

Healthy Beginnings: Changing the life trajectories of Australian Children

Prepared for the
Financial Markets Foundation for Children
July 2025 update



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We recognise and pay respect to the Elders and communities – past, present, and emerging – of the lands that the University of Sydney’s campuses stand on. For thousands of years they have shared and exchanged knowledge across innumerable generations for the benefit of all.

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Glossary of terms and abbreviations

Abbreviation	Term
AEDC	Australian Education Development Census
CFH	Child and Family Health
DoE	Department of Education
EOI	Expression of Interest
ECLC	Early Childhood Learning Centre
HB	Healthy Beginnings
EUC	Enhanced Usual Care
HREC	Human Research Ethics Committee
LHD	Local Health District
NSW	New South Wales
PISCF	Participant Information Sheet and Consent Form
PBIS	Place-Based Interventions
RISEC	Research in Schools and Early Childhood Settings
SEIFA	Socio-Economic Indexes for Areas
UNSW	University of New South Wales
VIC	Victoria

Executive summary

This progress report has been prepared for the Financial Markets Foundation for Children, the funding agency supporting the Healthy Beginnings Project. The report represents a collaborative effort between the University of New South Wales, the University of Sydney, the University of Melbourne, and Monash University.

The Healthy Beginnings (HB) project commenced in early 2025. Since then, ethics and governance approvals for Phase 1, which focuses on the co-design of the HB model, have been successfully completed, with formal clearance received from the University of New South Wales (UNSW) and the University of Melbourne. Key governance applications to the Department of Education (DoE) have been submitted, and partial approval has been obtained. Strategic partnerships and collaborative relationships are currently being established, with potential engagement from Goodstart and Local Health Districts (LHD). These efforts are targeted at building strong connections in socio-economically disadvantaged regions of New South Wales (NSW) and Victoria (VIC) to support the design and implementation of our model.

As part of the preparatory phase of the Healthy Beginnings (HB) project, a

series of targeted evidence reviews have been undertaken to inform the design and implementation of the HB model. These include an umbrella review and meta-analysis assessing the accuracy of developmental screening tools, a scoping review of national and international clinical practice guidelines, and an ongoing systematic review of place-based interventions for children aged 0–6 years. This preliminary work has been conducted to establish a robust and evidence-informed foundation for the project.

The remaining milestones for 2025 are structured across two core phases. Phase 1, which encompasses both the screening model and the follow-up intervention, will begin with the recruitment of participating centres and individuals between July and September. This will be followed by comprehensive data collection through interviews, focus groups, workshops, and surveys. Data analysis will continue through to December, supported by targeted engagement with Local Health Districts to inform the co-design process. Concurrently, preparatory work for Phase 2, involving the pilot feasibility trial, will focus on finalising ethics and governance compliance to ensure alignment with the established project timeline.



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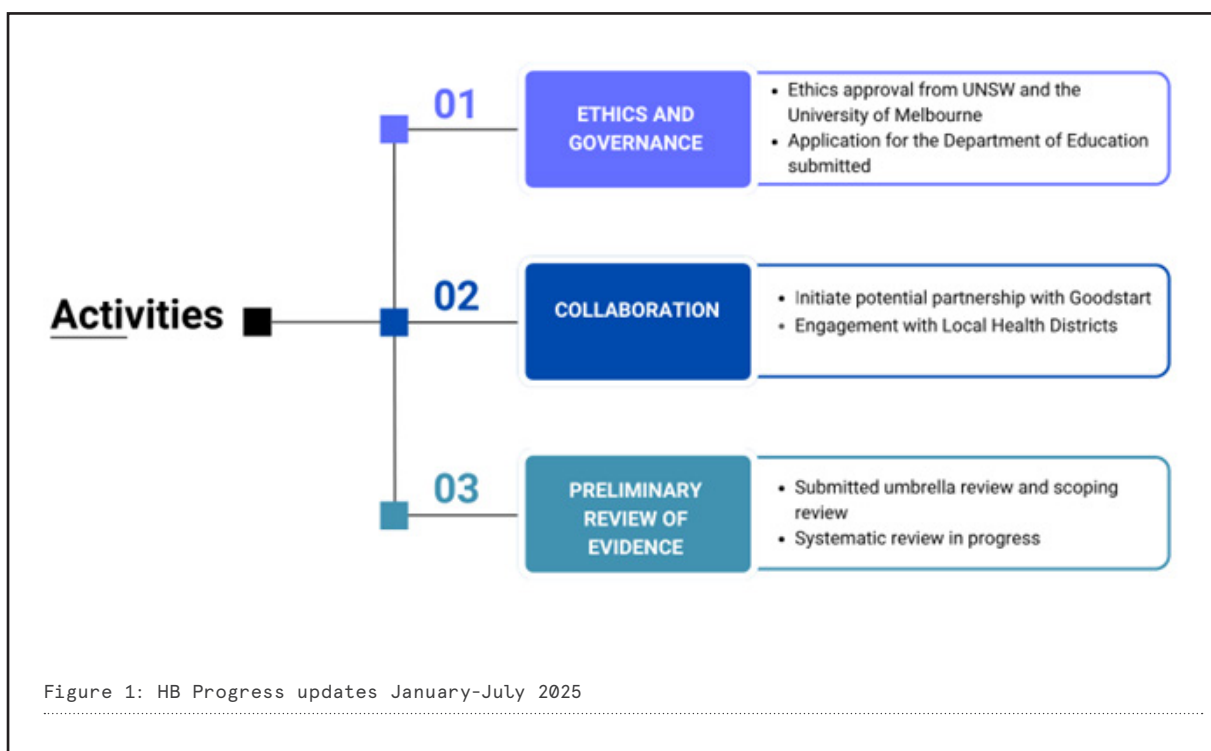
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1. Progress updates

The HB project commenced in January 2025 and has since achieved significant progress in establishing the requisite ethics and governance requirements. Strategic engagement with prospective partners has been actively advanced, and essential

preparatory activities have been undertaken to facilitate effective project delivery (Figure 1). A detailed account of the work undertaken to date is described below.



1.1. Ethics and governance (Stage 1)

The ethics and governance applications necessary to initiate the project have been formally submitted and are currently under review for approval (Table 1). The steps followed are detailed below:

Ethics applications

Prior to the commencement of the project, applications to the Human Research Ethics Committee at UNSW and the University of Melbourne were submitted to ensure compliance with all applicable legal, institutional, and ethical standards.

This process is important to safeguard the rights, welfare, and confidentiality of participants, particularly given the involvement of children, families and educators in potentially vulnerable populations. It also ensures that data collection, storage, and analysis comply with relevant privacy regulations and quality control measures.

Initial applications were submitted in February and April of 2025. The applications underwent initial review between March and May and received minor feedback from the committee. Both applications received full approval in May and June 2025.

Action		Submission Date	Status
Ethics	UNSW	February 2025	Approved
	University of Melbourne	April 2025	Approved
Department of Education application in Victoria	UNSW	April 2025	Received in-principle approval by the committee (13/05/2025) VIC Approved
	University of Melbourne	March 2025	Approved
National Application Form NSW		April 2025	Submitted as part of the DOE Application

Table 1. Ethics and governance updates

Governance

RISEC application

In addition to ethics approval from the Department of Education is also required to conduct research in Early Childhood Learning Centres (ECLC). The Research in Schools and Early Childhood Settings (RISEC) aims to ensure that research conducted with the involvement of government schools and early childhood settings is appropriate to the goals of the education system and upholds the department’s duty of care for students and staff. The RISEC application was submitted in April 2025 and partial approval was obtained in June 2025.

National Application Form

Further to the RISEC application, the National Application form (NAF) was filled out and submitted. The NAF is intended for researchers seeking approval from multiple education authorities to conduct research at education sites in different states in Australia. The application was submitted in April 2025.

1.2 Potential partnership with Goodstart

Goodstart is one of Australia’s largest not-for-profit providers of early learning and care. With a vision of giving children the best possible start in life, Goodstart is committed to ensuring access to quality early learning for all. Operating more than 660 centres across hundreds of communities nationwide, the organisation places inclusion at the core of its values. Goodstart works diligently to create welcoming environments and support networks that embrace all children, fostering a sense of belonging and opportunity in every centre. Given the alignment in values and shared commitment to providing children with early support, Goodstart was identified as a potential strategic partner for the HB project. Over the past eight months, consistent communication has been maintained with Myra Geddes (General Manager, Social impact) and Dr. Victoria Sullivan (National Research Manager) as representatives from Goodstart.

Last meeting update

The meeting took place on 5 June and the following key discussion points were covered:

- **Maintaining educator engagement:** Strategies were discussed for sustaining educator involvement throughout the project. A key focus was on building strong relationships and ensuring ongoing buy-in from centres.
- **Expanding involvement:** there was interest in broadening the project's reach to include non-Goodstart centres within the same geographic area, to allow for broader data collection, engagement and retention from participants.
- **Co-design approach:** the project maintains a strong commitment to a co-design methodology, with an integrated focus on health and education to ensure relevance and impact.

This ongoing engagement has facilitated the initiation of the endorsement process for the partnership. The specific requirements for endorsement are outlined below:

1. Ethics approval:

The recruitment of participants and the commencement of data collection activities were contingent upon securing formal ethics approval. This process was successfully completed, enabling the project to progress toward the next steps

2. Provision of required documentation

Regular meetings have been conducted with Dr. Victoria Sullivan to ensure that all endorsement requirements are met in a timely and thorough manner. As part of this process, comprehensive documentation has been submitted detailing the target participant groups and locations, the planned project activities, and the expected time commitments from both participants and participating centres.

3. Expression of Interest (EOI)

Once suitable centres are identified, Goodstart will initiate an EOI process

to formally invite participation. Approval from Goodstart is pending, contingent upon the centres' responses.

1.3 Engagement with Local Health Districts

Areas with high socioeconomic disadvantage across regional, rural and urban areas in NSW and Victoria have been identified. In response, collaborative relationships are being established with representatives from the relevant LHDs in these targeted areas. This engagement is intended to ensure that the HB model is appropriately aligned with local community needs and integrated with existing resources and services. This collaboration is expected to enhance the delivery of support to children and families in a manner that is both efficient and sustainable.

Selected areas:

- Canterbury (urban area) and Murrumbidgee (rural area) in NSW.
- Brimbank (urban area) and Ballarat (regional area) in VIC.

1.4 Preliminary review of evidence

In parallel with the ethics and governance approval process, the team undertook a series of preliminary work to establish a robust foundation for the broader initiative.

Umbrella review and meta-analysis–developmental screening tools

Central to this preparatory phase was an umbrella review and meta-analysis led by Dr Noushin Arefadib aimed at critically evaluating the global evidence on the accuracy of developmental screening tools for children aged 0 to 6 years. The review synthesised evidence from 13 systematic and scoping reviews, encompassing 38 distinct screening instruments.

Of these, nine tools had sufficient data to support meta-analytic pooling of sensitivity, specificity, and area under the receiver operating characteristic curve (AUC). The analysis revealed that while several tools demonstrated moderate discriminative capacity (AUC range: 0.66–0.89), the majority did not meet the minimum accepted thresholds for sensitivity and specificity (≥ 0.80), limiting their utility for clinical or population-level screening. High heterogeneity and wide confidence intervals were observed across most estimates. These findings underscore the need for cautious interpretation of screening outcomes and support the development of more robust, context-sensitive implementation strategies that account for the limitations in current tool performance. This umbrella review was submitted to the *Journal of the American Academy of Child and Adolescent Psychiatry* in May 2025 and is currently under review.

Scoping review: recommendations and guidance on developmental screening

Complementing this work, a scoping review led by Dr Noushin Arefadib was submitted to the *Australian Medical Journal* in July 2025 and is currently under review. This review identified and appraised recommendations on developmental screening in 11 Australian and 10 international clinical guidance and compared key recommendations across sources. Findings highlighted variability in the quality of existing guidelines with consistently low scores for editorial independence, rigour of development, and applicability, especially among Australian state and territory sources. While most included guidelines recommended population-level screening, substantial heterogeneity was observed in terminology, recommended screening tools, and the timing and frequency of screening.

Compared to international guidelines, Australian sources generally recommended more frequent screening and an earlier age for first screening. The Ages and Stages Questionnaire and Parents' Evaluation of Developmental Status were the most frequently recommended screening tools in Australia, while international sources were less likely to specify a particular tool. The lack of consistent guidance can foster uncertainty among clinicians, contribute to variation in care, and delayed identification of developmental concerns. The absence of coordinated, nationally consistent recommendations is especially consequential for children already facing barriers to specialised services, further entrenching inequities for priority populations. The findings underscore an urgent need for more robust, transparent, and inclusive approaches to developing guidance on developmental screening in Australia and internationally.

Systematic review: place-based interventions

The research team is currently conducting a systematic review of place-based interventions (PBIs) targeting children from birth to six years of age led by Ms Thalita Feitosa. This review aims to rigorously assess the effectiveness of PBIs in improving health, developmental, and well-being outcomes for young children, while also identifying any associated risks or unintended consequences. In addition, the study seeks to delineate the core components and contextual factors that influence the success of PBIs. A further objective is to evaluate the cost-effectiveness of PBIs to inform future investment and policy decisions. The findings will guide and inform the design and implementation of the HB model.

Healthy Beginnings timeline

	2025												2026												2027			
	Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4			Q1			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	
Ethics And Governance																												
Ethics and Governance-Phase 1	[Brown]																											
Ethics Submission and Approval	[Dark Blue]			[Dark Blue]			[Dark Blue]			[Dark Blue]																		
DOE and NAP				[Dark Blue]			[Dark Blue]			[Dark Blue]																		
Ethics and Governance-Phase 2													[Light Blue]															
Stage 1: Co-design of the Health Beginnings model																												
a) Screening model	[Brown]																											
Evidence review	[Dark Blue]			[Dark Blue]			[Dark Blue]			[Dark Blue]																		
Recruit and co-design workshops				[Light Blue]			[Light Blue]			[Light Blue]																		
Family and ECLC workshops				[Light Blue]			[Light Blue]			[Light Blue]																		
Prototyping and refinement of the final screening model				[Light Blue]			[Light Blue]			[Light Blue]			[Light Blue]															
b) Intervention Co-design	[Brown]																											
Recruit interviews & Focus group				[Light Blue]			[Light Blue]			[Light Blue]																		
Interviews and focus groups				[Light Blue]			[Light Blue]			[Light Blue]																		
Prototyping and refinement of the final intervention				[Light Blue]			[Light Blue]			[Light Blue]			[Light Blue]															
Stage 2: Pilot Feasibility Study																												
Stage 2: Pilot Feasibility Study													[Brown]												[Brown]			
Enrolment into study													[Dark Blue]			[Dark Blue]			[Dark Blue]									
Intervention embedding													[Dark Blue]			[Dark Blue]			[Dark Blue]									
Intervention rollout													[Dark Blue]			[Dark Blue]			[Dark Blue]									
Implementation Evaluation													[Dark Blue]			[Dark Blue]			[Dark Blue]									
Economic and Impact evaluation													[Dark Blue]			[Dark Blue]			[Dark Blue]									
Publication and dissemination of findings																												
Analysis and dissemination (Ongoing)	[Brown]																											
Umbrella review-Preparation and submission	[Dark Blue]			[Dark Blue]			[Dark Blue]			[Dark Blue]																		
Scoping review-Preparation and submission	[Dark Blue]			[Dark Blue]			[Dark Blue]			[Dark Blue]																		
Systematic review-Preparation and submission				[Light Blue]			[Light Blue]			[Light Blue]			[Light Blue]															

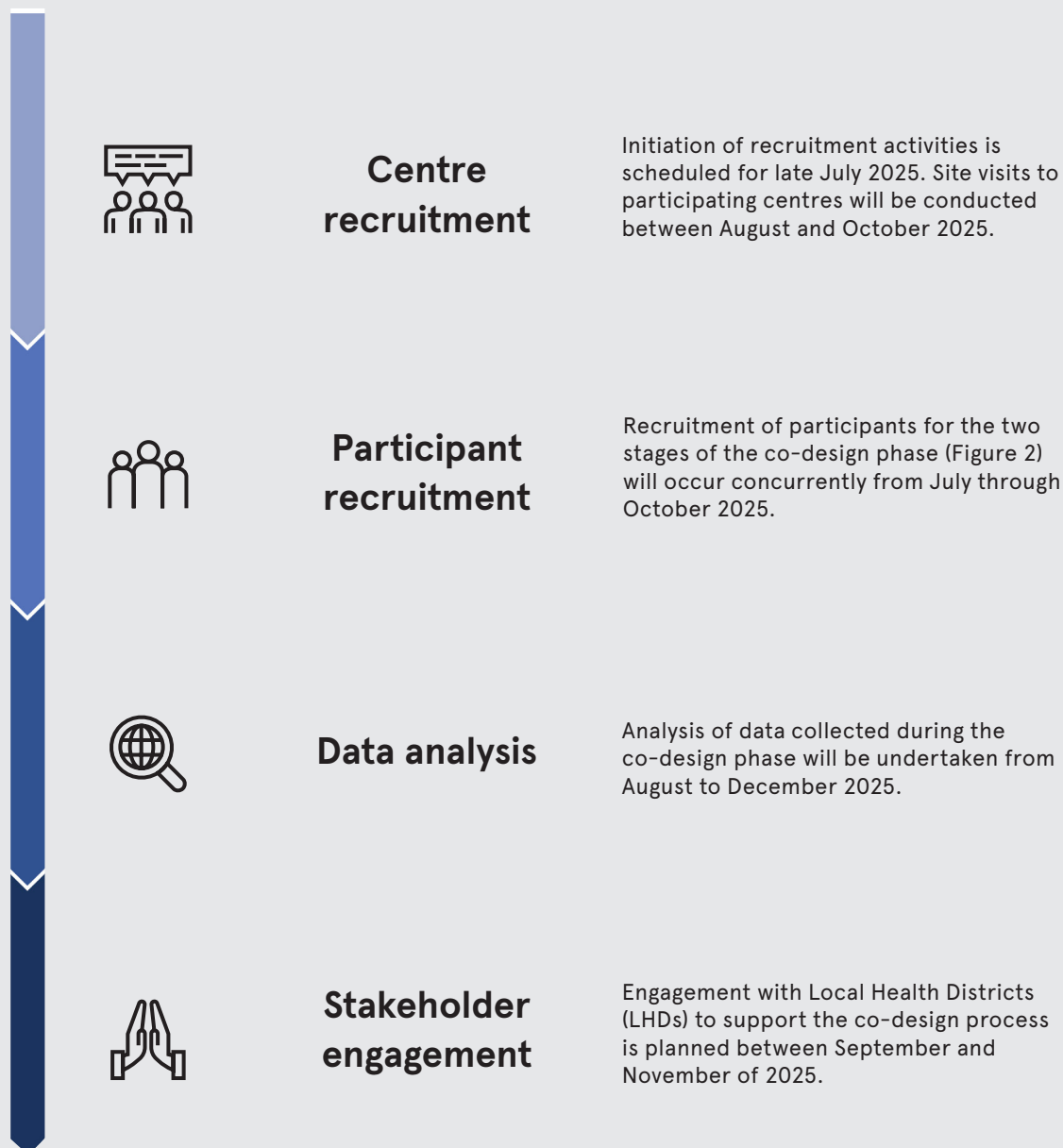
Legend	Plan	In progress	Completed	Phase duration
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2. Next steps

This section outlines the planned activities for the remainder of 2025, structured across the two key phases of the HB project. A comprehensive description of the approaches and activities planned for Phase 1 and Phase 2 is provided in **Section 3** of this report.

Phase 1: Co-design of the HB model



Phase 2: Pilot feasibility trial

Ethics and governance

Ethics and governance applications for the pilot feasibility trial are currently being developed, with submission expected by October 2025.

3. Project description

Background and aims

The first five years of life are a critical window for shaping a child's long-term health, development, and wellbeing. During this period of rapid brain development, children form foundational skills across cognitive, emotional, social, and physical domains.¹ Yet, despite the importance of early intervention, data from the Australian Early Development Census (AEDC) shows that 23.5% of children start school developmentally vulnerable in at least one domain, with higher rates among disadvantaged and priority populations.² Many of these children are not identified early and miss out on timely support, often due to inconsistent screening practices and limited access to health services.³⁻⁵

ECLCs are attended by nearly half of children aged 0–5, offering a unique opportunity to address this gap. These settings are well-positioned to promote early childhood health and development through timely observation of children's behaviour and learning progress.⁶ By embedding developmental screening and referral pathways within ECLC environments, there is an opportunity to identify children with emerging needs earlier and connect families to appropriate support services.⁷

The HB project aims to develop and implement an integrated model of developmental screening and follow-up intervention within ECLCs.

The HB model builds on our work in integrated primary care hubs that have been shown to improve quality of local care, decrease referrals to paediatric services and improve parents' confidence and access to local services.^{8,9}

By co-designing the approach with educators, families, and health professionals, the project seeks to build a scalable and equitable model that ensures children with unmet developmental needs are identified early and supported effectively. This initiative not only promotes improved individual outcomes but also contributes to the reduction of disadvantage and alleviates pressure on the broader health system.

Project phases

To facilitate the development and implementation of the HB model, the project has been structured into two distinct stages:

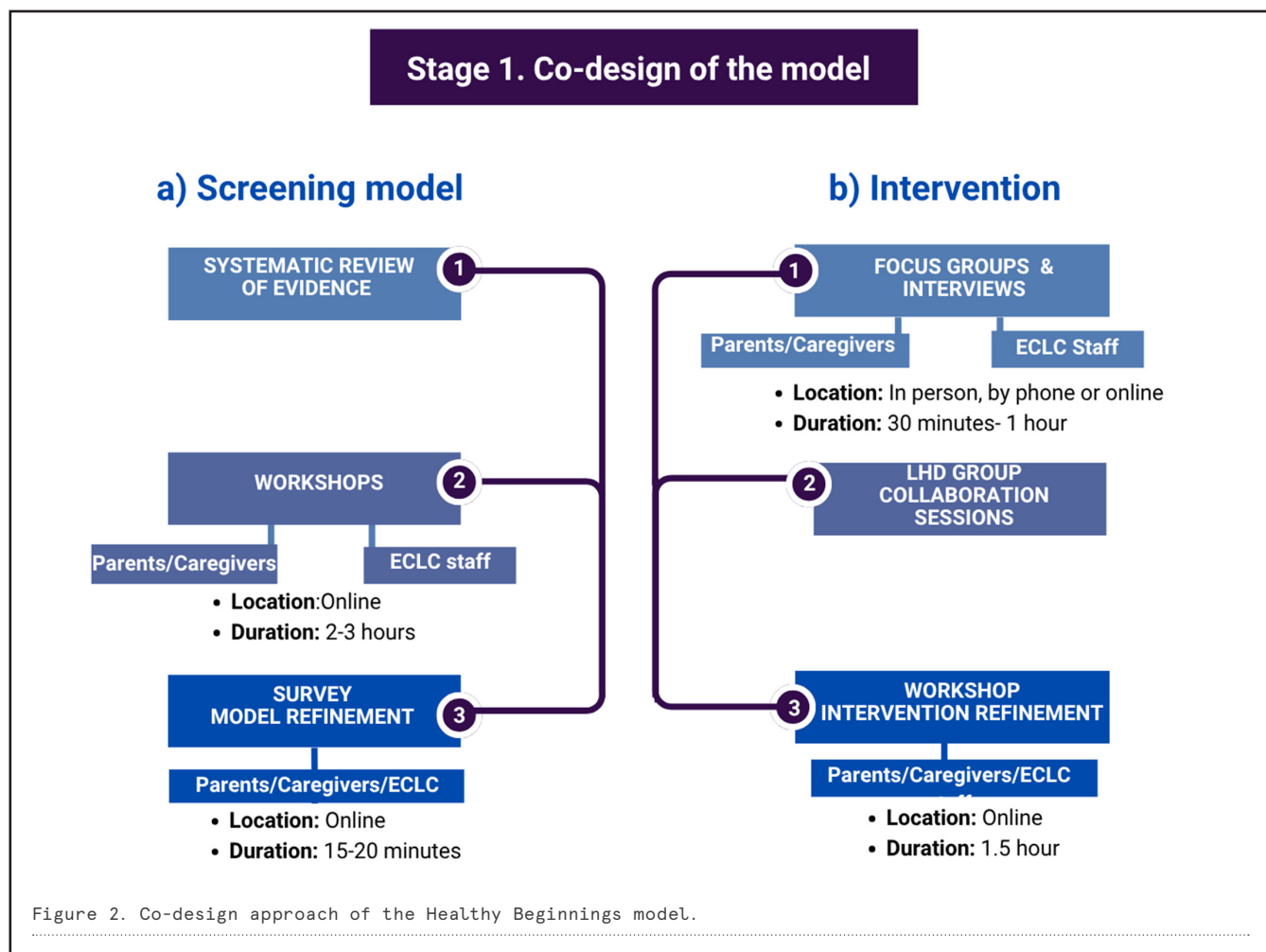
Phase 1: Model development (2025):

This phase focuses on the co-design and refinement of the HB model in collaboration with key stakeholders and participating centres.

Phase 2: pilot feasibility trial (2026):

This phase will involve the implementation and evaluation of the HB model through a structured pilot trial to assess its feasibility, effectiveness, and scalability.

3.1. Phase 1: Co-design of the Healthy Beginnings model



Stage 1 of the project aims to understand and integrate the needs and perspectives of key stakeholders into the design of a **screening model** and **associated early intervention** to support children with health and developmental needs attending ECLCs and their families in areas with high socioeconomic needs in Victoria (VIC) and New South Wales (NSW).

The planned HB model will be co-designed to ensure feasibility and acceptability. Our co-design approach will include individual semi-structured interviews, focus groups, workshops, and surveys. We will involve a diverse range of participants in these discussions, including parents, caregivers and ECLC staff (i.e. Childhood educators, management and administrative staff) and our Local Health Districts partners.

This collaborative approach is crucial as it allows us to gather comprehensive insights from those

directly involved and affected. By using this approach, we can ensure that the intervention we develop is not only tailored to the unique needs of children and their families but also culturally appropriate. This increases the likelihood of the intervention being effective and successfully supporting the needs of children attending ECLC and their families. Prospective ECLCs will be recruited between July and September, from metropolitan and regional ECLC centres in Victoria and NSW.

Stage 1. Development of the screening model:

1. Identifying existing developmental screening instruments and best practice guidelines

In the first phase, we completed an umbrella review to identify existing developmental screening tools and evaluate their accuracy. In parallel, we conducted a scoping review to

identify international and Australian clinical practice guidelines and recommendations for developmental screening. These reviews provided a comprehensive understanding of best practice recommendations regarding:

- a. which screening instruments (if any) are recommended;
- b. the timing and frequency of screening (i.e., the age of the child at the time of screening); and
- c. recommended screening procedures (e.g., the introduction and administration of the screening tool).

Drawing on the findings from these reviews, we have identified three screening tools considered most suitable for use in Australian ECEC settings. In addition, we have identified a set of recommended screening practices, including guidance on timing, frequency, and procedures for developmental screening. Together, these findings will inform the co-design of the Healthy Beginnings early identification model, ensuring it is both evidence-based and tailored to the needs of the Australian early childhood context.

2. Co-design workshops: tool selection and development of model prototype

To finalise tool selection and design the Healthy Beginnings early identification model, two co-design workshops will be conducted: one with parents/guardians and another with relevant ECEC staff from participating centres.

The parent/guardian workshop will inform the model by identifying preferred developmental screening tools, exploring necessary adaptations to enhance acceptability and efficacy, understanding motivations for participation and preferences for an ideal screening model, and identifying perceived barriers to developmental screening and potential solutions. The ECLC staff workshop will explore how educators and managerial

staff can contribute to and support the implementation and sustainability of the program, clarify the roles required, identify factors necessary for smooth operation and strategies to encourage family participation, and address potential challenges faced by both staff and families.

We aim to recruit 12 participants for the parent/guardian workshop and 12 participants for the ECEC staff workshop, with an equal distribution of 6 participants from Victoria and 6 from NSW in each group.

3. Prototyping and refinement of the final model

Drawing on findings from our umbrella and scoping reviews, and insights from co-design workshops with families and ECLC staff, we will develop a prototype of the Healthy Beginnings early identification model in collaboration with research team members experienced in diagnostic and developmental assessment, early childhood development, and program delivery. The prototype will be circulated to workshop participants via email, including a link to a University of Melbourne REDCap survey seeking feedback on its usability, feasibility, and alignment with workshop themes. Participants may also provide feedback directly to a research team member by phone.

This iterative process will ensure the model is responsive to the needs and priorities of families and ECE stakeholders, supporting its effective implementation. All feedback will inform the final Healthy Beginnings screening model, which will be shared with participants to acknowledge their contributions and maintain transparency.

Stage 2. HB intervention development:

1. Co-design interviews and focus groups: identifying stakeholders' needs

Parent/caregivers interviews:

We will conduct individual interviews in person, by phone or online using a web-conferencing platform (Zoom or Teams), depending on parents' availability and preference. The aim of these individual interviews is to explore parents/caregivers' perspectives pertaining to their experiences, needs, and preferences in relation to receiving early support for their children. Specifically, we will explore families' perspectives on current access to support services, identifying both barriers and facilitators. Additionally, we seek to integrate these perspectives into the design of a family-centred early intervention program that is culturally sensitive and responsive to the unique needs of children and families. We aim to recruit 10-20 participants for individual interviews, with a similar distribution of participants in both VIC and NSW.

ECLC staff focus groups or interviews:

We will conduct focus groups or individual interviews in person or using a web-conferencing platform (Zoom or Teams) depending on ECLC staff preference. ECLC staff who are unable to attend the focus group session will be offered opportunity to participate in an individual interview. The purpose of these focus groups is to examine the experiences, priorities, and challenges encountered by staff in supporting children with health and developmental needs attending their centres and their families. We aim to obtain comprehensive insights into staff members' experiences, needs, and perspectives regarding an ideal early intervention to support families of children attending their centres. These sessions

will investigate the expectations and requirements of staff for a health support service integrated directly into their settings to benefit the children. We aim to recruit 4-8 participants per focus group, with a similar distribution from Victoria and NSW.

2. Online workshop or feedback form for Intervention refinement:

Findings from Phase 1, which comprised interviews and focus groups, will be used to guide the development of a prototype for the Healthy Beginnings intervention. This process will be undertaken collaboratively with our LHD partners. Once developed, the prototype will be shared to parents, caregivers, and ECLC staff who participated in the interviews and focus groups to obtain their feedback. This engagement will occur through either an online workshop or via an online feedback form.

Option 1: Online workshop with key stakeholders for intervention refinement

The workshop will be held online using a web-conferencing platform (Zoom or Teams). The primary objective of this workshop is to refine and finalise the HB intervention, ensuring it is optimally designed to meet the needs of children and families in early learning centres. This 1.5 hour interactive session will convene a diverse cohort of stakeholders, including ECLC staff, caregivers, and family members, to ensure a holistic and inclusive approach to intervention refinement. The workshop's objectives are to present the current version of the model of care, facilitate comprehensive discussions, and gather detailed feedback from participants. This collaborative process is essential for aligning

the intervention with the real-world needs and preferences of those it will serve. We aim to engage a maximum of 16 parents, caregivers and ECLC staff per workshop.

Option 2: Online feedback for parents, caregivers and ECLC staff who cannot attend the online workshop

Parents, caregivers, and staff who are unable to attend the workshop but wish to provide feedback on the intervention prototype will receive a feedback form hosted on UNSW REDCap.

The form will contain the proposed intervention that will be designed based on the feedback from the previous phases, along with a detailed description of its components. Participants will be given the opportunity to provide anonymous feedback on the intervention. Participants will have the opportunity to provide limited demographic information within this form, including: i) gender ii) relation to the children and iii) age of their children.

3.2. Phase 2: Pilot feasibility trial

The aim of the pilot feasibility trial is to implement and evaluate the HB ECLC model and assess its feasibility, acceptability and impact in the unmet physical, psychological or developmental needs of children. The pilot study will include six early childhood centres in areas of high socioeconomic needs in urban and rural areas of NSW and VIC. To address the higher prevalence of health and developmental vulnerabilities in socio-economically disadvantaged and rural communities, we

will purposely recruit ECLC centres located in local government areas (LGAs) with high socioeconomic disadvantage as per SEIFA categorisation,¹ as well as those in regional and rural areas (**Section 1.3**).

The centres will be randomly assigned, in a 2:1 ratio, to one of two groups:

- **Full Healthy Beginnings Early Childhood Centre Model (Full intervention)**
In the full intervention, centres will use the HB the screening tool (which includes teacher input), followed by a triage process and support from a wellbeing team
- **Enhanced Usual Care (EUC):**
Centres in the enhanced usual care group will use the same online screening model, but instead of receiving direct support, families will be signposted to local services.

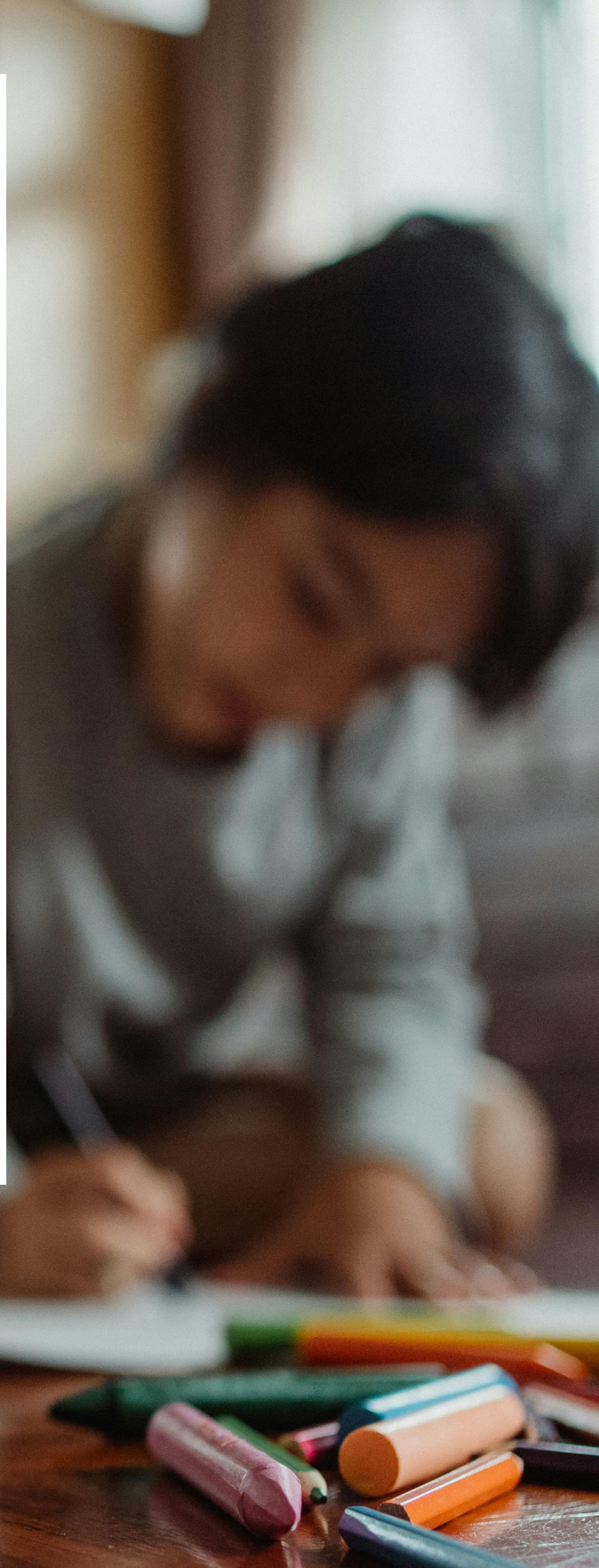
All parents of children enrolled in participating centres will be invited to complete a screening tool. This process also includes online consent to participate in the study, as well as collection of baseline and follow-up data provided by parents. We will assess the impact of the intervention on consented parent reported outcomes including:

- Access to care (are unmet needs dealt with).
- Child Health related quality of life, parental wellbeing and satisfaction with care.
- Teacher reported standardised measures of child development, social and emotional wellbeing.
- Cost of intervention delivery and potential cost effectiveness.

Conclusion

The remainder of 2025 marks a pivotal phase in the development of the HB Model, with activities strategically structured across two key stages: co-design of the 1) screening tool and 2) intervention. The co-design phase will be driven by robust ECLCs and participant recruitment efforts, comprehensive data analysis, and active stakeholder engagement, laying a strong foundation for the model's contextual relevance and practical applicability. Concurrently, the research team's groundwork will provide critical insights into effective strategies for supporting children and their families, informing both the co-design process and future implementation.

As the project transitions into the pilot feasibility trial, preparations for ethics and governance submissions will ensure the trial is conducted with integrity and rigour. Together, these efforts will culminate in a well-informed, evidence-based model to enhance early childhood outcomes within community settings. The integration of research, stakeholder collaboration, and ethical oversight underscores the project's commitment to delivering impactful, scalable, and sustainable solutions for young children and their families.



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