



## **Thriving Kids Program: Enhancing Early Identification and Support for Children with Developmental Delays**

**Submitted to:** Committee Secretariat, Canberra ACT

**Date:** September 15, 2025

**Re:** Terms of Reference for Thriving Kids Program Development

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### **Executive Summary**

This submission addresses critical gaps in Australia's current approach to identifying and supporting children with mild to moderate developmental delays, autism spectrum disorders, and associated support needs. While acknowledging existing strengths in our early childhood systems, this submission highlights significant deficiencies in program rigour, workforce integration—particularly the underutilisation of nurses and nurse practitioners—and seamless service transitions.

The evidence overwhelmingly supports a more integrated, nurse-led collaborative approach that leverages the unique skills and accessibility of nursing professionals within existing healthcare infrastructure.

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## **1. Evidence-Based Resources for Parental Identification and Support**

### **Current Strengths**

Australian families currently access developmental screening through various touchpoints including maternal and child health services, GP consultations, and early childhood education settings. Tools such as the Ages and Stages Questionnaires (ASQ-3) and the Parents' Evaluation of Developmental Status (PEDS) provide validated screening mechanisms.

### **Critical Gaps and Lack of Rigour**

**Insufficient Standardisation:** Current screening approaches lack consistency across jurisdictions and service providers. Parents receive conflicting information depending on which professional they encounter first, creating confusion and delayed intervention.

**Limited Nurse Practitioner Integration:** Despite nurse practitioners possessing advanced assessment skills and diagnostic capabilities, current programs severely underutilise this

workforce. Nurse practitioners can conduct comprehensive developmental assessments, initiate early intervention referrals, and provide ongoing case coordination—yet they remain largely absent from formal screening protocols.

**Inadequate Parent Education:** Existing resources often use clinical language that parents find difficult to interpret. Evidence from international best practice demonstrates that nurse-led parent education programs achieve superior outcomes in early identification and family engagement.

## Recommendations

1. **Standardised Nurse-Led Screening Protocols:** Implement nationally consistent developmental screening led by nurse practitioners at key developmental milestones (6, 12, 18, 24, 36 months).
  2. **Enhanced Parent Resources:** Develop culturally appropriate, plain-language resources co-designed with families and delivered through trusted nursing professionals who have established relationships with families.
  3. **Technology Integration:** Utilise digital platforms that allow nurse practitioners to track developmental progress longitudinally and flag concerns for multidisciplinary review.
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## 2. Effectiveness of Current Programs and Initiatives

### Community and Mainstream Engagement Analysis

**Child and Maternal Health Services:** While these services represent the most comprehensive early contact system, they suffer from inconsistent implementation and inadequate nurse practitioner involvement. Many centres rely solely on registered nurses without leveraging advanced practice nursing capabilities for complex assessments.

**Primary Care Limitations:** GP-led developmental screening faces significant time constraints and limited paediatric developmental expertise. International evidence demonstrates that nurse practitioner-led developmental clinics within primary care settings achieve earlier identification rates and higher family satisfaction.

**Allied Health Playgroups:** Current programs show promise but lack integration with nursing services, creating fragmented care pathways. Evidence suggests that nurse practitioners working alongside allied health professionals enhance both identification accuracy and family engagement.

**Early Childhood Education and Care:** Educators frequently identify concerning behaviours but lack direct pathways to qualified health professionals. Embedding nurse practitioners within ECEC consultation models would strengthen this critical identification point.

### Program Rigour Deficiencies

Current initiatives demonstrate several concerning weaknesses:

- **Lack of Systematic Follow-up:** Many children identified with concerns fall through cracks between services

- **Insufficient Workforce Coordination:** Professional silos prevent comprehensive assessment approaches
  - **Absence of Nurse Practitioner Leadership:** Despite their clinical expertise and accessibility, nurse practitioners remain underutilised in program leadership roles
  - **Limited Evidence-Based Practice Integration:** Programs often rely on historical approaches rather than current best practice evidence
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### 3. Equity and Intersectional Considerations

#### First Nations Children

**Current Gaps:** Existing programs demonstrate poor cultural responsiveness and limited engagement with Aboriginal and Torres Strait Islander families. Nurse practitioners working within Aboriginal Community Controlled Health Organisations could provide culturally safe developmental screening, yet this model remains underutilised.

**Nurse Practitioner Solutions:** Evidence supports nurse practitioner-led developmental clinics within ACCHOs, leveraging existing trust relationships and cultural competency. This approach addresses both access barriers and cultural appropriateness.

#### Culturally and Linguistically Diverse Communities

**Identified Issues:** Language barriers, cultural concepts of development, and limited culturally responsive assessment tools create significant equity concerns. Current programs lack systematic approaches to addressing these challenges.

**Enhanced Nursing Integration:** Nurse practitioners can work with cultural liaisons and interpreters to provide comprehensive, culturally responsive assessments. Their extended consultation time allowances enable thorough cross-cultural developmental evaluation.

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### 4. Workforce Support and Training Gaps

#### Critical Training Deficiencies

**Inconsistent Assessment Standards:** While nurse practitioners already possess competency-based assessment and diagnostic capabilities for developmental concerns, there is significant variation in assessment approaches between nurse practitioners, medical officers, and paediatricians. This inconsistency leads to different families receiving different levels of thoroughness in developmental evaluation depending on which professional they encounter.

**Lack of Standardised Protocols:** Current developmental assessment lacks standardised, evidence-based protocols that could be consistently applied across all qualified professionals. This results in some children receiving comprehensive evaluations while others may have concerns missed due to variations in assessment depth and approach.

**Nurse Practitioner Integration Barriers:** Despite nurse practitioners having established diagnostic capabilities, systemic barriers prevent their full integration into developmental assessment pathways. Many programs continue to operate with traditional referral hierarchies that underutilise nurse practitioner expertise and accessibility.

**Interprofessional Collaboration Skills:** Current training programs inadequately prepare professionals to work collaboratively across disciplines. Evidence demonstrates that well-coordinated interprofessional teams, including nurse practitioners as equal partners, achieve superior developmental outcomes.

**Cultural Competency:** Workforce training lacks depth in cultural responsiveness, particularly for working with First Nations and CALD communities.

### **Workforce Development Recommendations**

1. **Standardised Assessment Protocols:** Develop nationally consistent, evidence-based developmental assessment protocols that can be implemented by all qualified professionals (nurse practitioners, medical officers, and paediatricians) to ensure thorough and consistent evaluation regardless of the assessing professional.
  2. **Enhanced Interprofessional Training:** Implement collaborative training programs that recognise nurse practitioners as equal diagnostic partners alongside medical officers and paediatricians, focusing on seamless care coordination and shared decision-making.
  3. **System Integration Training:** Provide training to eliminate structural barriers that prevent nurse practitioners from being fully integrated into developmental assessment pathways, ensuring families can access their diagnostic expertise efficiently.
  4. **Mentorship and Peer Learning Programs:** Establish cross-disciplinary mentorship programs where experienced nurse practitioners, medical officers, and paediatricians share expertise and refine assessment approaches collaboratively.
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## **5. International Best Practice Integration**

### **Successful International Models**

**United Kingdom - Health Visitor Model:** Nurse-led developmental surveillance achieves earlier identification and better family engagement than traditional models. Health visitors (equivalent to nurse practitioners) provide comprehensive developmental oversight from birth to school entry.

**Canada - Nurse Practitioner Primary Care:** Paediatric nurse practitioners lead developmental clinics with superior outcomes in early identification and family satisfaction compared to traditional GP-led models.

**Netherlands - Integrated Nursing Approach:** Nurse practitioners work within multidisciplinary teams to provide seamless developmental assessment and early intervention coordination.

### **Application to Australian Context**

These international examples demonstrate that nurse practitioner-led developmental programs achieve:

- Earlier identification of developmental concerns
- Higher family engagement and satisfaction
- More efficient resource utilisation
- Better coordination between services

- Improved outcomes for children and families
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## 6. Seamless Transition Mechanisms

### Current Fragmentation Issues

Australian children with mild to moderate support needs currently experience:

- **Service Gaps:** Long waiting times between identification and intervention
- **Poor Communication:** Inadequate information sharing between professionals
- **Family Burden:** Parents required to repeat assessments multiple times
- **Lack of Coordination:** No single professional taking responsibility for care coordination

### Nurse Practitioner-Led Solution Framework

**Continuous Care Coordination:** Nurse practitioners are ideally positioned to provide longitudinal care coordination from early identification through school transition. Their scope of practice enables both clinical assessment and system navigation support.

### Interprofessional Collaboration Model:

1. **Nurse Practitioner as Lead Coordinator:** Taking primary responsibility for care planning and family communication
2. **Collaborative Assessment:** Working with speech pathologists, occupational therapists, psychologists, and paediatricians for comprehensive evaluation
3. **Shared Care Planning:** Developing integrated intervention plans that leverage each professional's expertise
4. **Transition Support:** Providing continuity as children move between early intervention, ECEC, and school systems

**Digital Integration:** Nurse practitioners can utilise electronic health records to ensure seamless information sharing across all service providers and settings.

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## 7. Addressing Current Program Flaws Through Nursing Integration

### Systematic Approach to Improvement

**Enhanced Assessment Rigour:** Nurse practitioners bring advanced clinical assessment skills and diagnostic reasoning to developmental evaluation. Their extended scope of practice enables comprehensive assessment without the time constraints faced by GPs.

**Improved Family Engagement:** Evidence demonstrates that families report higher satisfaction and engagement when working with nurse practitioners due to their patient education focus and accessible communication style.

**Cost-Effective Service Delivery:** Nurse practitioner-led developmental clinics provide comprehensive assessment at lower cost than traditional paediatrician-led models while achieving equivalent or superior outcomes.

**Interprofessional Leadership:** Nurse practitioners are trained in collaborative practice and are well-positioned to coordinate multidisciplinary assessment and intervention teams.

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## **Conclusion and Recommendations**

The current Thriving Kids program framework contains significant gaps that compromise its potential effectiveness. The most critical deficiency is the systematic underutilisation of nurse practitioners despite their advanced clinical capabilities, accessibility, and cost-effectiveness.

### **Priority Recommendations:**

1. **Establish Nurse Practitioner-Led Developmental Clinics** within existing community health infrastructure
2. **Integrate Nurse Practitioners into Multidisciplinary Assessment Teams** as lead coordinators
3. **Develop Specific Nurse Practitioner Competencies** in developmental assessment and autism spectrum disorder identification
4. **Create Seamless Transition Pathways** with nurse practitioners providing longitudinal care coordination
5. **Implement Culturally Responsive Service Models** led by nurse practitioners within ACCHO and multicultural health settings
6. **Establish Quality Assurance Mechanisms** to ensure program rigour and evidence-based practice implementation

The evidence overwhelmingly supports a more integrated approach that positions nurse practitioners at the centre of developmental screening, assessment, and care coordination. This model addresses current program deficiencies while leveraging existing healthcare infrastructure and professional capabilities.

Failure to address these fundamental gaps will perpetuate the current fragmented system that fails too many Australian children and families. The opportunity exists now to create a world-leading, evidence-based system that ensures every child with developmental needs receives timely, coordinated, and effective support.

### **Contact for Further Information:**

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