



# Supporting children where they live, learn and play

## Submission to the Inquiry into the Thriving Kids Initiative

Brotherhood of St. Laurence

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## Summary

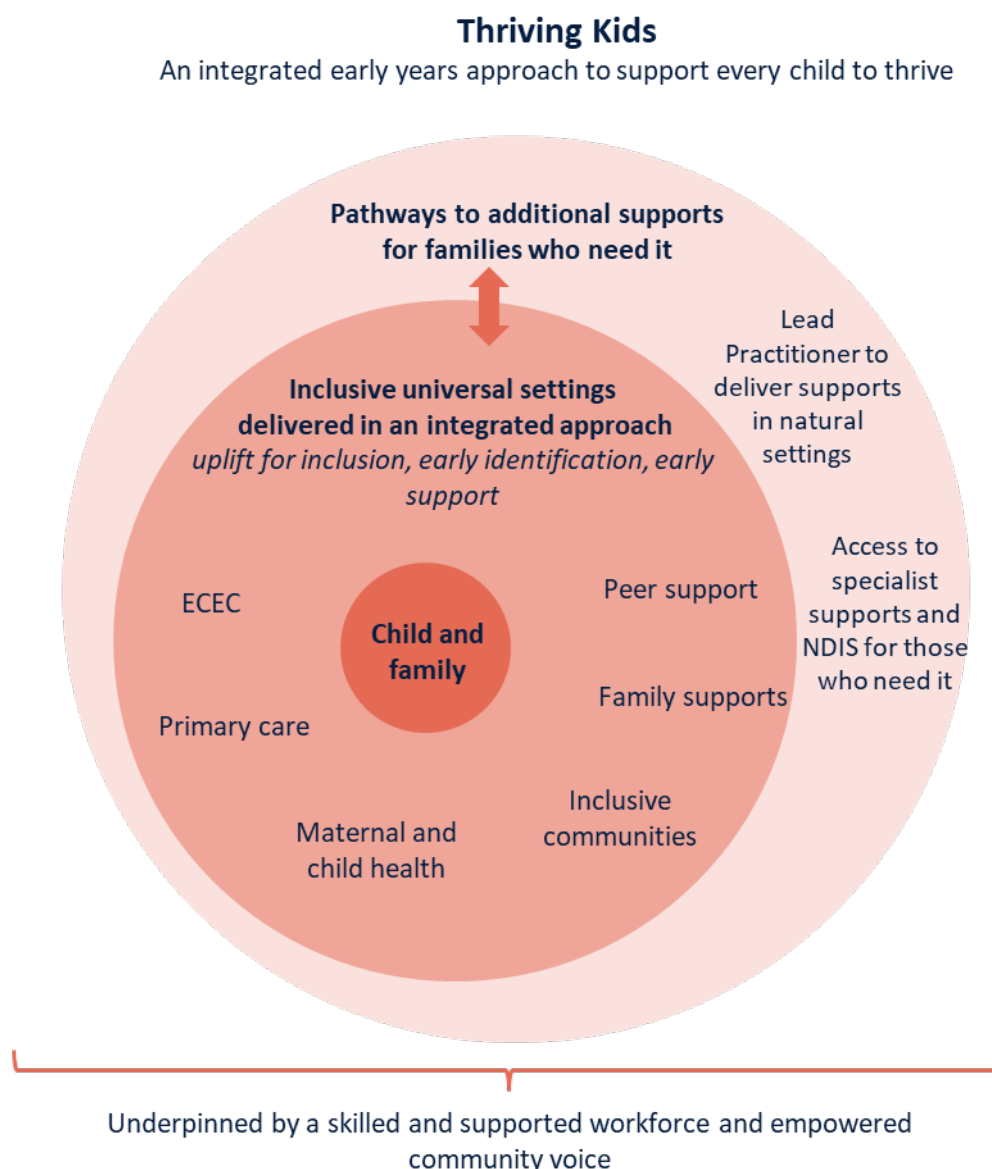
The Brotherhood of St. Laurence (BSL) welcomes the federal government's commitment of \$2 billion into the newly announced Thriving Kids initiative and the ambition of the initiative to provide an integrated early childhood development and support system.

For the Thriving Kids initiative to be successful, services for children, families and communities must be:

- **child and family-centred:** Every child has a right to be supported to grow in a safe and healthy environment. The families and communities who nurture them need access to the supports and services that ensure that environment is possible
- **integrated:** Integrated and collaborative service systems that uphold the social and human rights model of disability, as opposed to the medical model
- **inclusive:** All children with developmental differences and/or disability have the right to be included in their community and mainstream settings (early childhood education and care, primary care, maternal and child health)

- **equitably accessible to evidence-based supports:** All children with developmental differences and/or disability should have equitable access to evidence-based supports they need when they need it in natural settings whether through Thriving Kids (or other initiatives) or the NDIS
- **equipped with strong workforces:** A strong, skilled and supported workforce that can provide support to families that is culturally and socially responsive.

BSL supports the vision of an integrated early childhood development system where children and their families can thrive. The below diagram demonstrates how this submission and related policy recommendations work towards this vision.



## Recommendations

Drawing on insights from BSL's decades of experience working across early years and disability services, we offer the following recommendations for federal and state/territory governments, and outline the related evidence and practice lessons throughout the submission.

**Recommendation 1:** Deliver the Thriving Kids initiative as part of an integrated early years approach that builds on and enhances existing services and fill identified gaps in supports.

BSL has designed an integrated early years approach (outlined in our submission) which demonstrates the core components of how the Thriving Kids initiative could be implemented in an integrated, locally coordinated way that centres the experiences of the family (TOR 6 – seamless transitions through mainstream systems).

Our approach builds on the evidence of the benefits of service integration – especially in supporting families experiencing disadvantage to access the supports they need (TOR 3 – equity and intersectional issues) – and adds to the practice lessons of the more than 470 child and family hubs operating across Australia.

To really thrive, children and their families need access to and support from a multitude of services. Integrated approaches, including hubs, offer the welcoming front door to a wide range of connected universal services such as maternal and child health and early childhood education and care, as well as family and social supports, peer supports, support for home learning, supported playgroups and other childhood development services. Integrated approaches facilitate equitable service access; support local coordination and flexibility to meet community needs; and enable early identification and support for children with additional development needs in natural settings.

Integration must also be supported at the systems, policy and funding level. The unique opportunity presented by the convergent policy investment of the Thriving Kids initiative should be used to ensure reforms are coordinated and bring together disjointed elements of Australia's early childhood development system to enable families to seamlessly transition through the system.

**Recommendation 2:** Ensure the Thriving Kids initiative uplifts universal settings to improve inclusion and early identification, and embeds early support in everyday settings (TOR 2 – early identification and support in community and mainstream settings).

Specifically:

- Boost inclusion within early childhood education and care (ECEC) settings, including by implementing the Productivity Commission's recommendation to establish an ECEC Inclusion Fund to replace the Inclusion Support Program that would allocate needs-based funding to Child Care Subsidy-funded services; and adopting quality indicators that reward planning time, coaching and Inclusion Leader roles.
- Ensure adequate funding flows to maternal and child health services for services to be equipped to both identify and appropriately respond to children with developmental differences.

- Continue funding for community capacity building to enhance the inclusivity of community settings.

Government should adopt the principle of proportionate universalism, meaning that all families receive support through these platforms, with additional help scaled to need.

**Recommendation 3:** Use the Thriving Kids initiative to co-design and implement targeted supports for children with developmental differences and/or disability that deliver early support in natural settings, by lead practitioners within multidisciplinary teams (TOR 1 – evidence-based support for parents; TOR 2 – early identification and support).

An integrated early years approach to the Thriving Kids initiative should support streamlined pathways to early supports outside the NDIS for families who require more than can be delivered by uplifted universal systems.

There are existing evidence-based and scalable models of early supports that should be leveraged, including the recent Enhanced Early Supports Pilot conducted by BSL that demonstrates strong developmental outcomes for children and a reduction in families seeking access to the NDIS to meet their goals.

**Recommendation 4:** Support and upskill the workforce delivering Thriving Kids and related early childhood development services (TOR 4 – workforce).

Specifically:

- Develop a workforce strategy for the Thriving Kids initiative that includes investigating and piloting alternative workforce models (such as the model being tested by BSL, outlined in the submission below) to address workforce shortages, particularly in regional and rural areas.
- Develop a workforce strategy for the Thriving Kids initiative that includes plans for workforce transitions of existing Partner in the Community (PITC) early childhood staff to deliver targeted supports.
- Invest in additional professional development and support for early childhood educators and teachers to be able to authentically practise inclusion.

## BSL, early childhood and disability services

BSL is a social justice organisation working towards an Australia free of poverty. Our purpose is to advance a fair Australia through our leadership on policy reform, our partnerships with communities and the quality of our services. Our approach is informed directly by people experiencing disadvantage and uses evidence drawn from our research, together with insights from our programs and services, to develop practical solutions that work.

In line with this purpose, BSL has operated as a NDIS PITC since 2016. We are contracted by the National Disability Insurance Agency (NDIA) to deliver Local Area Coordination (LAC) and the early childhood approach in Victoria across North East Metropolitan Melbourne, Hume/Merri-bek,

Brimbank/Melton, Western Melbourne and Bayside Peninsula areas. This work includes building community capacity and inclusion through place-based projects.

BSL also operates a range of children and family services across Australia including early years integrated services, the Home Interaction Program for Parents and Youngsters (HIPPY), supported and multicultural playgroups and other integrated service offerings.

BSL is a member of The Possibility Partnership (TPP) – a collaboration of some of Australia’s leading community service organisations, who work with vulnerable families. In considering next steps in enabling co-design of Thriving Kids with key stakeholders, including families and children, and implementation of this change, we would be happy to be considered as critical friends along the journey.

## Recommendation 1: Deliver Thriving Kids through an integrated early years approach

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BSL has designed an integrated early years approach (outlined in our submission) which demonstrates the core components of how the Thriving Kids initiative could be implemented in an integrated, locally coordinated way that centres the experiences of the family (TOR 6 – seamless transitions through mainstream systems).

Our approach builds on the evidence of the benefits of service integration – especially in supporting families experiencing disadvantage to access the supports they need (TOR 3 – equity and intersectional issues) – and adds to the practice lessons of the more than 470 child and family hubs operating across Australia.

To really thrive, children and their families need access to and support from a multitude of services. Integrated approaches, including hubs, offer the welcoming front door to a wide range of connected universal services such as maternal and child health and ECEC, as well as family and social supports, peer supports, support for home learning, supported playgroups and other childhood development services. Integrated approaches facilitate equitable service access; support local coordination and flexibility to meet community needs; and enable early identification and support for children with additional development needs in natural settings.

Integration must also be supported at the systems, policy and funding level. The unique opportunity presented by the convergent policy investment of the Thriving Kids initiative should be used to ensure reforms are coordinated and bring together disjointed elements of Australia’s early childhood development system to enable families to seamlessly transition through the system.

Access to the full range of early years services and supports is essential to a good start in life, however, there are currently many barriers making it difficult for families to access what they need –

particularly families experiencing poverty. This includes not only early learning, but also the whole suite of early childhood development services, together with maternal and child health, allied health, parenting support, financial wellbeing and community connections.

Early years integrated approaches can provide a gateway to many types of supports that families may require. This might include information, advice and referrals, peer support through supported playgroups and parenting supports, and inclusive mainstream services such as early childhood education and care (ECEC). Integrated early years approaches are the perfect place to deliver programs within the Thriving Kids initiative or to be a welcoming front door to Thriving Kids programs delivered separately.

There is a growing domestic and international body of evidence demonstrating how integrated early years approaches can support early identification of children with developmental differences, increase service uptake and better coordinate supports, which leads to better child health outcomes.<sup>1</sup>

From an equity perspective, integrated approaches have been shown to particularly help families and communities experiencing disadvantage to access supports they otherwise might not have engaged with.<sup>2,3,4</sup>

Integrated approaches are also a mechanism to enable adaptability and flexibility to local needs. By drawing on community governance and coordination, integrated approaches can empower communities and services to design responses that reflect the needs of children and families, and can uncover local opportunities and solutions.

Across Australia, there is increasing interest in strengthening integration of early childhood services, with more than 470 child and family hubs operating in an integrated way in communities.<sup>5</sup>

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<sup>1</sup> Honisett S, Cahill R, Callard N, Eapan V, Eastwood J, Goodhue R, Graham C, Heery L, Hiscock H, Hodgins M, Hollonds A, Jose K, Newcomb D, O'Loughlin G, Ostojic K, Sydenham E, Tayton S, Woolfenden S & Goldfeld S 2023, [Child and family hubs: an important 'front door' for equitable support for families across Australia](#), National Child & Family Hubs Network, February 2023.

<sup>2</sup> Edwards K, Rimes T, Smith R, Fernandez R, Stephenson L, Son J, et al. 2020, 'Improving access to early childhood developmental surveillance for children from culturally and linguistically diverse (CALD) background', *International Journal of Integrated Care*, April, vol 20, no 2.

<sup>3</sup> Edwards K, Fernandez R, Rimes T, Stephenson L, Smith R, Son J, Sarkozy V, Perkins D, Eapan V & Woolfenden S 2020, 'Happy, healthy, ready – working with early childhood non-government organisations for developmental surveillance for vulnerable children', *Australian Journal of Advanced Nursing*, 8 Oct 2020; vol 37, no 4. <https://doi.org/10.37464/2020.374.277>

<sup>4</sup> The Benevolent Society 2022, *Impact report: early years places in Queensland*, early years impact measurement framework and report, February 2022.

<sup>5</sup> <https://www.childandfamilyhubs.org.au/>

## Emerging insights from BSL’s early years integrated approach

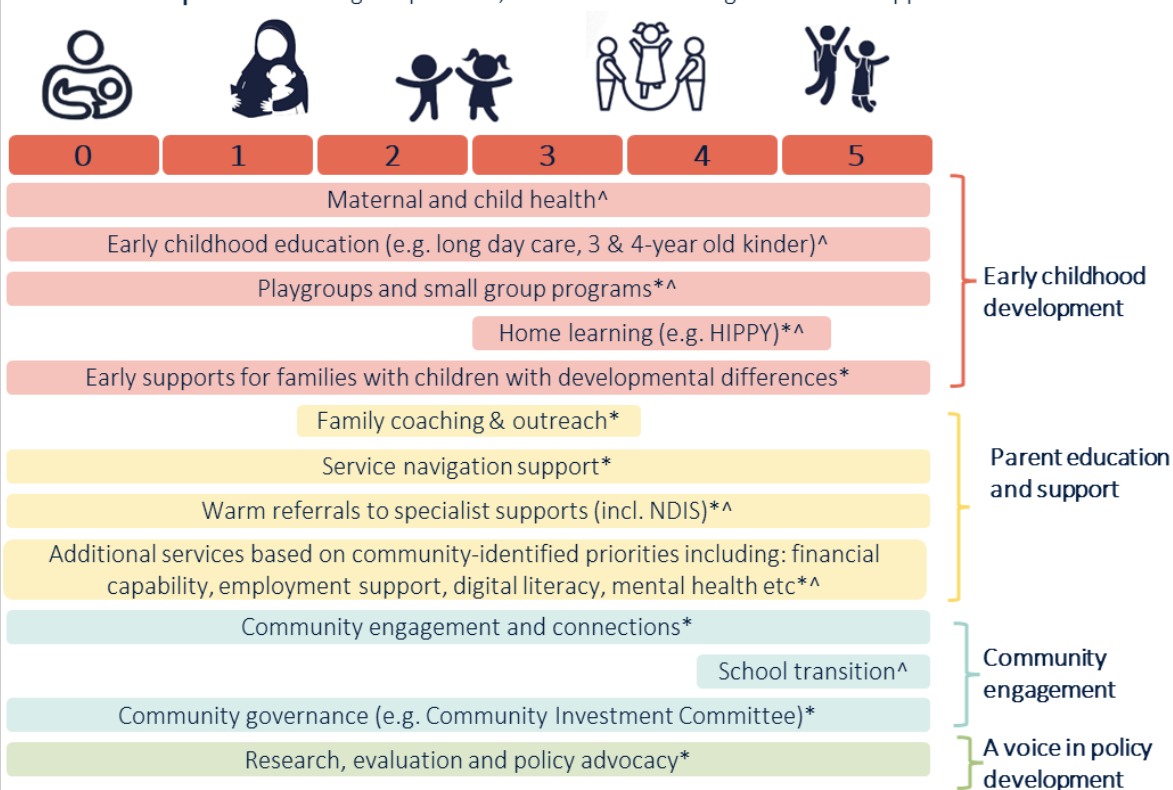
BSL is delivering an early years integrated approach, with an initial demonstration commencing at three sites in Melbourne’s outer suburbs. This model provides practical examples of how Thriving Kids could be delivered at a local level in a coordinated and integrated way.

### Early Years Integrated Approach

BSL’s Early Years Integrated Approach is an approach to strengthening integration and inclusion in the early childhood development system, delivered in partnership and shaped by local community.

**‘The glue’:** BSL delivers the ‘glue’ that helps to coordinate core services, integrate with broader community supports (such as through warm referrals), engage with community and outreach to families to meet them where they are.

**Service components:** Alongside partners, we also deliver a range of tailored supports as shown below:



Legend: \* = BSL-delivered service; ^ = partner-delivered service

Working with local partners to integrate and co-locate existing and new services, the approach makes it easier for families to meet the development needs of their children and build their capability and support systems in the longer-term. We deliver:

- **The ‘glue’:** Consistent with the definition used by the National Child and Family Hubs Network<sup>6</sup>, BSL delivers the ‘glue’ that helps to coordinate core services, integrate with broader community supports (such as through warm referrals), engage with community and outreach to families to meet them where they are. The glue is not incidental; it is the funded infrastructure, reflective practice, governance and data systems that ensure integration works. It is what enables families to move through the system with the experience of a joined-up journey that is warm and responsive, rather than fall through the cracks.
- **Tailored holistic supports:** Alongside partners, we also deliver a range of tailored supports, as shown in the diagram above. Family coaches and community connectors meet families where they are and work directly with them and their communities on the goals they have for their children and themselves. This may include helping families to access and have the right conditions to succeed in early childhood education programs, playgroups, financial capability or employment programs, and specialist supports where required.

The approach brings together services that are established entry points across the early years, including ECEC services, maternal and child health, and playgroups. Families can be referred through these programs, or self-refer. Supports are provided in-place in libraries, community centres, parks and community health centres, to provide an integrated experience that improves community inclusion and opens up further opportunities.

In addition to delivering services within a hub or integrated service setting, it is also necessary to include a proactive outreach strategy for information provision. This is because some families may not know how to recognise developmental milestones or disability or may not be aware of evidence-based supports for children with developmental differences or disability. This function is commonly performed by the ‘glue’.

The focus of this approach is on supporting families and communities who face the greatest barriers to accessing services and advocating for their needs – especially newly arrived migrants, people with disability and those experiencing financial hardship.

To best support families, the approach builds capacity in the local ecosystem of supports and services. Partner organisations work together, informed by the community, to integrate existing services, build capacity across organisations and share lessons. Accompanying research, evaluation and advocacy is used to help shape policies and systems to scale and embed the lessons from this approach.

Our initial sites – Hume, Brimbank and Whittlesea – were selected based on indicators of child development, socioeconomic advantage and disadvantage, migration trends, service participation and insights from BSL’s local programs.

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<sup>6</sup> National Child and Family Hubs Network 2025, *The ‘glue’: enabling connected, quality services and supports for children and families*, June 2025.

### What we mean by integration at all levels

BSL supports integration at multiple levels to promote a successful Thriving Kids initiative.

#### System level:

- Thriving Kids reforms should be coordinated with other reform initiatives – including universal ECEC, the Building Early Education Fund, Closing the Gap and place-based programs – to ensure that we create a system that is cohesive and seamless for families to navigate and receive the support they need.
- Accountabilities in the early childhood development system must be clear between federal, state and local governments to remove silos and unclear division of responsibilities between levels of government that mean that key issues ‘fall through the cracks’ without active government stewardship.

#### Planning and commissioning level:

- Funding needs to be joined up so services delivering Thriving Kids do not need to ‘cobble together’ funding from a range of government streams that all have different conditions and reporting requirements.
- Local commissioning and coordination would ensure that communities are receiving what will meet their needs, without duplication or gaps.

#### Service delivery level:

- Integration must be intentional – it is not just co-location; it is about integrated practice and service delivery. This requires sufficient investment in the ‘glue’<sup>7</sup>, training for staff, and the infrastructure (data, systems, capital) to support genuine integration.

## Peer support as a key component of an integrated approach

Peer support is particularly important for families with children with developmental differences or disability. This reflects findings from an evaluation of our Enhanced Early Supports Pilot (outlined below), which indicate that family isolation is one of the key challenges families experience. The pilot’s Lead Practitioners have responded to this challenge by connecting families with playgroups (particularly culturally specific playgroups), mainstream services and/or other forms of peer support to promote connection and strengthen formal and informal supports.

Playgroups are a key form of peer support that can be offered through early years integrated services for both parents/caregivers and for children with developmental concern, delay and/or disability. BSL staff have highlighted the value of supported playgroups, particularly those accessible

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<sup>7</sup> National Child & Family Hubs Network 2025, *The ‘glue’: enabling connected, quality services and supports for children and families*, June 2025.

to culturally and linguistically diverse families, in supporting social inclusion and improving informal supports for families.

#### **Case Study: Free to be Me at the Jindi Family and Community Centre**

Free to be Me is a supportive, inclusive group facilitated by BSL at the Jindi Family and Community Centre. It caters to parents, carers, and children aged 2–6 who require additional support. The program blends sensory-based play and gross motor activities with workshops and social opportunities, fostering development and connection.

Families say the program is:

- **inclusive and welcoming:** Diverse families – including single parents, migrants, rainbow families, and carers – feel accepted and valued
- **safe and supportive:** A ‘community within a community’ where neurodivergent parents and those raising children with disabilities feel understood and supported
- **development-focused:** Structured play boosts children’s social, emotional, and language skills, helping ease transitions to kindergarten
- **providing connection and belonging:** Parents build friendships, reduce isolation, and gain confidence through shared experiences and peer support.

### **Building the confidence of families as the first educators of their children**

One of the central features of an integrated approach is that it centres the experiences of the family and supports their crucial role in supporting their children’s development. We outline two evidence-based programs that offer this support to parents and families (TOR 1 – parental support): HIPPY and the Victorian Aboriginal Child Care Agency’s (VACCA) Koorie Families as First Educators.

### Case study: The Home Interaction Program for Parents and Youngsters (HIPPY)

HIPPY is a two-year, home-based early learning and parenting program for children aged 3. HIPPY is voluntary and free for families. Resources include activity packs, storybooks and other learning tools built on the notion of 'everywhere learning'. HIPPY is designed to be integrated into daily life, with families spending around 10–15 minutes a day doing play-based educational activities together.

There is a large evidence base to support the positive impacts of HIPPY on early childhood development and school readiness, both in Australia and internationally.<sup>8</sup>

Although not specifically targeted to children with disability and developmental delay, HIPPY has high levels of engagement with children and adults with disability (31% and 12% respectively experience challenges due to disability or a health condition).

HIPPY supports families with disability by:

- **creating accessible and inclusive environments**, using Easy English, sensory resources, Auslan interpreters and ensuring physical accessibility
- **delivering the program flexibly**, adapting pace, content and location to suit the individual developmental needs of each child in the program
- **working with the parents/carers to develop their own capacity and skills** to understand the learning needs of their child, adapt the program to their child. It works to strengthen their capacity to advocate for their children with service providers and schools by offering peer-to-peer support, resources, group training and engagement with professional services
- **collaborating with families and services**, valuing parents/carers as experts and working with specialists to provide tailored support.

Results of a 2025 survey of families with a child with disability participating in HIPPY found that:

- 99% reported at graduation that they felt safe and included at HIPPY
- 99% reported at graduation that they felt listened to and understood at HIPPY
- 95% reported that they feel as though HIPPY helped strengthen their capacity as a parent/carer
- 98% reported that they achieved what they wanted by joining HIPPY.

In the words of one parent:

The HIPPY program was recommended to us from his OT. I cannot speak highly enough about this program. We are so grateful we have been a part of it ... We have seen such amazing growth in [child] from the beginning to end of this program. Even my six-year-old has joined us on most of the activities. They have still been beneficial to him through kindergarten and prep. There are so many children that have developmental delays that might not qualify for a NDIS plan. I can see this program offering families so much motivation and reassurance.

### **Case study: Victorian Aboriginal Child Care Agency's (VACCA) Koorie Families as First Educators<sup>9</sup>**

The Koorie Families as First Educators program employs Koorie educators to provide in-home support sessions with families or carers of Aboriginal children aged 0–5, including pregnant mums and partners. The Koorie educators work with families on ways they can support their child's learning and development and increase their confidence in their parenting skills. The program is available for families living in the Northern Metropolitan Melbourne or Latrobe regions. Key areas of work include:

- everyday tips and ideas to support childhood learning and development
- supporting connection to Community and culture
- promoting self-care for families
- parental skill development
- connecting to Aboriginal and community services that are available, including warm referrals.

The program provides around 10 sessions with families depending on each family's needs. It is not a case management service, rather it is focused on supporting children's early learning and development. The program can work alongside other early years services a family may be accessing, including Aboriginal Cradle to Kinder or playgroup and will support referrals where families require support beyond the scope of the program. The program uses the approach of the smalltalk parenting strategies. Smalltalk is an evidenced-based program that has been rolled out across Victoria in supported playgroups and in-home sessions.

## **Drawing on the strengths of ACCOs to deliver integrated models**

Aboriginal Community Controlled Organisations (ACCOs) have long-standing demonstrations of inclusive, holistic and culturally responsive service models. These community-led services support

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<sup>8</sup> See, for example: Connolly J & Mallett S 2020, *Changing children's trajectories: results of the HIPPY Longitudinal Study*, Brotherhood of St. Laurence, Fitzroy, Vic.

Acil Allen 2018, *Evaluation of the Home Interaction Program for Parents and Youngsters: final report*. Department of Social Services.

Liddell M, Barnett T, Diallo Roost F & McEachran J 2011, *Investing in our future, an evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY): final report to the Department of Education, Employment and Workplace Relations*, Department of Education, Employment and Workplace Relations.

<sup>9</sup> Victorian Aboriginal Child Care Agency 2020, *Koorie Families as First Educators*. Available at:

<https://www.vacca.org/content/Document/KFFE%20Flyer%20for%20Professionals%20-%20Jan2020.pdf>

the wellbeing of First Nations children by taking holistic strengths-based, whole of child and family approaches. This is demonstrated by the case study of Bubup Wilam, below.

#### **Case study: Bubup Wilam<sup>10</sup>**

Bubup Wilam, meaning 'Children's Place' in Woi Wurrung language, is an Aboriginal Community Controlled Education, Health and Wellbeing organisation operating in Melbourne's north. Having community-controlled organisations ensures the local Aboriginal community has control over issues that directly affect them and can exercise their right to self-determination in a meaningful and effective way.

Bubup Wilam provides Aboriginal children, families and the community with access to an integrated range of health and wellbeing services and programs centred around the child attending long day care and kindergarten programs. This is then extended to their school-aged siblings and the family.

In 2023-24 the Bubup Wilam team expanded to include a Health and Wellbeing Manager, an Aboriginal health practitioner and occupational therapist. They also supported over 20 staff to administer the Ages and Stages Questionnaire – Talking about Raising Aboriginal Kids (ASQ-TRAK) developmental screening tool to provide even more integrated service delivery and embed meaningful supports into their philosophy and practice.

Thriving Kids should support and leverage ACCOs like Bubup Wilam, who are already delivering many services that could be considered to fall under the Thriving Kids banner in a way that is integrated and well-trusted by their community.

## **Recommendation 2: Ensure the Thriving Kids initiative uplifts universal settings to improve inclusion, early identification and embed early support in everyday settings**

**Recommendation 2:** Ensure the Thriving Kids initiative uplifts universal settings to improve inclusion and early identification, and embeds early support in everyday settings (TOR 2 – early identification and support in community and mainstream settings).

Specifically:

- Boost inclusion within early childhood education and care (ECEC) settings, including by implementing the Productivity Commission's recommendation to establish an ECEC Inclusion Fund to replace the Inclusion Support Program that would allocate needs-based funding to

<sup>10</sup> Bubup Wilam 2025, *2023-24 Annual Report*. Available at: <https://bubupwilam.org.au/wp-content/uploads/2025/02/Bubup-Wilam-Aboriginal-Child-and-Famil-Centre-Inc.pdf>

Child Care Subsidy-funded services; and adopting quality indicators that reward planning time, coaching, and Inclusion Leader roles.

- Ensure adequate funding flows to maternal and child health services for services to be equipped to both identify and appropriately respond to children with developmental differences.
- Continue funding for community capacity building to enhance the inclusivity of community settings.

Government should adopt the principle of proportionate universalism, meaning that all families receive support through these platforms, with additional help scaled to need.

Children with developmental differences and disability need to be included in their community, including mainstream settings, and need effective supports to thrive. The NDIS Review (2023) highlighted that one-in-five children have disability or developmental concerns, demonstrating this is a mainstream issue, and therefore must be considered in mainstream settings. It is also essential that community and mainstream settings adopt the social or human rights model of disability (as opposed to the medical model) to provide a more inclusive environment for children with developmental differences and/or disability.

## **Inclusion in ECEC**

The Productivity Commission Inquiry into ECEC identified significant shortcomings in the way ECEC settings are currently able to support inclusion of children with developmental differences or disabilities. For example, under the current Inclusion Support Program only 1% of children in ECEC have applications for inclusion funding lodged on their behalf despite substantial need and growing demand.<sup>11</sup> The Commission found that many children with developmental differences or disability are being excluded or restricted in the number of hours they can attend ECEC.

In order to ensure ECEC settings are inclusive there needs to be considerable investment. This investment is needed to provide ECEC educators and teachers with professional development focused on inclusion support and early intervention. They also need time to plan for and implement the pedagogical approach and build relationships with the children, their families and allied health professionals. The Productivity Commission recommended an ECEC Inclusion Fund replace the Inclusion Support Program that would allocate needs-based funding to Child Care Subsidy-funded services. Beyond funding levers, quality indicators could also be used to boost inclusion – for example, by introducing quality indicators that reward planning time, coaching, and Inclusion Leader roles.

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<sup>11</sup> Productivity Commission 2024, *A path to universal early childhood education and care*. Available at: <https://www.pc.gov.au/inquiries/completed/childhood/report>

## Maternal and child health

Primary care and maternal and child health play a critical role in early intervention and the referral to appropriate services to support early childhood health and development.

However, some families do not have access to maternal and child health nurses (MCHN) in Victoria due to workforce shortages and insufficient funding, or have limited sessions as councils prioritise younger infants or families with higher needs.<sup>12</sup> Additionally, a Maternal Child Health Workforce Project in Victoria also highlighted that 31% of MCHN surveyed identified challenges engaging with vulnerable/disadvantaged clients and 20% engaging with culturally and linguistically diverse clients.<sup>13</sup>

Alongside this, research has also highlighted that GPs require further training and sufficient time to effectively complete developmental checks with children. GPs also face similar barriers with language, culture and socioeconomic circumstances with families.<sup>14</sup>

It is critical that there is an uplift in funding and a workforce plan to ensure there is an appropriately qualified workforce available to identify children who would benefit from early intervention support.

## Community capacity building

The NDIS Review highlighted the need to increase the scale and pace of change in community inclusion and accessibility. Australia's Disability Strategy (ADS) also highlighted inclusion in the community as a policy priority.<sup>15</sup> The Strategy states accessibility has to be an integral part of the design of services and systems to avoid barriers arising, and that we need to go beyond just physical accessibility. This includes providing accessible transport, information about community services, events and facilities, and providing low sensory spaces to support the inclusion of people with disability.

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<sup>12</sup>Marozzi, M 2023, *Melbourne babies missing out on child health check-ups due to staff shortages*. ABC News. Available at: <https://www.abc.net.au/news/2023-02-09/casey-babies-missing-out-maternal-child-health-appointments/101945976>

Victorian Department of Jobs, Skills, Industry and Regions 2023, *Maternal Child Health Workforce Project: Final Report*. Available at:

[https://www.suburbandevlopment.vic.gov.au/\\_\\_data/assets/pdf\\_file/0012/206040/HealthConsult-WMP-MCH-Workforce-Project-Report-FINAL.pdf](https://www.suburbandevlopment.vic.gov.au/__data/assets/pdf_file/0012/206040/HealthConsult-WMP-MCH-Workforce-Project-Report-FINAL.pdf)

<sup>13</sup> Victorian Department of Jobs, Skills, Industry and Regions 2023, *Maternal Child Health Workforce Project: Final Report*.

<sup>14</sup> Barbaro, J et al. 'General practitioners' perspectives regarding early developmental surveillance for autism within the Australian primary healthcare setting: a qualitative study'. *BMC Primary Care*, 10 Aug. 2023 vol 24, no 1 p 159. doi:10.1186/s12875-023-02121-6

<sup>15</sup> Commonwealth of Australia 2024, *Australia's Disability Strategy 2021-2031*, 2024 update: building a more inclusive Australia. Available at: <https://www.disabilitygateway.gov.au/sites/default/files/documents/2025-01/5831-dss3513-ads-strategy-2021.pdf>

As the NDIS Review demonstrated: ‘while governments may have hoped the Information, Linkages and Capacity Building (ILC) program would meet the needs of people with disability outside the scheme, its wide scope, limited funding and reliance on small, short-term grants meant gaps remained’.<sup>16</sup> It is critical to continue to support community capacity building with appropriate funding that can build on lessons from the ILC program.

### **Recommendation 3: Use the Thriving Kids initiative to co-design and implement targeted supports for children with developmental differences and/or disability that deliver early support in natural settings, by lead practitioners within multidisciplinary teams**

**Recommendation 3:** Use the Thriving Kids initiative to co-design and implement targeted supports for children with developmental differences and/or disability that deliver early support in natural settings, by lead practitioners within multidisciplinary teams (TOR 1 – evidence-based support for parents; TOR 2 – early identification and support).

An integrated early years approach to the Thriving Kids initiative should support streamlined pathways to early supports outside the NDIS for families who require more than can be delivered by uplifted universal systems.

There are existing evidence-based and scalable models of early supports that should be leveraged, including the recent Enhanced Early Supports Pilot conducted by BSL that demonstrates strong developmental outcomes for children and a reduction in families seeking access to the NDIS to meet their goals.

As part of the Thriving Kids initiative, it is critical for the federal and state/territory governments to co-invest in and collaboratively commission evidence-based foundational supports for children outside the NDIS that are provided in natural settings. Collaboratively commissioning these services (expanding on draft recommendation 2.1 of the recent Productivity Commission interim report *Delivering Quality Care More Efficiently*)<sup>17</sup> will ensure they can integrate more effectively with state-based services and can be appropriately tailored to local communities.

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<sup>16</sup> Commonwealth of Australia 2023, *Working together to deliver the NDIS - independent review into the National Disability Insurance Scheme: final report*, Department of the Prime Minister and Cabinet, Canberra, p 24. Available at: <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>

<sup>17</sup> Productivity Commission 2025, *Delivering care more efficiently: interim report*. Available at: <https://www.pc.gov.au/inquiries/current/quality-care/interim>

## **Lead Practitioner model and tailored family capacity building supports**

The Lead Practitioner model, where a practitioner serves as a key worker who supports families with coaching and capacity building, connects families to supports and provides relevant information and advice about their child's development, is an effective model for children with developmental differences and/or disability.

This is important for children who need additional support beyond what can be provided in universal settings, along with streamlined pathways from integrated approaches to these additional early supports for those children and families. There should also be pathways to the NDIS for people who need it due to a permanent and significant disability.

BSL's Enhanced Early Supports Pilot sought to test elements of this Lead Practitioner role and the targeted foundational supports model by providing timely, evidence-based support to children aged 0–6 with developmental concerns and delays in their home and communities across the Brimbank and Melton areas of Melbourne. This promising pilot demonstrates a model that could be adopted to provide this type of support through Thriving Kids.

### **Case study: BSL's Enhanced Early Supports Pilot**

As part of its existing NDIS contract, BSL has delivered a pilot program delivering enhanced early supports in the Brimbank and Melton areas of Melbourne, specifically working with children aged 0–5 who have developmental concerns or differences. Over the pilot's first 18 months, the team (composed of early years educators, social workers and supported by speech pathologists and occupational therapists) engaged with over 300 families.

The pilot focused on delivering early supports to a group of children and their families not accessing NDIS funding, with up to 20 hours' individual service over a 12-month period. It centred on building family capacity to set priorities and putting in place workable strategies that would support their child's development and participation in family and community life. The model prioritised strengthening both informal and formal supports, enhancing child and family wellbeing, encouraging community participation and promoting meaningful inclusion of children in universal settings. It further sought to test the suitability of this type of model as a potential targeted foundational support, particularly for young children with developmental differences and their families.

Families received on average 16 hours of support before exiting the program with their goals met (goals were individually set by each family in relation to their own circumstances/needs). Of the 149 families engaged in the first 12 months, only 22% went on to apply for NDIS funded services, a significant decrease on what would be expected.

In a region that has high levels of demand for allied health supports, with reported waiting lists of up to 18 months, this meant children received timely, cost-effective and effective interventions with a demonstrated improvement in milestone attainment (measured through the Ages and Stages Questionnaire (ASQ) developmental screening tool). A follow-up of the first cohort will be undertaken in early 2026 to identify whether these changes were sustained.

BSL has now commenced a second pilot in the City of Wyndham and Hobson's Bay areas that will see whether similar results can be achieved using a workforce of diploma-qualified early childhood educators to address current workforce shortages and demonstrate the potential scalability of this model (see BSL's Enhanced Early Supports Alternative Workforce Pilot).<sup>18</sup>

[Practitioner] worked with me on [child]'s individual goals, but also helped teach me how to help her reach these goals as well and broke it up into achievable steps. If I didn't understand something, she would explain it to me in a way that I did understand and would make sure that I understand and feel comfortable with what we were going to be working on. It was collaborative.

– Caregiver involved in the pilot

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<sup>18</sup> Enhanced Early Supports Pilot evaluation is forthcoming.

## Recommendation 4: Support and upskill workforces to deliver Thriving Kids and promote inclusion

**Recommendation 4:** Support and upskill the workforce delivering Thriving Kids and related early childhood development services (TOR 4 – workforce).

Specifically:

- Develop a workforce strategy for the Thriving Kids initiative that includes investigating and piloting alternative workforce models (such as the model being tested by BSL, outlined in the submission below) to address workforce shortages, particularly in regional and rural areas.
- Develop a workforce strategy for the Thriving Kids initiative that includes plans for workforce transitions of existing PITC early childhood staff to deliver targeted supports.
- Invest in additional professional development and support for early childhood educators and teachers to be able to authentically practise inclusion.

### Lack of appropriate trained and skilled workforce

The State of the Disability Sector Report 2024 notes ongoing challenges in recruitment and retention, including a ‘lack of qualified or suitable staff’, ‘competition from other sectors’ and ‘pay expectations’.<sup>19</sup> There is particular difficulty in recruiting and retaining occupational therapists, psychologists, behaviour support practitioners, speech therapists and physiotherapists.<sup>20</sup> Workforce challenges are more acutely felt in rural towns and remote and very remote communities where the allied workforce per capita is much lower.<sup>21</sup>

In addition to the lack of appropriately qualified staff, key workforce gaps need to be addressed to effectively deliver the Thriving Kids initiative across the diversity of communities that it will need to serve to ensure it is culturally appropriate and neurodiversity-affirming. This includes:

- **workers who speak community languages:** Having workforces that speak community languages reduces reliance on interpreters and improves the service’s ability to respond to cultural needs
- **representation of First Nations and culturally and linguistically diverse people:** The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability highlighted

<sup>19</sup>National Disability Services 2024, *State of the disability sector report: 2024*. Available at:

[https://nds.org.au/images/State\\_of\\_the\\_Disability\\_Sector\\_Reports/NDS\\_State\\_of\\_the\\_Disability\\_Sector\\_Report\\_2024.pdf](https://nds.org.au/images/State_of_the_Disability_Sector_Reports/NDS_State_of_the_Disability_Sector_Report_2024.pdf)

<sup>20</sup> Ibid.

<sup>21</sup> Australian Government, *Draft national allied health workforce strategy: consultation draft*, Department of Health Disability and Ageing, Canberra. Available at: [https://consultations.health.gov.au/primary-care-mental-health-division/nahwsdraft/supporting\\_documents/Consultation%20Draft%20v2.0.pdf](https://consultations.health.gov.au/primary-care-mental-health-division/nahwsdraft/supporting_documents/Consultation%20Draft%20v2.0.pdf)

that there is a lack of available, accessible and culturally appropriate services for First Nations people with disability, particularly through the NDIS.<sup>22</sup>

These two points highlight the need for investment in bicultural workforces. Bicultural workers contribute to cultural safety because shared language, culture and similar experiences help create shared understanding and empathy. This supports the development of a trusting environment for relationships, which supports families to feel safe, heard and respected.<sup>23</sup> It also highlights the need for investment in ACCOs to deliver culturally appropriate services to their communities under the Thriving Kids initiative.

- **Representation of Autistic people:** Additionally, the National Autism Strategy includes a commitment to ensure there is greater representation of people with lived experience delivering supports and services to Autistic people. Currently there is limited insight into how many Autistic people are employed in early childhood programs, so data collection is needed to ascertain current levels and make recommendations for improvement.

## Alternative workforce models

### HIPPY pathways to employment model

In addition to improved learning outcomes for children, HIPPY offers some parents and carers a paid and supported pathway to employment as tutors. Tutors help other parents become comfortable teaching the curriculum through a peer-to-peer model. As part of the two-year role, tutors are offered training pathways tailored to their personal employment and training goals. This well-demonstrated model of supported employment pathways can also serve as a workforce pipeline, which is particularly important for regional and rural areas where there may be limited or no existing workforce to deliver the Thriving Kids initiative.

### BSL's Enhanced Early Supports Alternative Workforce Pilot

BSL is also piloting an alternative workforce model to deliver the Enhanced Early Supports model. This aims to respond to workforce shortage challenges in allied health and early childhood. The service model will use the approach trialled in the Enhanced Early Supports Pilot, however, recruitment has expanded to include diploma trained early childhood educators with relevant professional experience; overseas trained allied health staff with demonstrated transferability of practice to an Australian context; and allied health assistants.

This project is running from April 2025 to June 2026. It aims to demonstrate if and how an alternative workforce with appropriate training and support could deliver enhanced early supports that are consistent with best practice principles and consider the holistic needs of the family. This

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<sup>22</sup> <https://disability.royalcommission.gov.au/news-and-media/media-releases/lack-ndis-services-first-nations-people-disability-national-crisis>

<sup>23</sup> Centre for Multicultural Youth 2011, *Addressing the strengths and complexities of bicultural youth and family work*, CMY, Melbourne. Available at: <https://cmy.wpenginepowered.com/wp-content/uploads/2020/02/Addressing-the-Strengths-and-Complexities-of-Bicultural-Youth-and-Family-.pdf>

would demonstrate a way to address workforce shortages and deliver a training and support model that could be scaled up.

The project seeks to reimagine services from a clinical model ‘delivered by specialists’ to a community model delivered by a trained and responsive workforce that focuses on extending child and family participation in everyday life and routines.

## **Workforce transition plans for Early Childhood Coordinators from the Partners in the Community (PITC) to deliver targeted supports**

At the time of the NDIA 2023-24 Annual Report there were 4,769 PITC staff across Australia, which includes LAC and early childhood staff. Many early childhood workers have qualifications in allied health, early childhood education, teaching and other areas that would be well-suited to deliver the Thriving Kids initiative. With the appropriate workforce strategy, these staff could be redeployed from PITC to deliver targeted supports under the Thriving Kids initiative.

## **Equity as an overarching consideration**

Central to these four recommendations is equity as an overarching consideration. In this section of our submission, we provide additional detail relating to equity and intersectional issues (TOR 3).

## **First Nations, culturally and linguistically diverse families and families experiencing poverty are more likely to require support**

The most recent data from the Australian Early Development Census (AEDC) shows 12.5% of children start school developmentally vulnerable in two or more development key domains – the highest rate since 2009.<sup>24</sup> Developmental vulnerability is substantially higher in areas of high disadvantage (according to Socio-Economic Indexes for Areas (SEIFA) quintiles) and for Aboriginal and Torres Strait Islander children.

There are numerous equity and intersectional issues impacting the ability of families to access information, advice and referrals, or seek further support for their children. As part of the development of this submission BSL undertook consultation with staff from our organisation who work closely with families across disability services, early years and integrated service delivery.

Participants in our programs experience the following barriers to accessing the supports their children need:

- **Accessibility:** Information and advice are often not provided in an accessible format – relevant information should be made accessible in a number of ways including providing Easy English documents, videos with closed captioning, Auslan interpreting and in languages other than English.

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<sup>24</sup> Australian Early Development Census 2024, *AEDC National Report 2024: Early childhood development in Australia*. Available at: [https://www.aedc.gov.au/docs/default-source/default-document-library/aedc\\_national-report-2024\\_da7-409a37b9d-95ce-43e7-af00-51aa604cf0b3.pdf?sfvrsn=b56015ba\\_1](https://www.aedc.gov.au/docs/default-source/default-document-library/aedc_national-report-2024_da7-409a37b9d-95ce-43e7-af00-51aa604cf0b3.pdf?sfvrsn=b56015ba_1)

- **Ableism:** Ableism and stereotypes about disability or developmental differences are common and are often reinforced through information and advice that is provided – this may appear as using deficit language and/or referring to child/ren as a burden.
- **Differing cultural understandings of disability:** Differences in understanding and recognising disability can impact families' willingness to seek further support, particularly where there is stigma or shame about disability.<sup>25</sup>
- **Definition of families and carers:** Currently family can be too narrowly articulated in service design and eligibility. It can prohibit Aboriginal and/or Torres Strait Islander people who engage in kinship caring from accessing the supports they need.
- **Cost:** Seeking information and advice, particularly through the medical system, can have significant out-of-pocket costs which can make it too expensive for families to access.
- **Interpreter access:** For families that speak languages other than English it can be challenging to access an interpreter, particularly one who is part of their community, who can understand the complexities of translating content about disability, developmental milestones or our government service systems.
- **Medical gaslighting:** When seeking advice, families may experience doctors or other medical professionals dismissing or downplaying their concerns, which can hinder families seeking further information.
- **Mistrust:** Families who are newly arrived in Australia may have a mistrust of government due to experiences in their country of origin. This may also occur for Aboriginal and/or Torres Strait Islander families due to the lack of cultural safety or racism they have experienced from the health, education and/or other systems.<sup>26</sup>
- **Migration:** Families who are seeking a visa renewal, extension or transfer, permanent residency or citizenship may not want to access services or support that might label their children as having a disability due to discrimination in Australia's migration system.<sup>27</sup>
- **Temporary visas:** Some families on temporary visas may not be eligible for Medicare or other related government services, which can mean that some families do not access supports for their children due to costs associated with support.
- **Lack of proof of identity documentation:** Some families may not have access to the proof of identity documentation necessary to access supports. Aboriginal and/or Torres Strait Islander people and families on temporary visas are more likely to face this barrier.

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<sup>25</sup> People with Disability Australia 2021, 'The experiences and perspectives of people with disability from culturally and linguistically diverse backgrounds'. Available at: <https://pwd.org.au/the-experiences-and-perspectives-of-people-with-disability-from-culturally-and-linguistically-diverse-backgrounds-joint-submission-to-the-disability-royal-commission-by-pwda-neda-and-fecca/>

<sup>26</sup> ANTA 2021, 'Racism in Healthcare'. Available at:

<https://antar.org.au/wp-content/uploads/2021/05/Racism-in-Healthcare-Backgrounder.pdf>

<sup>27</sup> Women with Disabilities Australia 2019, 'Discrimination against migrants and refugees with disability'. Available at: [https://wwda.org.au/wp-content/uploads/2020/08/Factsheet\\_No\\_7\\_Migration.pdf](https://wwda.org.au/wp-content/uploads/2020/08/Factsheet_No_7_Migration.pdf)

- **Information overload or conflicting information:** It is critical to receive information and advice from a single source of truth, as many families have experienced receiving an overwhelming amount of information, or conflicting information from different professionals.
- **Family and domestic violence:** Family and domestic violence can create barriers for families in seeking further support for their child/ren with developmental concern, delay and/or disability. For example, if a family member could be using coercive control to restrict access to services or families could be experiencing crisis and so be unable to access services at that time.
- **Supports provided only during 9-5 weekdays:** For some families where parents work full-time, 9 to 5 it can be difficult to access programs like Supported Playgroups that only operate during work hours.
- **Waitlists for free services:** While there are some services available for families who are ineligible for the NDIS due to visa status, there can be substantial wait times which delay access to early intervention services.

In response to the above barriers, using a Lead Practitioner role (also known as a key worker) can support families in overcoming some of the barriers (as shown by the Enhanced Early Supports Pilot BSL has delivered, described above). The Lead Practitioner model can support a family to build a trusting relationship with one professional who can provide tailored information and advice in a way that is most suitable for the family.

Risks to mitigate within the proposed Thriving Kids approach to ensure equity  
Alongside these equity challenges there are several risks with the current proposed Thriving Kids initiative, which can potentially exacerbate the inequality highlighted above. These risks need to be addressed in order to ensure all families have access to the supports they need. They include:

- **continuum of supports:** Families need clarity about what support will be in place for children who still require support when they exit the Thriving Kids initiative after the age of nine. There needs to be a clear plan regarding foundational supports for children aged nine and over to ensure that there is not a sudden cessation of support.
- **one-size fits all approach:** As demonstrated earlier, there are numerous types of supports that can sit under the Thriving Kids initiative and each community may need tailored supports to respond to different cultural and disability-related needs.
- **support for Autistic children:** The proposed Thriving Kids initiative specifically referred to Autistic children with low to medium support needs receiving supports outside of the NDIS. Any changes to the NDIS eligibility should not include blanket exclusion based on a diagnosis, particularly as many people with disability have co-occurring conditions that qualify for NDIS access. NDIS supports should remain for all people who need them due to permanent and significant disability. Alongside this it is critical that any programs or services delivered to Autistic children also meet the commitments by the federal government outlined in the National Autism Strategy which includes:
  - 15. Improve access to quality, timely, neurodiversity-affirming and equitable supports and services for Autistic people, including for people living in rural, regional and remote areas.

- 16. Encourage greater representation of people with lived experience in delivering supports and services to Autistic people.
- 17. Develop a set of best practice training and resource materials for people providing supports and services to Autistic people.
- 19. Work with states and territories to improve the experience of Autistic people accessing supports through the NDIS, disability supports outside the NDIS and mainstream services.