim, Lei Shaoke, Boyle Douglas, Freed Gary (2020) Strengthening care for children: pilot of an integrated general practitioner–paediatrician model of primary care in Victoria, Australia. *Australian Health Review* 44, 569-575. <https://doi.org/10.1071/AH19177>

^{xxvi} D'Abaco E, Khano S, Giles-Kaye A, Dhaliwal J, Haslam R, Prakash C, et al. (2024). Impact of a collaborative model on community clinician confidence in child and adolescent mental health care, wellbeing, and access to child psychiatry expertise. *PLoS ONE* 19(9): e0310377. <https://doi.org/10.1371/journal.pone.0310377>

^{xxvii} Fong, M., Stockdale, E., Ghazarian, A., (2021) Evaluation of the By Five Paediatric Project in the Wimmera Southern Mallee Final Report. Prepared for By Five. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute.

^{xxviii} Villanueva, K., Beatson, R., Hilton, O. *et al.* Barriers and Enablers to Data-Based Decision Making in Australian Place-Based Community Initiatives: A Qualitative Study Informed by the COM-B Model and Theoretical Domains Framework. *Child Ind Res* **17**, 2361–2387 (2024).
<https://doi.org/10.1007/s12187-024-10170-1>

^{xxix} Villanueva, K., Beatson, R., Hilton, O. *et al.* Barriers and Enablers to Data-Based Decision Making in Australian Place-Based Community Initiatives: A Qualitative Study Informed by the COM-B Model and Theoretical Domains Framework. *Child Ind Res* **17**, 2361–2387 (2024).
<https://doi.org/10.1007/s12187-024-10170-1>

^{xxx} Carneiro, P., et al., The short- and medium-term impacts of Sure Start on educational outcomes, Institute for Fiscal Studies (April 2024); Cattan, S., et al., The health impacts of Sure Start, Institute for Fiscal Studies (August 2021); and Carneiro, P., et al., The effect of Sure Start on youth misbehaviour, crime and contacts with children's social care, Institute for Fiscal Studies (October 2024).

^{xxxi} Mahoney C, Willaims I R, Lamb K, Spike N, et al (2024). Caring for kids: Australian general practice registrar confidence in delivering paediatric primary care. *Australian Journal Of General Practice*, 53(8), 574-582; doi: 10.31128/AJGP-08-23-6951

^{xxxii} Commonwealth of Australia (2025). Australian Early Development Census National Report 2024. ISSN 2206-284X (Online). Department of Education, Canberra.

^{xxxiii} Fong, M., Stockdale, E., Ghazarian, A., (2021) Evaluation of the By Five Paediatric Project in the Wimmera Southern Mallee Final Report. Prepared for By Five. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute.

^{xxxiv} Papadopoulos N, Sciberras E, Hiscock H, *et al* Sleeping sound with autism spectrum disorder (ASD): study protocol for an efficacy randomised controlled trial of a tailored brief behavioural sleep intervention for ASD
BMJ Open 2019;**9**:e029767. doi: 10.1136/bmjopen-2019-029767

^{xxxv} Sung V, Hiscock H, Sciberras E, Efron D. Sleep Problems in Children With Attention-Deficit/Hyperactivity Disorder: Prevalence and the Effect on the Child and Family. *Arch Pediatr Adolesc Med*. 2008;162(4):336–342. doi:10.1001/archpedi.162.4.336

^{xxxvi} Price AMH, Quach J, Wake M, Bittman M & Hiscock H (2016). Cross-sectional sleep thresholds for optimal health and well-being in Australian 4-9-year-olds. *Sleep Medicine*, 22,83-90.
<https://doi.org/10.1016/j.sleep.2015.08.013>

^{xxxvii} National Child & Family Hubs Network (2025), [The 'glue': Enabling connected, quality services and supports for children and families.](#)