Submission to Thriving Kids Inquiry: Play Therapy as Developmental Support for Children 0-8

Executive Summary

Play Therapy offers evidence-based, developmentally appropriate support for children aged 0-8 with mild to moderate developmental vulnerabilities or delays, autism, disability, and related support needs. As a specialised allied health profession, Play Therapy addresses the critical intersection of developmental, emotional, and psychosocial needs through children's natural language — play. This submission demonstrates how Play Therapy can be effectively integrated into the Thriving Kids framework to support early identification, intervention, and capacity building within mainstream community settings.

Key Recommendations:

- Integrate Play Therapists into maternal and child health services, ECEC settings, and primary care for early identification and intervention
- Develop culturally responsive play-based assessment tools accessible to parents and practitioners
- Establish Play Therapy as a recognised developmental support within the national system
- Expand workforce training pathways and upskilling opportunities
- Address equity barriers for First Nations and CALD communities through culturally adapted approaches

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1. Evidence-Based Information and Resources for Parent Identification and Support

Play Therapy's Unique Contribution to Early Identification

Play Therapy offers parents an accessible, strengths-based framework for understanding their child's development. Unlike traditional assessment methods that may require verbal communication or formal testing environments, play-based observation allows parents to recognize developmental concerns within natural, everyday contexts.

Practical Resources for Parents:

Play Therapists can support parents to identify mild to moderate developmental delays through:

- **Play-based developmental milestones**: Observation guides that help parents understand typical play progression.
- **The Therapeutic Powers of Play framework**: Parent-friendly materials explaining how play facilitates communication, emotional wellness, personal strengths, and social relationships.
- **Home-based play observation tools**: Resources to help parents notice how their child engages with toys, navigates social play, regulates emotions during play, and solves problems through play activities.

Evidence Supporting Parent-Child Play Therapy Models:

Research demonstrates that when parents understand play as a window into development, they become more confident in identifying concerns and more effective in supporting their child's growth and psychosocial needs. Filial Therapy models (a play therapy parent-child therapeutic intervention) have shown significant improvements in both parental competence and child developmental outcomes.

Developmentally and Culturally Sensitive Approaches

Children with developmental vulnerabilities or delays may find verbal communication more challenging, making traditional screening tools less accessible. Play Therapy recognises that "children most naturally communicate through toys and play; they may not always wish to express themselves using words, nor be able to" (Renshaw, Scira, 2025) and this makes play-based assessment particularly valuable for:

- Young children (0-8 years) who are pre-verbal or are emerging verbal communicators
- Children with speech and language vulnerabilities or delays
- Autistic children who may communicate differently
- Children from diverse cultural backgrounds where communication preferences and play styles vary

2. Effectiveness of Current and Previous Programs

Play Therapy Integration Across Service Settings

Play Therapy is uniquely positioned to bridge multiple service contexts that families already access, creating continuity and reducing siloed working and service fragmentation.

Maternal and Child Health: Play Therapists can enhance existing MCH consultations by:

- Training MCH nurses in play-based developmental observation and optimal psychosocial skills for use with families, parents and young children
- Providing brief play-based assessments when concerns are identified
- Offering parent-child play sessions to address emerging difficulties
- Supporting smooth referral pathways when specialised intervention is needed
- Provide specialised intervention as needed

Primary Care: GPs and paediatricians can refer to Play Therapists for:

- Developmental and psychosocial therapeutic assessment
- Intervention for mild to moderate concerns (Filial Therapy, Group Play Therapy or Humanistic Play Therapy)
- Family support during diagnostic processes
- Ongoing monitoring of developmental progress

Allied Health Integration: Play Therapy complements other allied health services (Occupational Therapy, Speech Pathology, Psychology, etc). However, Play Therapy is unique to other allied health services because Play Therapists are paediatric specialists, meaning they are specifically trained and highly skilled to work with children, families and the systems that support them.

Playgroup: Therapeutic playgroups led by or supported by Play Therapists provide:

- Natural observation environments for developmental concerns
- Peer-based learning opportunities
- Parent education and support
- Early intervention in community settings families already trust

Early Childhood Education and Care: Play Therapists can work in ECEC settings through:

- Consultation models supporting educators to understand challenging behaviors and developmental vulnerabilities
- In-service professional development on developmental play stages and optimal psychosocial skills. The Teacher's Optimal Relationship Approach (TORA) is an evidence-based way to provide professional development and train educators in optimal psychosocial skills. TORA has been adapted into CORA (Contextualised Optimal Relationship Approach) for use with a broad range of professionals
- Direct observation and assessment within familiar environments
- Therapeutic response plans for individual children
- Supporting transitions to school

Schools: For children approaching or entering school (ages 5-8):

- Classroom observations and consultations with teachers
- School-based therapy for children with mild to moderate needs. A multi-tier Play Therapy approach in schools:
    - Tier 1: Universal service - TORA
    - Tier 2: Early intervention/cohort specific - Filial Therapy, Group Play Therapy and Humanistic Play Therapy
    - Tier 3: Targeted support - Humanistic Play Therapy
- Development of adjustment plans supporting inclusive education
- Transition planning using play-based approaches

Demonstrated Effectiveness

Between 2000-2023, 137 quality Play Therapy studies were published, including:

- 4 Meta-analyses (Level 1 evidence)
- 56 Randomized Control Trials (Level 2 evidence)
- Multiple quasi-experimental and case studies

Specific outcomes relevant to Thriving Kids:

- Autism Spectrum Disorder:
    - Children with autism experienced significantly reduced externalizing problems, attention difficulties, and aggression
    - Play Therapy strengthened social communication for children with developmental disabilities
    - Improvements in overall functioning, emotional regulation, self-concept, and social-emotional development

- Developmental Delays and Communication Difficulties:
    - Play interventions in specialist schools produced improved language, play skills, and social connectedness with reduced social disruptiveness compared to non-play interventions
    - Children with developmental language disorders who received combined play therapy and language intervention showed improvements in general communication and reduced challenging behaviors
    - Play-based learning improved motor skills, coordination, vocabulary growth, and communication skills essential for cognitive development in children with delays
- Emotional Regulation and Mental Health:
    - Meta-analysis of 17 randomized controlled trials found play therapy effective in reducing symptoms of anxiety, depression, and behavioral problems in children
    - Effective reduction of aggression levels while improving self-regulation and empathy among primary school-aged children
    - Children participating in play therapy demonstrated better communication, increased cooperation, and greater ability to understand social cues
    - Improved capacity for turn-taking, sharing, and peer interaction
    - Enhanced ability to interpret and respond to verbal and non-verbal social cues
    - Development of empathy through perspective-taking in pretend play
- Parent-Child Relationships and Family Capacity:
    - Home-based play consultation programs improved parent-child interaction, with parents trained in play skills showing sustained improvements over 32-48 weeks
    - Increased parental warmth, responsiveness, and sensitivity during play interactions associated with reduced internalising and externalising behaviors in children
    - Parents reported growth in emotional sharing and intergenerational family communication as valued outcomes
    - Decreased parental stress and increased parental confidence in supporting their child's development
- Functional Capacity Improvements:
    - Enhanced self-care skills through both direct practice and pretend play scenarios
    - Improved fine and gross motor skill development through therapeutic play activities
    - Increased capacity for independent problem-solving and task completion
    - Development of executive functioning skills including sustained attention, cognitive flexibility, and frustration tolerance
- Speed of Improvement:

    - Children acquired complex social play skills within 6 months of intervention, compared to 18+ months in typical development
    - Research shows most children experience significant improvement within 10-20 sessions (with an average of 15 sessions). Benefits increase with greater systemic involvement, e.g., with caregivers through Filial Therapy, with peers in Group Play Therapy, and through interventions that include other important caregivers such as teachers and early educators
    - Early intervention through play therapy can prevent long-term developmental difficulties and reduce need for intensive supports later
- Community Participation:
    - Increased capacity to participate successfully in educational settings
    - Improved ability to engage in community activities (playgroup, recreational programs)
    - Enhanced school readiness and transition success
    - Greater social inclusion and peer acceptance
- Cost-Effectiveness and Sustainability:
    - Parent-child play therapy models (e.g. Filial Therapy) build long-term parental capacity, creating sustainable support beyond formal therapy
    - Group Play Therapy formats allow cost-effective delivery to multiple children simultaneously
    - Early intervention prevents escalation of difficulties that would require more intensive (and expensive) supports later
    - Skills learned in play therapy generalise across settings (home, school, community)
- These outcomes directly align with Thriving Kids' goals of early identification, effective intervention in community settings, family capacity building, and improved functional outcomes across multiple life domains for children aged 0-8 with mild to moderate developmental needs.

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3. Equity and Intersectional Issues

First Nations Children and Families

Cultural Responsiveness: Play Therapy's non-verbal, relationship-based approach aligns with Indigenous ways of knowing and being. Culturally responsive practice includes:

- Recognising diverse Indigenous perspectives on child development and play

- Honouring community-based child-rearing practices and extended family structures
- Partnering with Aboriginal and Torres Strait Islander health services and community-controlled organisations
- Ensuring Play Therapists receive cultural safety training and access to ongoing clinical supervision
- Employing and supporting Indigenous Play Therapists through targeted scholarships and training pathways
- Using play materials and toys that reflect Indigenous culture, stories, and identity

Addressing Systemic Barriers:

- Geographic access challenges in remote communities — explore telehealth play therapy models (Filial Therapy and TORA) and fly-in/fly-out services
- Historical trauma and mistrust of mainstream services — build partnerships with trusted community organisations
- Ensuring developmental assessments are culturally valid and don't pathologise cultural differences in play and communication

Culturally and Linguistically Diverse (CALD) Families

Advantages of Play Therapy for CALD Communities:

The non-verbal nature of Play Therapy offers unique benefits:

- Play transcends language barriers — therapists and children communicate through the universal language of play
- Reduces reliance on verbal assessment that may disadvantage children who are not proficient in English
- Toys and creative materials can represent diverse cultures and experiences
- Family involvement supports parents regardless of English proficiency

Addressing CALD-Specific Barriers:

- Develop multilingual parent education materials about play developmental and psychosocial milestones
- Provide interpreter services for parent consultations
- Train Play Therapists in working with interpreters effectively
- Ensure playrooms contain culturally diverse toys and materials
- Recognise cultural variations in play and developmental expectations
- Address cultural stigma around disability and seeking mental health support

Intersectional Vulnerabilities

Play Therapy is particularly valuable for children experiencing multiple disadvantages:

- **Regional and remote families**: Limited access to specialist services makes local capacity building critical
- **Low socioeconomic families**: Subsidised or bulk-billed options needed. Play Therapy's focus on building parental capacity (through Filial Therapy or parental capacity building as part of Humanistic Play Therapy) maximizes long-term benefit. Education-based Group Play Therapy and Universal services provision through the Teacher's Optimal Relationship Approach (TORA) also maximizes long-term benefit.
- **Children in out-of-home care**: Trauma-informed Play Therapy supports developmental and psychosocial attachment needs
- **Girls with disabilities**: As noted in the Disability Royal Commission, girls and women with disabilities experience high rates of violence — Play Therapists trained in trauma-informed, neuro-affirming, developmental approaches are uniquely positioned to provide appropriate support

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4. Workforce Gaps and Training Requirements

Current Workforce Capacity

Play Therapy is an emerging profession in Australia. While the field has grown significantly since APPTA (Australasia Pacific Play Therapy Association), the first professional association formed in 2007, and the first tertiary training course commenced in 2015, workforce capacity remains insufficient to meet demand under a national Thriving Kids program. APPTA currently has close to 300 registered clinical members.

Current Training Pathways:

- Master of Child Play Therapy at Deakin University (AQF Level 9)
- Graduate Diplomas currently in development (QIPT - Queensland Institute of Play Therapy, and Play Therapy School)
- International qualifications recognised through alternate pathways

Registration Requirements: Current pathways require significant education (Bachelor or Masters level) plus (or included in training):

- 200-750 clinical hours (depending on pathway)
- 40-75 hours of clinical supervision
- Ongoing professional development
- Registration with professional bodies (PACFA, APPTA, APTA, PTPA). ***Note**: only APPTA and PACFA are associated with AHPA and NASRHP

Identified Workforce Gaps

Geographic Distribution:

- Concentration of Play Therapists in metropolitan areas
- Severe shortage in regional and remote areas
- Limited services in areas with high First Nations populations

Workforce Numbers:

- Insufficient Play Therapists to support widespread integration into MCH, ECEC, and primary care
- Waitlists for services in many areas

Cultural Diversity:

- Need for more First Nations Play Therapists
- Need for culturally diverse practitioners reflecting Australia's multicultural population

Funding Recognition:

- Play Therapy currently falls under "Other Professionals" in NDIS pricing, lacking specific recognition
- No Medicare rebates available, limiting accessibility
- Inconsistent recognition across state-based early intervention programs
- Inconsistent recognition across state-based education intervention programs
- Funding recognition is a significant barrier to Play Therapist employment opportunities and therefore professional growth

Training and Workforce Development Recommendations

Expand Tertiary Training:

- Increase places in existing tertiary training programs
- Establish additional university (tertiary) training programs across states and territories

- Consider both Bachelor and Postgraduate tertiary options that meet registration requirements but increase accessibility to training
- Develop regional training hubs using blended delivery models
- Create scholarships for First Nations students and students from regional areas

Build Capacity in Existing Workforce:

- Develop short courses for MCH nurses, early childhood educators, teachers, and primary care practitioners in developmental play and optimal psychosocial skills (TORA for educators and CORA for other professionals)
- Create a tiered training model:
    - Level 1: All early childhood workers understand play and psychosocial development
    - Level 2: Some workers have additional optimal psychosocial skills (TORA/CORA)
    - Level 3: Specialist Play Therapists for more specialised therapeutic service delivery
- Play Therapists can provide professional development on integrating play-based psychosocial informed approaches into existing roles in order to achieve universal service delivery (TORA/CORA)

Support Workforce Sustainability:

- Establish clear funding pathways through Medicare, state-based early intervention programs (within health and education services), and integration into Thriving Kids and NDIS funding models
- Create networks supporting professional development (e.g. through the already well established Mental Health Practitioners Network [MHPN])
- Develop career pathways within government and community health services
- Recognise Play Therapy as a distinct specialist paediatric allied health profession with appropriate pay scales

Address Cultural Competency:

- Mandatory cultural safety training for all Play Therapists
- Development of culturally adapted assessment and intervention resources

5. Domestic and International Best Practice

Australian Context

Current Initiatives:

- Some states have integrated Play Therapists into early intervention services
- Some schools have independently integrated Play Therapy into wellbeing/developmental supports, though many states have allocated more limited resources for these supports in early education and primary school settings (i.e., more consistent funding is allocated to secondary schools to employ therapeutic workers)
- NDIS has enabled many families to access Play Therapy, though recognition remains geographically inconsistent
- Growing body of Australian Play Therapy research

Opportunities for Enhancement:

- Learn from NDIS experience — both successes and challenges
- Build on existing MCH and ECEC infrastructure rather than creating parallel systems
- Leverage allied health partnerships already functioning well

International Models

International Consortium of Play Therapy Associations (IC-PTA):

- Established international standards for Play Therapy qualifications and practice
- Organizational membership includes play therapy associations from multiple countries
- Provides framework for maintaining quality standards across diverse cultural contexts
- Facilitates international research collaboration and knowledge sharing
- Currently, the Australasia Play Therapy Association (APPTA) is the sole Australian member organization
- **Lesson:** International standardisation supports workforce mobility, ensures consistent quality of practice, and enables Australia to learn from global evidence base while adapting to local contexts

United Kingdom:

- Play Therapy well-integrated into Child and Adolescent Mental Health Services (CAMHS)

- National Health Service (NHS) employs Play Therapists
- Strong regulation through British Association of Play Therapists (BAPT) and Professional Standards Authority (PSA)
- **Lesson**: Formal recognition and integration into public health system increases access and sustainability

United States:

- Extensive Play Therapy research base and established profession
- Integration into schools, hospitals, and community health centers
- Insurance coverage for Play Therapy services in many states
- Evidence-based approaches like Filial Therapy widely implemented
- **Lesson**: Insurance/funding recognition critical for widespread access; Filial Therapy model demonstrates effectiveness of building parental capacity

Canada:

- Play Therapy recognised in provincial health systems
- Integration with paediatric healthcare and education systems
- Focus on trauma-informed approaches
- **Lesson**: Provincial/state flexibility allows adaptation to local needs while maintaining national standards

Evidence-Based Approaches Suitable for Thriving Kids

Universal Approaches

Teacher's Optimal Relationship Approach (TORA):

- Evidence-based professional development and coaching/supervision for early childhood educators and teachers
- Trains educators in optimal psychosocial skills derived from Play Therapy principles
- Provides universal tier support — all children benefit from educators trained in TORA skills
- Supports educators to create emotionally safe, developmentally responsive learning environments
- Enhances educators' capacity to identify early developmental concerns through play-based observation
- Cost-effective model: one training and ongoing coaching/supervision can impact entire classrooms and educational settings

- Demonstrates sustained improvements in educator-child relationships, child engagement in education, psychosocial and behavioural responses, and classroom climate
- Can be adapted for transition to school programs
- Particularly valuable for supporting children with mild developmental needs within mainstream settings
- **Lesson for Thriving Kids:** Universal approaches build system-wide capacity, reducing need for intensive individual interventions while creating supportive environments for all children

Contextualised Optimal Relationship Approach (CORA):

- Adaptation of TORA for professionals beyond education settings
- Can be implemented by MCH nurses, playgroup facilitators, allied health professionals, and other professionals
- Uses optimal psychosocial skills appropriate to each professional context
- Supports consistent, relationship-based approaches across service settings
- Enables non-specialist professionals to provide developmentally attuned support
- Facilitates early identification of concerns across multiple community touchpoints
- Creates common language and approach across services, reducing fragmentation
- Particularly valuable for building capacity in regional and remote areas with limited specialist access
- **Lesson for Thriving Kids**: Contextualised universal approaches maximize reach and ensure consistent quality of interaction across all settings children access

Targeted Approaches

Humanistic Play Therapy (also referred to as CCPT [child-centred play therapy] or NDPT [non-directive play therapy]):

- Most researched approach with strong evidence base
- Developmentally appropriate for 0-8 age range
- Supports children to work through developmental and emotional challenges at their own pace
- Cultural adaptability
- Child rights informed
- Neuro-affirming

Filial Therapy:

- Parents participate actively in therapy
- Builds long-term parental capacity
- Cost-effective as parents become therapeutic agents
- Strong evidence for improved parent-child relationships and child outcomes
- Is considered both an evidence-based therapy and an evidence-based parenting intervention/program
- Particularly appropriate for Thriving Kids' focus on building family capacity

Group Play Therapy:

- Children work therapeutically in small groups (typically 4 children)
- Particularly effective for developing social skills and peer relationships
- Addresses common challenges for children with developmental delays including social communication, turn-taking, and emotional regulation
- Cost-effective delivery model reaching multiple children simultaneously
- Research demonstrates effectiveness for children with autism and developmental vulnerabilities or delays
- Can be delivered in natural settings like ECEC centers, playgroup, early education, and schools
- Provides peer modeling and opportunities to practice social skills in safe, supported environment
- Especially valuable for mild to moderate needs where social participation is a primary goal

Integration Across Tiers:

These approaches work as a graduated response framework:

- **Tier 1 (Universal)**: TORA/CORA ensures all children receive optimal psychosocial support in everyday settings
- **Tier 2 (Targeted)**: Humanistic Play Therapy, Filial Therapy and Group Play Therapy can provide early intervention for identified concerns
- **Tier 3 (Intensive)**: Humanistic Play Therapy, Filial Therapy and Group Play Therapy can address more complex or persistent difficulties

This integrated model maximises efficiency, reduces stigma (universal approaches normalise support), and ensures seamless transitions between service intensity levels as children's needs change.

6. Mechanisms for Seamless Transitions

Integrated Care Pathways

Universal to Targeted Support:

Play Therapy can support a graduated response model:

Tier 1 (Universal):

- MCH trained in play-based observation and the use of optimal psychosocial skills for working with children and families can model the use of the skills for caregivers. All parents receive information about developmental play and optimal psychosocial skills through MCH
- Early childhood educators trained in play-based observation and the use of TORA skills (Teacher's Optimal Relationship Approach) - a Play Therapy informed psychosocial skill enhancement for universal work with children and families. Children benefit from the universal use of the skills when in early education and the skills can also be modelled to caregivers
- Playgroup facilitators are trained in optimal psychosocial skills (CORA) for working with children and families and can model the use of the skills for caregivers. Community playgroups include developmental play and optimal psychosocial skills education

Tier 2 (Targeted):

- Brief play-based assessment when concerns identified
- Short-term Play Therapy intervention (10-15 sessions) [Filial Therapy, Group Play Therapy, or Humanistic Play Therapy]
- Parent-child play therapy interventions (Filial Therapy) in community settings
- Group Play Therapy interventions in education settings
- Consultation to educators and other professionals

Tier 3 (Intensive):

- Longer-term Play Therapy (Humanistic Play Therapy, Group Play Therapy, and Filial Therapy) for moderate needs
- Consultation with specialist services
- Pathway to NDIS for those with significant ongoing needs

Key Mechanisms for Seamless Transitions

Shared Assessment Frameworks:

- Play-based developmental screening tools used across all settings
- Common language around play and development
- Digital platforms enabling secure information sharing (with appropriate consent)

Key Worker/Navigator Model:

- For children with moderate needs, Play Therapist can serve as coordinator
- Maintains therapeutic relationship while supporting transitions
- Advocates for child's needs across settings

Warm Handovers:

- Play-based transition activities when moving between services
- Joint sessions between outgoing and incoming services
- Child's play preferences and developmental profile shared to ensure continuity

Co-location and Integration:

- Play Therapists embedded in MCH centers, ECEC settings, and schools
- Regular case consultations with multidisciplinary teams
- Reduces barriers for families accessing multiple services

Functional Capacity Framework:

- Play Therapists assess and report using NDIS functional capacity domains (communication, socialisation, learning, mobility, self-care, self-management)
- Consistent framework from early identification through to NDIS (if needed)
- Progress tracked against clear developmental outcomes

Clear Referral Pathways:

- Defined criteria for when to refer from universal to targeted services
- Streamlined referral processes between services
- Feedback loops ensuring referring practitioners know outcomes

Family-Centered Planning:

- Goals co-developed with families

- Family preferences and cultural considerations central to planning
- Regular review points with family input
- Families empowered with knowledge and skills to support their child across settings

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Case Example: How Play Therapy Supports Thriving Kids Goals

Background: David, age 5, was identified by his MCH nurse as having speech delays and difficulties with peer play. His parents, who speak limited English, were concerned but unsure how to access support.

Thriving Kids Pathway with Play Therapy:

1. **Identification**: MCH nurse, trained in play-based observation, used a play assessment tool to document concerns and referred to local Play Therapist co-located in the community health center

2. **Assessment**: Play Therapist conducted play-based developmental assessment over 3 sessions, involving parents throughout. Used interpreter for parent consultation. Confirmed developmental delays in communication and social skills, consistent with possible autism

3. **Intervention**:
    - 12 weekly Play Therapy sessions for David
    - Filial Therapy component where parents learned therapeutic play skills
    - Consultation with kindergarten teacher including classroom observation and strategy development
4. **Capacity Building**: Parents gained confidence in supporting David's development through play at home. Kindergarten teacher implemented suggested skills-based strategies and scaffolded play-based social skill opportunities

5. **Coordination**: Play Therapist coordinated with speech pathologist and pediatrician, completing developmental report supporting Autism diagnosis and documenting functional capacity

6. **Transition**: As David approached school entry, Play Therapist:
    - Developed transition plan using play-based psychosocial strategies
    - Met with school to share strategies

    - Supported family to access school-based support
    - Documented progress for NDIS application (approved for early intervention supports)
7. **Ongoing Support**: David transitioned to school with support plan in place, continued to access Play Therapy through NDIS, and parents engaged more with further skill development and play-based relational opportunities through Filial Therapy

Outcomes:

- Early identification and intervention in familiar community setting
- Family empowerment and cultural responsiveness
- Seamless transitions between services
- Improved functional capacity across all domains
- Access to appropriate ongoing support (NDIS) when needed

Conclusion

Play Therapy offers an evidence-based, developmentally appropriate, and culturally responsive approach to supporting children 0-8 with mild to moderate developmental delays within the Thriving Kids framework. By integrating Play Therapists into existing mainstream services and building capacity across the early childhood workforce, Australia can ensure:

- Early identification of developmental concerns through play-based observation and assessment
- Accessible intervention in settings families already trust
- Family capacity building for long-term outcomes
- Culturally safe support for First Nations and CALD communities
- Seamless transitions as children move through different developmental stages and service systems
- Cost-effective use of resources by preventing escalation of difficulties

Priority Actions:

1. Formally recognise Play Therapy within Thriving Kids funding and service models
2. Expand workforce training and establish regional training hubs
3. Integrate Play Therapists into MCH, ECEC, and primary care settings
4. Develop culturally adapted resources and training

5. Establish clear referral pathways and outcome measurement frameworks
6. Create Medicare item numbers for play-based developmental assessment and play therapy brief interventions

By embracing Play Therapy's unique contribution, Thriving Kids can deliver truly child-centered, developmentally sensitive support that meets children where they are — in their natural language of play.

Supporting Documents

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Prepared by:

Details do not appear in the submission but are provided in attached cover letter