The APA Valuing Skills Series

Why physiotherapy is essential for Thriving Kids

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Early moves, lifelong impact

Thriving communities begin with thriving kids—early investment in paediatric physiotherapy helps identify and respond to developmental concerns where children live, learn and play.

Thriving Kids aims to identify mild-moderate developmental concerns earlier and provide practical support where children live, learn and play. Paediatric physiotherapy is a cornerstone of this vision because movement is the pathway to exploration, connection, learning and participation.

Early motor delays can signal broader developmental needs. When early motor skills lag, opportunities to explore, communicate, learn and join in everyday activities narrow. By starting early, when the brain is most adaptable, physiotherapists working in partnership with families can give children the best chance to grow and develop their abilities.

Why it matters

Physiotherapists are trained to notice early signs of movement or development concerns, enabling faster referral for the right diagnosis.

Early detection: Gross motor delays are often the earliest signs of mild-to-moderate developmental delay, typically emerging between six and 24 months. Studies show these delays can be detected as early as six months and tend to become more pronounced before formal diagnosis. Early physiotherapy screening and intervention are essential to support timely diagnosis and improved outcomes.

Early intervention: Early physiotherapy builds movement skills and capacity while the brain is most adaptable, leading to better long-term motor and general developmental outcomes.

Relationship-based caregiver coaching: Paediatric physiotherapists provide the right level of support, attunement, and sensitive scaffolding, helping caregivers and educators confidently respond to a child's cues, regulation and supports. Early coaching in caregiver sensitivity and structuring is linked to improvements in children's language and social-emotional development.

Interdisciplinary by design: Paediatric physiotherapists work shoulder-to-shoulder with maternal and child health nurses, GPs, early childhood educators and other allied health professionals for early detection, shared planning and timely supports. Caregivers consistently report that early collaboration and clear communication matter to them.

Together with families, physiotherapists build on children's strengths so they can move, play, and belong in the ways that matter most in everyday life.

Participation and inclusion are the goals: Paediatric physiotherapists focus on participation and inclusion, prioritising access to play, mealtimes, care routines, outdoor and recreational activities, and peer interactions, not just developmental milestones. Participation is both the means and the outcome of successful early childhood development.

Experts in creating motor opportunities: Paediatric physiotherapists apply evidence-based approaches to enhance motor development by modifying environments, optimising positioning and prescribing assistive technology when needed. We use strategies to promote active participation across settings, along with assistive and wearable technology strategically to complement voluntary muscle/motor engagement, reflecting best practice.

Evidence-based, goal-directed, enriched practice: Physiotherapy in infancy and toddlerhood emphasises active, goal-oriented enrichment embedded in real routines, working in partnership with families in everyday settings.

Physiotherapy

Without it, children miss early identification, and the system misses out on lowering future healthcare and support costs.

Early developmental risk

Physiotherapy assessment means developmental concerns are identified early before formal diagnosis.

Improved efficiencies

Physiotherapists assist mainstream services detect and respond to mild-moderate delays early, reducing escalation to high-cost care.

Strengthens supports outside the NDIS

Physiotherapists provide early assessment, intervention and education to support children's movement and daily functioning outside the NDIS to promote participation and independence in everyday life.

Stronger participation

Early physiotherapy supports developing systems and builds both child and caregiver skills, fostering independence for fuller participation in life. Physiotherapy supports inclusion through adaptation of environments, activities and supports, enabling participation.

Supporting families

Families gain confidence, clarity and support with early intervention. Relationship-based, culturally safe physiotherapy helps caregivers attune to their child's cues, coregulate and offer just-right supports in everyday routines.

The opportunity

Thriving Kids provides the opportunity to catch it when it counts—the largest shifts come when we act during the first 2 years before delays cascade into participation restrictions. Early motor differences can be identified by physiotherapists and responded to before diagnosis is finalised, aligning with *Thriving Kids'* proactive model.

We need to meet families where they are and offer flexible, child and family-focused services in the location and format chosen. Physiotherapy scales across mainstream services and can be delivered through 1:1 support, coaching, group formats, digital check-in and on-floor educator support. Caregivers emphasise the value of timely screening that leads to actionable support, not "watch and wait."

Investing in early intervention physiotherapy is a high-value, preventative strategy. By strengthening foundational motor capacity when brain adaptability is highest, children gain mobility and confidence that carries into play, interactions, learning and daily life. The result is better developmental outcomes and participation now, with fewer intensive and costly supports needed later.

Funders should know

Integrating physiotherapy from day one ensures that every child has the opportunity to move, grow and thrive.

Thriving Kids targets early identification and intervention for children aged 0-8 with mild to moderate delays, enhancing mainstream and community service supports.

- Fund physiotherapy as a core part of early intervention for children 0-8 with mild to moderate developmental delays.
- Include physiotherapy in existing mainstream settings such as health checks, community programs, early learning and education settings.

Early physiotherapy identifies and addresses motor delays before diagnosis, improving developmental outcomes. It reduces the need for costly, intensive interventions later in life, easing pressure on the NDIS and health care systems. Physiotherapy supports child participation, exploration and caregiver confidence, aligning with *Thriving Kids* goals.

Embed physiotherapy in integrated, community-based service pathways alongside GPs, nurses and educators. Use practical adaptations and caregiver coaching to maximise impact in natural environments. Establish new Medicare or funding items to improve accessibility and affordability of physiotherapy services.

Funding physiotherapy within *Thriving Kids* supports sustainable, evidence-based early intervention, delivering long-term social and economic benefit. It represents a strategic government partnership investment that promotes better lifelong outcomes for children and families.

The bottom line

Integrating physiotherapy from the outset of *Thriving Kids* is a smart, scalable investment that leverages the critical early window of brain plasticity. It strengthens outcomes for children, and their families, supports inclusion in everyday environments, and reduces long-term costs across health, education and social systems.

Case study

Ari

Ari is 11 months old, growing up in a multilingual household in Western Sydney. Mum is at home with four kids; Dad works Fly-in Fly-out (FIFO). Support happens where Ari lives and learns, at home and in his early childhood education and care (ECEC) centre.

At the 9–12-month Child & Family Health Nurse visit, the nurse and family noticed:

- Ari couldn't yet sit independently without using his hands to prop, even for brief moments.
- He wasn't pivoting, crawling or bottom shuffling, so he couldn't reach favourite toys, stay on the floor with his cousins, or move to a parent when out of sight.
- At ECEC he misses out on activities and finds it tough to join floor play.

Why that matters: Crawling itself isn't mandatory for every child. Independent sitting and getting to things are. Without a way to sit hands free, turn and move, Ari's access to play, communication and help seeking narrows, key drivers of language and social emotional growth in toddlerhood. Parents consistently report they want services that lift participation in routines.

What the paediatric physiotherapist did – relationship-based, culturally safe, practical

A strengths-based, culturally responsive interview was completed to identify Ari's key people, confirm best language and communication formats, and what matters most to Ari's caregivers (music time at ECEC, joining floor play with cousins, getting to Mum when upset).

Early identification: A standardised, play-based infant motor assessment showed Ari's gross motor skills were below the 5th percentile for age, an at-risk result that calls for immediate early supports embedded in everyday routines. The physiotherapist shared a plain-language one-page summary with the family, sent a same-day note to the GP, and requested a community paediatrician review (developmental + hearing/vision as indicated) while supports proceed, so help starts now, not after a diagnostic queue.

Context:

11 months; multilingual family in Western Sydney; Mum with four kids; Dad FIFO; support at home + ECEC.

Early signs (before diagnosis):

- not yet sitting hands free
- no floor movement
- can't reach toys or seek caregiver
- misses out at ECEC.

Screening pathway:

- 9–12 month nurse visit
- paediatric physio within 10 days
- standardised motor assessment <5th percentile
- early supports start now + routine paediatrician review.

Early intervention, adaptation and inclusion

In collaboration with staff and the parents, and understanding the unique contexts, simple ideas for supporting development and inclusion were developed together, to support Ari being able to sit and play with other children and his cousins, to join in music time and to explore more on his own.

Adapt for inclusion: To support joining in at music and other ECEC activities, firmer mats were used for stability; a low step for short kneel to stand opportunities; stimulating and interested aligned toys placed to invite turning, reaching and movement.

Positioning for success: Caregiver and staff coaching provided positional education to foster participation in play through different postures such as prone and kneeling, while a stable floor seat was introduced for brief bursts of fine motor play. A stander was used at ECEC so Ari could be standing upright and included in music time for short, enjoyable periods. Consequently, equipment was used as an enabler of participation, not a substitute for active play.

Handling and carrying: Caregiver and staff coaching provided education on how to use everyday routines, such as nappy changes, mealtimes and bath times, as opportunities to build trunk control and body awareness. This approach "hides" high-quality developmental practice into ordinary daily care.

Partner with caregivers and educators (not just "coach" them): Together we co-planned with ECEC to pair Ari with peers who love the same songs and pop-up toys, and offered "just-right" help that fades as he succeeds. Adults learned to read early frustration cues and respond with pause › co-regulate › simplify › try again. Sensitive, well-structured interactions like these are linked with better cognitive, language and social-emotional outcomes at two years, especially in children with early vulnerabilities.

Wrap-around links

Warm handovers kept surveillance ticking with the Child and Family Health nurse; the GP received the summary; ECEC received a one-page inclusion plan (plain language + visuals) so everyone uses the strategies agreed upon, adapting the task and environment to support Ari's participation. With the family's preference, we can also link a bilingual worker/community connector to strengthen cultural fit. Parents consistently report that clear information, inclusive attitudes, and coordinated services are what enable participation.

What changed (weeks > months)

- more floor mobility to turn and reach toys
- longer hands-free sitting and increased ability to explore the environment
- joins group music upright (using a stander for short, happy bursts), first with a familiar adult/peer, then with less help
- clearer help-seeking, Ari vocalises, turns, and starts moving toward Mum/educator when he needs support; caregivers responsive to cues.

Family impact: longer floor time with cousins; daily routines feel calmer and more joyful. Parents in similar situations tell us it's this combination, practical adaptations, shared plans, and attuned adults, that lifts participation and confidence. That mirrors evidence that environment and relationships are decisive levers for participation in early childhood.

Why this matters for Thriving Kids

Early is doable in the mainstream: Gross-motor limits are often the first thing families and educators notice in mild–moderate delays; catching them in the first year lets us support participation before social and communication opportunities narrow.

Participation is the goal and the measure: Success is Ari joining floor play and group time. That aligns with what families value and avoids an impairment-only frame.

Relationships drive outcomes: Sensitive, non-intrusive, well-structured caregiver interaction is associated with better cognitive, language and social-emotional outcomes at two years; building that capacity is core physiotherapy work across early childhood.

Co-designed, culturally safe practice scales: Simple environmental tweaks, visual one-pagers, and family-chosen goals are realistic for ECEC and homes, consistent with adapted experience-based co-design methods developed by Australian teams.

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