Australian Association for Infant Mental Health

Submission to the Inquiry into the Thriving Kids initiative

October 3rd 2025

Dear Reviewers,

The Australian Association of Infant Mental Health (AAIMH) is pleased to present the following response to the 2025 Inquiry into the Thriving Kids Initiative.

We note that the Thriving Kids program provides a critical opportunity to develop and strengthen childhood systems for identifying and supporting children with developmental, social and emotional difficulties, and their families. Embedding relational, developmental and community-based approaches is key to effective and sustainable impacts and aligns with national and international best practice.

To deliver effective, integrated services, it is essential that we invest in a well-trained and well-supported workforce which equips workers to engage with the complex, layered realities families face, avoiding reactive or simplistic approaches (1).

AAIMH responses to the Inquiry Terms of Reference are outlined below.

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

AAIMH recognises that there are a number of relevant, evidence-based assessment tools which can support early identification of infants and children with developmental, social and emotional delays and difficulties (e.g. ASQ,(2) ASQ -Trak (3). Importantly, AAIMH recommends that these screening and assessment tools be used within developmentally sensitive, relationship informed diagnostic frameworks, such as the *DC:0–5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (4)(5).

DC:0–5 is a diagnostic system for infants and children, which places assessment processes and outcomes in relational and environmental contexts. The system captures the complexity of early development through a holistic, multi-axial approach, supporting early detection of delays and difficulties and allowing for targeted, integrated interventions. DC:0-5 considers an infant/child's developmental profile and general presentation within the context of their relationships, physical health, psychosocial stressors, and developmental competence. The

system provides a holistic understanding of an infant/ child's needs and strengths, and frames developmental challenges within a strengths-based, family-centred model.

The DC:0-5 system facilitates early and accurate identification of delays, which supports timely and targeted intervention planning, collaboration between professionals and families, and guides interventions that address an infant/ child's specific developmental, relational and environmental needs. This approach supports accurate assessment and more tailored, effective services aligned with best practice.

DC:0-5 and its previous versions were developed in the United States by the Zero to Three organisation (DC:0-3, 1996; DC:0-3R, 2005, DC:0-5, 2016), and represented an international shift toward early, contextually grounded assessment and intervention. DC:0-5 provided a shared language for clinicians, researchers, and policymakers to support the mental health and developmental needs of infants and young children. Since its release, several U.S. states have integrated DC:0–5 into their policies and practices to enhance early childhood mental health services, including Washington State, Illinois, and Minnesota Massachusetts. The DC:0–5 system has been incorporated into state policies and practices, specifying use in health supports and services for infants, young children, and families (6).

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.**

High-quality early childhood education and care and inclusive school environments can significantly reduce developmental risk. However, effectiveness of these programs depends on workforce capability, adequate inclusion support, and continuity of planning across health, education and all service systems.

Primary care and universal maternal and child health services which reach families consistently during the first years of life are essential early contact points for identifying infants and young children with developmental difficulties and delays.

A skilled and capable workforce is therefore crucial to effective identification of infants and children with developmental vulnerabilities, through the informed provision of regular developmental surveillance, validated screening tools, and clear referral pathways to early supports.

Workforce capacity challenges, inconsistent screening practices, and limited referral options often delay identification of infants and children with early difficulties and provide few options for next steps in assessment and intervention. Strengthening the capacity of primary health and education workers to identify and respond to concerns in a relationship-sensitive way

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remains a key infant mental health priority. For example, GPs, early educators, nurses and allied health professionals have reported gaps in infant mental health knowledge (Emerging Minds workforce survey 2021)(7), and the need for additional education and upskilling to effectively identify and respond to early developmental and behavioural difficulties.

Community-based services, including supported playgroups and allied health programs offer accessible and non-stigmatising entry points for families. These services can embed parent focused programs and therapeutic support within everyday interactions, strengthening family capacity and developmental outcomes.

Infant mental health programs with sound evidence bases include:

- *Circle of Security:* strengthening attachment through parenting education (8)
- *Marte Meo:* enhancing parent-child interactions using video feedback (9)

Targeted therapeutic programs include:

- *Inklings:* focused on child-parent communication (10)
- *ABC (Attachment and Biobehavioral Catch-up): s*upporting infants exposed to inconsistent caregiving (11)
- *Child-Parent Psychotherapy*: for children who have experienced traumatic events (12)

These interventions are grounded in developmental science and have demonstrated long-term benefits, including improved mental health, school readiness, and reduced antisocial behaviour (13)

Early intervention, beginning prenatally where risk factors are evident, offers the greatest potential for long-term positive outcomes.

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

First Nations infants and children and those from culturally and linguistically diverse backgrounds are often under-identified, diagnosed later, and experience reduced access to early intervention compared with their peers (14). Barriers include systemic racism, mistrust of mainstream services, language differences, and culturally inappropriate screening tools and assessment practices that do not reflect diverse child-rearing practices, communication styles, or developmental norms. Limited availability of Aboriginal and Torres Strait Islander or bilingual practitioners and interpreters further reduces engagement, while service models that prioritise clinic-based, individualised interventions may be inaccessible or culturally mismatched for many families.

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Intersectional disadvantage compounds inequities, so that families experiencing poverty, insecure housing, limited transport, or visa-related barriers face additional challenges in accessing services and navigating complex systems such as the existing National Disability Insurance Scheme. First Nations families may also contend with intergenerational trauma and systemic discrimination, which influence help-seeking behaviour and trust in services.

Culturally safe and community-led approaches — including partnerships with Aboriginal Community Controlled Organisations, embedding services within trusted settings, co-designing screening and intervention tools, and supporting workforce diversity — are essential to reduce disparities.(15) Without deliberate strategies to address cultural, linguistic, and structural barriers, children from these communities will continue to be underrepresented in early detection systems and underserved by developmental support services.

The DC:0-5 provides an overarching system for conceptualising developmental difficulties and differences within cultural and relational frameworks and comprehensively addresses the inequities outlined above.

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

Despite strong evidence for the benefits of early identification and intervention, significant gaps remain in workforce capacity across Australia's health, education, and community sectors to effectively recognise and respond to developmental delays in infants and young children. A key gap is the **limited training in early childhood development, infant mental health, and neurodevelopmental diversity** among many frontline professionals, including GPs, maternal and child health nurses, allied health practitioners, and early childhood educators, leading to inconsistent use of validated developmental screening tools, variable confidence in recognising early signs of delay, and a tendency to adopt "wait and see" approaches rather than initiating timely referrals. Training in the use of frameworks such as **DC:0–5** and skills in relational and contextual assessment are not yet widely embedded in pre-service or continuing professional development programs, as identified in the Emerging Minds workforce survey. Pathways for training and upskilling the workforce have been outlined (16).

There is also a shortage of **specialised workforce capacity** to deliver family-centred, relationship-based interventions, especially in rural, remote, and low-resource communities. Many practitioners receive limited preparation in the essential components of effective early intervention - parent coaching, culturally responsive practice, trauma-informed care, and collaborative planning. Fragmentation and siloed health, early childhood, and education sectors compound these gaps, as professionals often lack structured opportunities for cross-sector learning, shared language, and integrated planning. Additionally, core supports needed to build workforce confidence and sustain quality including supervision, mentoring, and reflective practice are inconsistently available. Addressing these issues requires

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coordinated national investment in workforce development through embedding early relational health and related content in training curricula, and developing structured pathways for ongoing professional learning and interdisciplinary collaboration.

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

Early relational health — the quality of the caregiving relationship and its role in shaping early development — is increasingly recognised globally as a public health priority. International policy frameworks (e.g. **World Health Organization, Harvard Centre on the Developing Child (17), UNICEF Early Childhood Development Strategy)** consistently emphasise the importance of early relationship-based supports as the foundation for healthy brain development, resilience, and lifelong wellbeing. These approaches advocate for universal developmental surveillance, parent–child interaction support, and integrated service systems that bridge health, education, and social care. **Finland, Sweden, and the United Kingdom** embed relational health principles into their universal child health systems through regular home visiting programs, routinely including relational assessment in developmental reviews, and coordinated family support services. **New Zealand's Well Child Tamariki Ora Program** (18) and **Canada's Healthy Child Manitoba** strategy are other examples of nationally embedded policies prioritising caregiver–child relationships and early developmental support across universal and targeted services.

In Australia, the **National Children's Mental Health and Wellbeing Strategy (2021) (19)** explicitly calls for relational health to underpin prevention and early intervention. Best practice models, both domestically and internationally, highlight the need for:

1. universal relational and developmental surveillance embedded in primary care and early education
2. multi-sector integration of health, social, and education supports
3. culturally responsive, family-centred service design
4. workforce development in infant mental health, trauma-informed practice, and relational interventions.

Embedding these principles into policy and funding structures ensures that identification and support for developmental difficulties occur early, equitably, and within the relational contexts that most strongly influence children's outcomes.

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

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Embedding **infant mental health principles** and the **DC:0–5 framework** into early childhood systems provides a foundation for supported transitions through services for infants and children with identified developmental needs. The use of developmentally sensitive and relationship-focused assessment tools ensure that concerns are identified early and in context, and can be described in a shared language across health, education, and community sectors. Shared understanding improves communication, and allows nuanced information about a child's strengths, needs, and relationships to guide individualised service planning across maternal and child health services to early education and school. Active caregiver involvement, with collaborative planning, parent coaching, and warm referrals to trusted services can facilitate coordinated pathways that support both the child and their family.

Integrating low-intensity, relationship-based interventions directly into mainstream settings—such as allied health consultation in early learning environments, educator coaching, and parent–child support embedded in playgroups—ensures that children receive tailored help without relying solely on specialist services. The DC:0–5's multi-axial perspective helps professionals design inclusive environments that address developmental skills, emotional regulation, and relational needs together. Workforce capability in early relational health and neurodevelopment, along with shared outcome measures focused on participation, relationships, and progress, further strengthens continuity. Together, these mechanisms create a cohesive, family-centred system that enables children to access support early, transition smoothly across services, and thrive in their communities, their everyday environments.

By supporting a well-trained and collaborative cross-sector workforce and embedding relational health principles into its design, Thriving Kids has the potential to transform outcomes for children and families from the beginning of life while simultaneously improving our nation's bottom line (20).

Thank you for considering our submission, and please don't hesitate to contact me on the email below if AAIMH can be of assistance in this, or any other, matter involving infants and young children and their families.

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Chair

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