

# Submission to the Thriving Kids Inquiry

## Executive Summary

This submission draws on over twenty years of experience as a neurodivergent speech pathologist, parent trainer, and coach, and director of a multidisciplinary, relationship-based practice. It highlights critical concerns with applying a blanket, one-size-fits-all model to early childhood intervention.

Key points:

- Severity labels are outdated and inaccurate, failing to reflect each child's lived reality.
- Ages 0-9 are a critical window requiring intensive, individualised early intervention.
- Community programs often fail sensitive children, leaving them traumatised rather than supported.
- What children need is belonging, not forced inclusion or resilience.
- Professionals must have specialist early childhood intervention training, integrating therapeutic and educational practice.
- Parent wellbeing directly shapes child wellbeing; parent capacity-building must be central.
- Programs must be neuroaffirming, trauma-informed, and relationship-based, not compliance-driven.
- Our practice is grounded in DIR Floortime, Circle of Security, trauma-informed care, and child development science, providing strong evidence-based frameworks consistent with the latest research.

The Thriving Kids program has the opportunity to lead the nation in embedding evidence-based, neuroaffirming practice that truly prevents children from being left behind.

## Introduction

As a neurodivergent allied health professional and business leader, I have worked alongside children, families, and communities for more than two decades. My practice is informed by evidence-based developmental models (including DIR Floortime, Circle of Security, and trauma-informed care) and enriched by lived neurodivergent experience.

I have seen firsthand how children and families thrive when services are individualised, relational, and safe. I have also witnessed the harm caused by standardised, compliance-driven community programs.

## The Problem with Severity Labels

The practice of describing children as “mild,” “moderate,” or “severe” is outdated, non-evidence-based, and inconsistent with neuroaffirming practice.

A child's functioning is shaped by many interconnected factors, including:

- Nervous system and sensory profile
- Family dynamics and parental wellbeing
- Previous experiences, including trauma
- The attunement of their environments

Severity labels flatten these complexities into categories that often exclude children from services or underestimate their needs. They are not a true reflection of lived experience.

## Children Aged 0-9: The Critical Window

The early years (0-9) are when children's brains, relationships, and self-concepts are most malleable. Intensive, individualised intervention during this time lays the foundation for long-term participation, wellbeing, and belonging. Without it, children risk falling behind academically, socially, and emotionally.

At this age, we are building a foundation for lifelong growth- supporting children's nervous systems to know what it feels like to be safe in their bodies, their emotions, their minds, and their environments. This secure base becomes the *cauldron* for development, learning, and resilience. Without this felt sense of safety, true growth is not possible.

## When Community Approaches Fail

Generic community-based programs, even when well-meaning, can be traumatising for sensitive and anxious children. In our practice, we regularly see children overwhelmed by environments that demand compliance with rigid norms, such as sitting for group time or socialising in a prescribed way.

Such programs often:

- Increase stress and dysregulation
- Pressure children to mask or perform resilience
- Leave parents feeling their child "doesn't fit"

For some families, their own homes are also chaotic or overcrowded, with busy schedules, siblings, or extended family leaving little opportunity for quiet, quality time between parent and child. In these contexts, children need therapeutic spaces outside the home where they can find calm and connection.

This is why we have developed a home-like therapeutic environment in the southern suburbs of Adelaide. Our setting feels like a safe family home for children and parents who may have been burnt or left disheartened by their experiences in traditional clinics or community programs. Our space includes both indoor and outdoor areas, with a garden and play equipment. Many families live in apartments without access to safe outdoor play, and large public playgrounds can feel overwhelming, unsafe, or too big for highly sensitive children. Our garden provides a safe, contained, and nurturing environment where children can explore, regulate, and connect through nature and play.

Research consistently shows that nature-based play supports regulation, attention, and emotional wellbeing. Studies demonstrate that access to green spaces improves children's cognitive development and reduces stress (Gill, 2014; McCormick, 2017). Smaller, safe outdoor spaces- like therapeutic gardens- offer children opportunities for sensory exploration, social connection, and co-regulation in ways that large, busy playgrounds cannot. For highly sensitive children, these environments are essential stepping stones toward confidence and resilience.

## **Beyond Inclusion and Resilience**

Policies often frame goals as “inclusion” and “resilience.” These concepts, while well-intentioned, misplace responsibility onto the child.

- Inclusion often means being permitted to enter a space without being truly accepted.
- Resilience implies children must withstand stress or adapt to hostile environments.

What children need is belonging, where they are valued as they are, and environments adapt to them. Belonging creates safety, connection, and the conditions for growth.

## **Professional Training Matters**

Early intervention requires specialist expertise. Professionals must be:

- Trained in evidence-based early childhood intervention practices that integrate therapeutic and educational knowledge
- Skilled in attuning to sensory, emotional, and relational needs
- Experienced in neuroaffirming, trauma-informed, and attachment-aware approaches

Many NDIS providers already deliver high-quality, specialised early intervention. Thriving Kids should partner with and invest in this workforce, not replace it with generic programming.

## **Parent Capacity as the Key to Child Wellbeing**

Parents are often overlooked in program design, yet their wellbeing has a direct correlation with child outcomes. Research confirms that:

- Parental distress predicts child social-emotional difficulties (Zubrick et al., 2008)
- Warm, consistent, low-hostility parenting promotes resilience and positive adjustment (Sanders et al., 2000)
- Parent stress and wellbeing are deeply interconnected, with higher stress linked to poorer outcomes for children (Neece et al., 2012)

In my practice, when parents are supported to regulate, shift mindsets, and grow capacities, children flourish. Parent support must therefore be embedded at the core of Thriving Kids.

## Evidence-Based, Neuroaffirming Foundations

Our practice integrates several evidence-based frameworks that align strongly with current neurodiversity research:

- DIR Floortime: A developmental, relationship-based model that prioritises safety, co-regulation, and building on children’s strengths and interests (ICDL, 2023)
- Circle of Security: A secure attachment model that supports both children and parents in building safe, attuned relationships that enable exploration and growth (Powell et al., 2014).
- Trauma-Informed Care: Recognising that stress and trauma shape development, and creating conditions of trust and safety to prevent re-traumatisation (Bath, 2008).
- Child Development Science: Understanding the non-linear, interconnected pathways of sensory, emotional, relational, and cognitive growth (Shonkoff & Phillips, 2000).

Together, these frameworks provide a neuroaffirming foundation, consistent with the latest research, ensuring that interventions are not compliance-driven but truly support long-term development and belonging.

## Recommendations

1. Remove severity labels and adopt a neuroaffirming framework that recognises individuality and context.
2. Fund intensive, individualised intervention during ages 0-9.
3. Upskill and invest in specialist professionals trained in early childhood intervention. We already have many of these in the NDIS Community.
4. Support home-like, relationship-based therapeutic environments, particularly for highly sensitive children (not necessarily in the child’s home).
5. Embed parent capacity-building as a core program component.
6. Shift the policy focus from “inclusion” and “resilience” to true belonging.
7. Align Thriving Kids with current developmental frameworks (Early Years Learning Framework, NDIS, Disability Standards for Education) and with emerging research on neurodiversity and belonging.

## Conclusion

Thriving Kids can succeed only if it honours the individuality of children and families. By rejecting outdated severity labels, investing in specialist training, centring parent wellbeing, and embedding neuroaffirming principles, the program can create spaces of true belonging.

When children and families feel safe, accepted, and supported at the deepest level, they thrive. That is what a truly Thriving Kids program must deliver.

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