Brotherhood of St. Laurence

Enhanced Early Supports Pilot

One-year follow-up

Sarah Watt and Tracey Pahor

2026

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Published by

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Suggested citation: Watt, S & Pahor, T 2026, *Enhanced Early Supports Pilot: one-year follow-up*, Brotherhood of St. Laurence, Fitzroy, Vic.

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Summary

In Australia it is estimated that one in five children has disability or developmental concerns (NDIS Review 2023). Early intervention with the right supports can make a significant positive difference for these children, their families and the broader community. Children with developmental delay or concern and their families are currently faced with a government support system dominated by the National Disability Insurance Scheme (NDIS)(NDIS Review 2023). Although more children than anticipated have accessed the scheme, the NDIS Review highlighted dual concerns regarding both the sustainability of the NDIS and that persistent numbers of children are entering school developmentally vulnerable and under-resourced.

In this context, the Brotherhood of St. Laurence (BSL) developed the Enhanced Early Supports (EES) Pilot to provide support to families whose child is not accessing funded NDIS support plans. It should be offered as part of an integrated approach. By providing coaching-based early intervention support in home and community settings, it aims to strengthen caregiver capability, improve developmental outcomes and help families access the supports their child's needs.

In 2024, the pilot was delivered to the first cohort of 126 children and their caregivers in Melbourne's west. This first group had strong results, including significant improvements across child development measures and increases in caregiver confidence, connection and satisfaction with supports (Watt et al. 2025). The evaluation found the EES Pilot strengthens children's development and builds caregiver capability, thereby demonstrating an effective model of early supports (Watt et al. 2025).

Follow-up survey

One year after the first cohort completed the pilot, BSL undertook a follow-up survey to understand how those children and their caregivers were progressing. The focus was on the extent to which caregiver outcomes in confidence and connection to services were maintained over time, and to gather reflections on the longer-term value and impact of the program. Combined with the EES evaluation, the survey provides valuable insight into what may be possible as the Australian Government develops and implements Thriving Kids.

Key findings

Findings from the follow-up survey with 59 caregivers (48% of families from the first cohort) indicate that the pilot's coaching and capacity-building approach equipped families with enduring knowledge and skills that continued to shape everyday interactions, service engagement and developmental opportunities. The EES Pilot offers a practical example of the type of early, family-centred assistance that Thriving Kids seeks to expand.

Increased service participation and high satisfaction

One year after completing the program, respondents reported the following rates of service engagement:

- More children (54%) had a NDIS plan (up from 22% at exit) although as noted above only 48% of families completed the survey. The overall percentage of children with a plan is likely lower.
- Participation in health and mainstream services grew (56% at entry; 68% at exit; 83% at follow-up).
- Near universal (98%) attendance in early learning and school (87% at entry; 92% at exit).

High rates of satisfaction were reported for accessed services (very or somewhat satisfied with: health and mainstream services 86%; early education and care or school 86%; community or local groups 100%).

Caregivers maintained confidence to support and advocate for their child

Caregiver confidence to support learning and development (88% of caregivers mostly or completely confident) and advocate for their child (92%) remained strong one year later (63% and 84% at entry; 89% and 90% at exit, respectively).

Challenges with service availability and systems navigation saw confidence to access supports wane

At the same time, confidence to access supports fell from 90 per cent of caregivers mostly or completely confident at exit to 71 per cent at follow-up. While this is still higher than reported confidence at the beginning of the pilot (58%), families described experiencing persistent access barriers including long waits and challenges securing the referrals they needed to access supports beyond the pilot.

What it takes for children to receive timely and meaningful support for their needs

Caregivers' reflections highlight what is needed for families to receive timely and meaningful support:

- Skilled and impartial practitioners who can translate developmental knowledge into practical strategies.
- Relational continuity with a trusted practitioner who understands the family.
- Support delivered in familiar, everyday settings (home and community) to reduce barriers and improve relevance.
- Streamlined, supported pathways into mainstream and community services.

Recommendations

These findings lead to the following three recommendations for supporting sustained outcomes for children and families:

1. Keep the core model features of relational coaching support in natural settings to enable access and outcomes.
2. Introduce short-term re-engagement options so families have support to navigate challenges, especially at time of transition.
3. Improve mainstream and specialist service eligibility pathways and address systems gaps for more efficient and effective access to further supports.

In 2024, the pilot was delivered to the first cohort of 126 children and their caregivers in Melbourne's west. This first group had strong results, including significant improvements across child development measures and increases in caregiver confidence, connection and satisfaction with supports.

1 Introduction

In Australia it is estimated that one in five children has disability or developmental concerns (NDIS Review 2023). The right supports can therefore make a positive difference for many children and their families. As support is most effective in the early years, identifying delays and/or differences early and empowering families is important (Thriving Kids Advisory Group 2025). Yet, children with developmental delay or concern and their families are currently faced with a government support system dominated by the NDIS (NDIS Review 2023). While more children than anticipated have accessed the scheme, the NDIS Review highlighted that persistent numbers of children enter school developmentally vulnerable and under-resourced, indicating that these are not necessarily the 'right' supports. Alongside concerns regarding the sustainability of the NDIS, there is a compelling case to provide evidence based, timely and effective supports for children with disability or developmental concerns outside of the NDIS (NDIS Review 2023; Thriving Kids Advisory Group 2025).

Current context for early supports

Children with developmental concerns are eligible to access 'Early Supports' delivered by the NDIS Early Childhood Partner in the Community (PITC) Early Childhood Coordinator staff (NDIS 2025). This is intended to provide short-term, targeted assistance to address developmental concerns and build caregiver capability (NDIS 2025), and normally consists of 6 to 8 sessions offered over 3 to 12 months. However, uptake has been constrained by higher than anticipated numbers of families with children seeking NDIS access instead of engaging with Early Supports, and by limited awareness among families and some professionals of the availability and role of these supports (Watt et al. 2025).

Alternatively, children who access neither NDIS-funded plans for developmental delay or disability, nor early supports may receive allied health and specialised education support for their developmental needs via:

- Victorian Government Early Childhood Intervention Service – Continuity of Supports program (for children with disability who are ineligible for NDIS-funded plans based on their visa status)
- community health
- private services via Medicare rebated programs (Enhanced Primary Care Program, Chronic Disease Management Plan).

The Enhanced Early Supports Pilot

In response to the challenges identified in the NDIS Review (2023), the Brotherhood of St. Laurence (BSL) developed the Enhanced Early Supports (EES) Pilot. The EES Pilot builds on the early support intent by offering enhanced supports of up to 20 sessions of individualised early supports to children with developmental concerns who are not accessing individual NDIS funding. It aims to strengthen caregiver capability, improve developmental outcomes and help families access the supports their child needs. It reduces reliance on clinical pathways and supports families to get timely access to supports that make positive difference for their child's development.

The Enhanced Early Supports model

The EES model provides relational, coaching-based support delivered in home and community settings. The model is grounded in a capacity-building approach that places caregivers at the centre of children's learning and development. Each family is paired with a practitioner who works alongside them in home and community settings. The aim is to understand the child's developmental profile, identify goals and develop practical strategies for increasing the child's participation, independence and social relationships in their daily life.

Practitioners use coaching to enable caregivers to connect with their child and confidently respond to their developmental needs. Sessions are delivered flexibly – in homes, local parks, libraries and other community environments – to reduce barriers to participation and ensure strategies are embedded in the child's familiar settings. Practitioners also support families to build connections with local and mainstream services, such as GPs, maternal and child health nurses, early childhood education and care (ECEC) settings and community groups. Families receive information, advice and structured support to navigate available services and the pathways most relevant to their child.

While delivered by a PITC, and evaluated here in its own right, the EES Pilot has been designed to enable its delivery in an integrated service delivery model alongside other supports for children and families (for example, through BSL's Early Years Integrated Approach, BSL Grow).

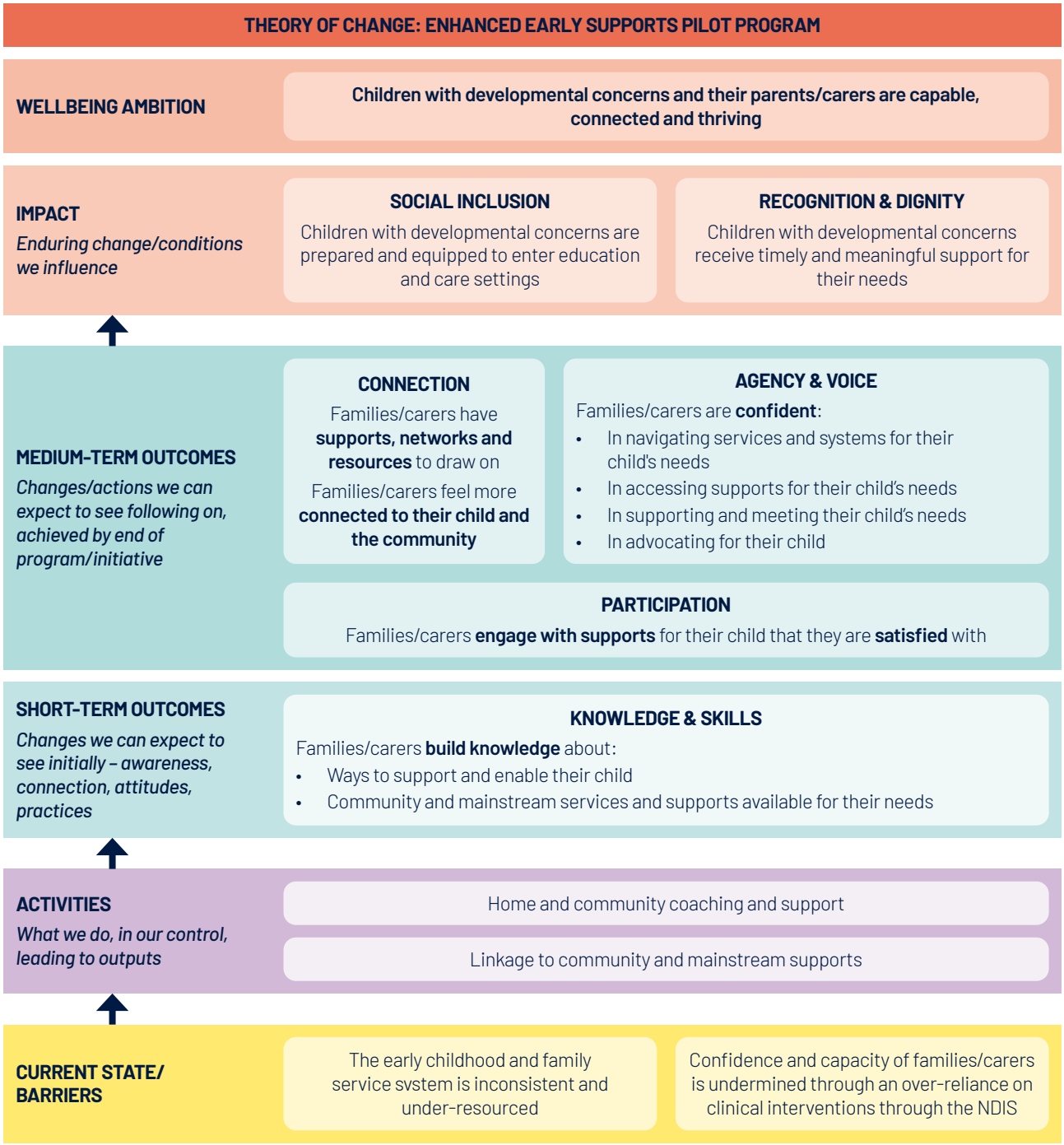
The pilot's theory of change (Figure 1) identifies the EES ambition for capable, connected and thriving children and families. Through support and service in home and community settings; coaching and capacity building; and linkage to community and mainstream services, the pilot seeks to address the barriers of an under-resourced, fragmented early childhood and family service system, and a reliance on clinical and specialised interventions for children. The EES Pilot fosters outcomes for families with greater engagement and satisfaction with supports, knowledge, skills, connection and confidence. Intended impacts are social inclusion, recognition and dignity for children with developmental concerns and their families.

Implementation in Melbourne's West

Since 2024, the EES Pilot has been delivered by BSL in Melbourne's west. In the first year, 126 children participated. An evaluation of this group (Watt et al. 2025) found that children made considerable progress across age-related developmental areas and families placed high value on the program. Caregivers reported making progress towards their goals, increased confidence to support their child's development, and improved connections with community and mainstream supports (Watt et al. 2025). The findings illustrated the potential of a responsive home and community-based coaching model to provide effective early years development support without requiring a clinical pathway (Watt et al. 2025).

The findings illustrated the potential of a responsive home and community-based coaching model to provide effective early years development support without requiring a clinical pathway.

Figure 1: EES theory of change



2 Follow-up survey one year on

One year after the first cohort of the EES Pilot completed the program, BSL undertook a follow-up survey with those families to understand how children and their caregivers were progressing. The survey's focus was on the extent to which caregiver outcomes in confidence and service connections were maintained over time, and it gathered reflections on the longer-term value and impact of the program.

In January 2026, 105 families who participated in the 2024 EES Pilot were invited to complete a structured follow-up survey.[1] A total of 59 caregivers (48% of families from the first cohort) completed the survey, either by phone or independently through an online form.

The survey explored:

- children's current access to and engagement in services and supports
- caregiver satisfaction with these services
- caregiver confidence in key capability areas
- caregiver perceptions of the longer-term impact of the program.[2]

Respondents were asked their child's age group at the time of completing the survey, but broader demographic information was not collected. The survey was also not designed to identify or match respondents with those in the EES evaluation.

Table 1: Number of respondents by age group

Age group of child	No. of families completing the survey
3–4 years	7
4–5 years	18
5–6 years	14
Older than 6 years	18
Not provided	2
All respondents	59

The follow-up survey received approval from the BSL Human Research Ethics Committee.

Limitations

While the perspectives shared by caregivers through this follow-up survey offer important insights, we also acknowledge the limitations of our approach.

There was likely to have been a response bias, so the 59 participating families may differ systematically from those who did not respond (e.g. those with stronger or weaker service connections).

This report includes results from all completed follow-up surveys and, where comparisons are made, this is compared to all available data collected from families at entry and exit. Follow-up survey responses were not linked to earlier surveys. Findings therefore reflect group-level patterns rather than longitudinal changes for each family.

1 Families who were not available to be contacted for any future follow-up were excluded from the 126 who had completed EES. Families were identified as not available for follow-up because they had shared that they would not be contactable after moving overseas; they requested not to be contacted for follow-up; or the minimal service contact they received meant further contact would be overly burdensome. BSL staff called the primary contact/caregiver from each family up to three times, using interpreters where appropriate. Generally, a follow-up SMS was sent after an unsuccessful second call attempt and an email invitation after the third attempt.

2 No developmental assessment was included as such assessments are complex to administer, and caregivers may not have a recent assessment to share.

3 Findings

The follow-up survey one year on from the evaluation shows that many of the early gains made during the pilot were maintained or strengthened over time, and appreciation remained for the relational, coaching-based support provided by EES practitioners. However, challenges still exist for some families who feel their child needs further developmental supports.

Increased service participation and high satisfaction with accessed services

The EES Pilot linked caregivers and their children to relevant services, and rates of participation in the NDIS, health or mainstream services and ECEC or school rose from entry to exit, then rose again at follow-up. Satisfaction with services accessed was generally high at follow-up, indicating that the intended outcome 'families engage with supports for their child they are satisfied with' was largely sustained.

Increased NDIS access

The EES Pilot provided an alternative to NDIS access, and early outcomes showed that fewer than one in four (22%) of the 126 families who participated went on to submit a NDIS access request at the end of service (Watt et al. 2025, see Table 2).[3]

One year on, among those who completed the survey (n=59), the rate of NDIS access had increased, with around half (54%) of caregivers indicating their child had a NDIS plan. We note there may be a difference in rates of access between caregivers who did and did not complete the survey. For example, a caregiver who went on to access NDIS may have been more motivated to respond to the follow-up survey on the EES Pilot because early supports were topical at the time. It is equally important to consider that families who faced barriers to NDIS access may also have faced barriers to participating in the survey and therefore may be under-represented.

Many of the early gains made during the pilot were maintained or strengthened over time.

Table 2: Participating children with a NDIS plan

Stage and group	No. of children with data	Child has NDIS plan (per cent of children with data)
Exit – All families who completed the program	126	22%
One year after exit – Families who responded to the survey	56*	54%

* The caregivers of three children were unsure if the child had a NDIS plan, so have been excluded.

3 Children were not eligible for EES if they were already accessing the NDIS.

Age matters for NDIS access. Survey results indicate more children in the younger age groups (57% for the 3–4 year and 67% in the 4–5-year age group) have a NDIS plan than the older age groups (38% for the 5–6 year and 44% for the older than 6-year age group, see Figure 2). This may reflect support through the NDIS early childhood approach being available without a formal diagnosis while children with developmental delay or concern are younger than 6 (NDIS 2025).

Some caregivers identified that the EES Pilot enabled them to make informed decisions about and navigate accessing the NDIS. In comments, some respondents shared that the program had helped to clarify their child's developmental support needs, built their understanding of the NDIS system and enabled them to better demonstrate their child's eligibility for funded supports (NDIS and otherwise) that would meet their needs in an ongoing way.

> ***The program really did help me – all the early intervention my son received and the strategies and tips that I got. For people like me – [whose] child is in the grey area, where we are trying to work out what's going on but it's clear that they don't need the NDIS funding – the program was really good.***

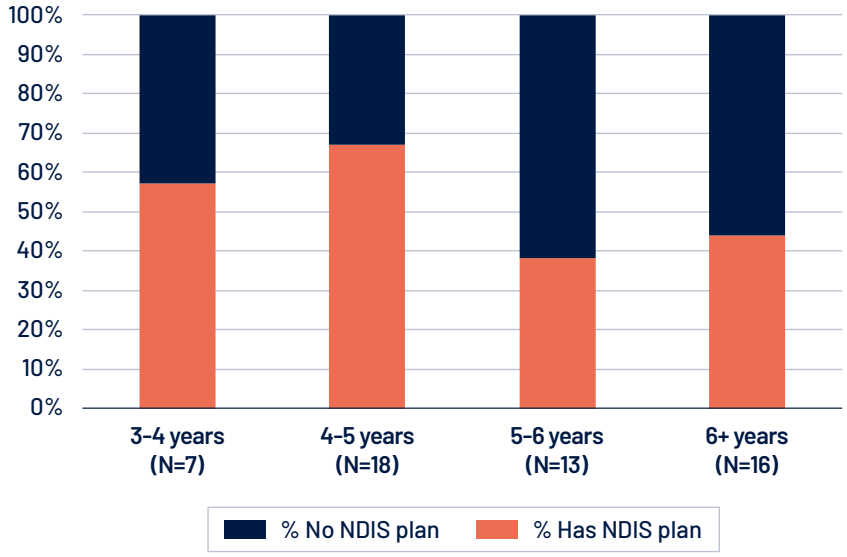
> ***I didn't know about the system. My coordinator went to the childcare, found out about their strategies, about [my child's] strengths, and told us. We weren't able to access the NDIS because we didn't have citizenship, then we got citizenship. My coordinator made me aware of autism.***

> ***I am more confident with the NDIS. My coordinator put me on the path to consult with a paediatrician, to a path of autism diagnosis.***

It is also important to note that some children were ineligible for NDIS funded supports. Many of these caregivers stated that without the program, they felt their child would not have received the support they needed.

Some respondents shared that the program had helped to clarify their child's developmental support needs.

Figure 2: Age groups of participating children with and without a NDIS plan, based on responses from caregivers



Increased participation in formal mainstream services, education and care

The EES Pilot saw rates for participants accessing health or mainstream services and ECEC or school increase from entry to exit (see Table 3).

These rates were higher again among the one-year follow-up survey respondents. In contrast, the one-year follow-up survey found that participation rates in local or community services such as libraries, playgroups and other community groups was low – it is not clear whether this was a change since exit.[4]

Table 3: Access to services and groups

Outcome area	At entry N=124	At exit N=94	At follow-up N=59
Accessing health or mainstream services	56%	68%	83%
Accessing ECEC or school	87%	92%	98%
Accessing local or community services (playgroup, library, sporting, other community groups)[4]	n/a	n/a	44%

Further detail on access by type of service or supports (health and mainstream, ECEC or school, and community services) and satisfaction are discussed below.

Most connected to health or mainstream services

At follow-up, 83 per cent of respondents reported their child was regularly connected to at least one health or mainstream service (see Table 3). This was most commonly a general practitioner (GP or family doctor – 71% of survey respondents)(see Table 4) – the first point of contact for healthcare.

This was followed by paediatricians (31%) and other services (31%). The 'other' category was generally used for allied health or related fields, with many caregivers indicating this was an occupational therapist and speech pathologist. Dieticians, nutritionists, psychologists, behavioural therapists and key workers were also named. This may indicate these services were being accessed through private providers or other clinics, as only five per cent of survey respondents indicated their child was regularly connected with a community health centre.

Table 4: Regular connection with a health or mainstream service (at follow-up)*

Health or mainstream service	Count of respondents	% of respondents N=59
GP (family doctor)	42	71%
Paediatrician	18	31%
Maternal and Child Health Nurse	10	17%
Community health centre	3	5%
Other	18	31%
Not connected with any	10	17%

* Respondents with a child regularly connected with a health or mainstream service could select all services that apply, so these percentages cannot be added together.

4 This was the first time a question on local or community participation was asked in this format, so it could not be compared with earlier surveys.

No caregivers indicated they were dissatisfied with the health or mainstream services attended by their child (see Table 5). This is a positive outcome, although we note that 17 per cent reported not being regularly connected with any service and hence do not report on satisfaction.

Given the value that can come from being connected to a regular health service that can provide primary health care, such as through a GP (Dutch et al. 2025), this may indicate an unmet need.

Table 5: Satisfaction with accessed services or supports

Service or support accessed	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied	n = child connected
Health or service mainstream	-	-	14%	33%	53%	49
ECEC or school	2%	3%	9%	38%	48%	58
Community or local service	-	-	-	35%	65%	26

High satisfaction with health and mainstream services was also reported across all other service groups in the survey. These results suggest that families generally value the services they can access.

Almost all children are attending early education and care or school

At follow-up, attendance in ECEC or school was near universal (98%, see Table 3). This means nearly all children were participating in alignment with recommendations and prioritisation for access for the state of Victoria, where the pilot operated.[5]

Table 6: Children attending early education and care or school

Level	Count of respondents	% of respondents
ECEC	36	61%
School	22	37%
Neither	1	2%
All respondents	59	100%

Most caregivers were satisfied with the ECEC or school (somewhat satisfied 38%; very satisfied 48% – see Table 5). The small number who were dissatisfied (very dissatisfied 2%; somewhat dissatisfied 3%) had a child accessing kindergarten/preschool or school. Caregivers who are confident advocating for their child's learning and development, including engaging with educators and professionals, may be better positioned to resolve issues affecting their satisfaction, and outcomes related to advocacy confidence are reported later in this report.

Accessing local or community services could be an area for further focus

Regular participation in local groups or community services was lower (44%) than the other service areas discussed above (see Table 3). The library was the most common but was reported by less than a third of caregivers (29%, see Table 7). This was followed by 15 per cent indicating other local and community groups, which included swimming lessons, church-based groups and language-based groups.

5 In Victoria, where the pilot operated, three is the recommended age for children to start kindergarten and children were aged over three by the time of the follow-up survey. Furthermore, children with an identified disability or developmental delay are a priority access group for early childhood education (see https://www.vic.gov.au/priority-access-criteria). As children were all aged over three by the time of the follow-up survey and the pilot was for children whose parents were concerned about a developmental delay, children accessing ECEC and school is in line with recommendations and prioritisation.

Table 7: Children accessing local or community services*

Local or community services	Count of respondents	% of respondents N=59
Library	17	29%
Local sporting program	6	10%
Playgroup	4	7%
Local council activities	1	2%
Other	9	15%
Not accessing any	33	56%

* Respondents with a child regularly accessing any local or community services could select all services that apply, so these percentages cannot be added together.

Satisfaction among those who participated in local or community services rated higher than the health or mainstream and early education and care service areas, with over one-third (35%) somewhat satisfied and the majority of participants very satisfied (65%). This is a positive result. However, as attending local community services is generally seen as participating in discretionary activities, there may be little reason for families to persevere if they were not satisfied. Further enquiry would be needed to identify if there was an unmet need for local and community services or barriers faced by families to accessing them.

Caregivers' confidence largely sustained

The EES Pilot achieved strong gains in caregiver confidence by exit, and these were largely sustained at follow-up. However, as discussed below, some confidence to access further support was lost (although it remained above the rate at entry). This suggests the challenge lies in the availability of or pathway towards supports, rather than the perceived quality of supports.

Caregivers maintained confidence to support and advocate for their child's learning and development

The EES Pilot reported strong results with caregivers being mostly or completely confident at exit to support their child's learning and development (increasing from 63% of entry survey respondents to 89% of exit survey respondents)(Watt et al. 2025). There were also strong results for caregivers being mostly or completely confident to advocate for their child, such as through speaking with educators and professionals (increasing from 84% of entry survey respondents to 90% of exit survey respondents) (Watt et al. 2025). The smaller group of follow-up survey respondents reported similarly high rates, with 88 per cent confident to support their child's learning and development and 92 per cent confident to advocate for their child, suggesting that improvements have been maintained (see Table 8).

The EES Pilot achieved strong gains in caregiver confidence by exit, and these were largely sustained at follow-up.

Table 8: Areas where caregivers are mostly or completely confident

Confidence area	At entry (% 'mostly' or 'completely' confident) N=124	At exit (% 'mostly' or 'completely' confident) N=94	At follow-up (% 'mostly' or 'completely' confident) N=59
Accessing support for their child	58%	90%	71%
Supporting child's learning and development	63%	89%	88%
Family self-advocacy (comfort speaking with educators/ professionals	84%	90%	92%

Confidence to access support for their child did not remain as strong

Caregiver confidence to access support for their child reported the sharpest increase between entry and exit from the EES Pilot. This jumped from 58 per cent being mostly or completely confident in the entry survey to 90 per cent at exit (Watt et al. 2025). It dropped to 71 per cent among follow-up survey respondents. This was still above that at entry but below the other areas of confidence (see Table 8). This may signal that some families were encountering new challenges either in navigating the process to access supports or with the availability of supports.

What it takes for children to receive timely and meaningful support for their needs

In the follow-up survey, caregivers generously shared their reflections on how things were going and what had mattered most from their involvement in the pilot. Their reflections point to the value of staff with expertise using a coaching approach to provide relational and consistent support in home and community settings. These points of value can help identify how to respond to the challenges found in the survey responses – that some families do not feel confident they can access the development supports their child needs when required (29%).

Staff expertise and a coaching approach to build caregiver capability

Reflecting one year after completing the EES Pilot, caregivers reported they valued what they had learnt from the EES practitioners. Respondents described EES practitioners as skilled, experienced and impartial guides, which was particularly important in helping them understand and respond to their children's developmental support needs.

> ***It was useful having someone with experience and skills to assist me and my son's journey.***

> ***[Practitioner] was a neutral party, who provided facts about my child's development and social skills and behaviour.***

As these accounts indicate, providing information while using a coaching approach built the capability of the caregiver in a way that enabled them to support their child.

Caregivers explained they gained knowledge and strategies:

- Knowledge about their child's development and an understanding of typical patterns of development.
- Insights into the meaning of children's behaviours and communication styles.
- Responsive, practical and actionable strategies they could use for playing and connecting with their child as part of everyday routines and family/community life.

From using the knowledge and strategies in the year after the completion of the EES program, caregivers reported seeing meaningful and ongoing improvements in their child's development.

> ***... being more aware of my child's development, and now I'm being more involved in helping my child's development. I know milestones and I know what to do.***

Relational and consistent support

Caregivers emphasised the value of having had a consistent, reliable EES practitioner who understood their family context during their time in the pilot. They listed the following program elements as being helpful:

- Warm, trustworthy, flexible, responsive support.
- Having a single point of contact to reduce complexity and sustained engagement.

A small number of caregivers reported feeling 'lost' at the end of their time with the EES Pilot. Suggestions included extending the program in the following ways:

- A longer program duration.
- Booster or follow-up support.
- Continuity through the transition to school.

These extensions would allow the caregiver to receive coaching through more milestones and periods of adjustment for their child. However, extending this program may not be necessary if alternative supports are in place that will meet these needs.

Support in home and community settings

Receiving support in home or familiar community environments made participation in the EES Pilot less stressful and more feasible. This was particularly valuable for families facing health, transport or other barriers to engagement.

> ***It was at a stage in life when I couldn't leave the house, so having the services come to us was really beneficial. It opened me up to thinking about my child's needs in a clinical way. I knew there was something that wasn't right, and at the end of the program I realised my child did need help.***

Delivering EES coaching within the child's everyday context helped caregivers develop knowledge and skills they could be confident applying in the spaces their family used day-to-day. In this way, engaging families in their natural settings benefited those who may have otherwise missed out on valuable support at a key time, improving equity and providing longer-term benefits that support families to meet their children's developmental needs.

Longer-term service availability and systems navigation challenges to be addressed

In their reflections at follow-up, many caregivers reported they wanted access to services to support their child's development beyond the end of the program. Allied health and paediatric services were frequently mentioned. Families were experiencing persistent access barriers including long waits and challenges securing the referrals they needed. While paediatric services may provide a referral point for allied health, caregivers also noted that without input from these professionals, they were ineligible for certain supports including applying for NDIS access.

The gap in availability and challenging access pathways could explain the dip seen at follow-up in caregiver confidence to access support (see Table 8). While the EES model strengthened caregiver capability and many families had health and mainstream service connections without the NDIS, the NDIS remains a key pathway to multidisciplinary, funded supports for eligible children. Increased demand for assessments and evidence may also be adding pressure to health and mainstream services, slowing access and potentially reducing satisfaction for other users. Ultimately, we cannot expect caregivers to maintain the confidence to access the developmental support their child needs if the supports they identify their child needs, or what they require to accesses this support, is not available in a timely way.

4 Conclusion and recommendations

The result from the follow-up survey of participants in the first cohort of the EES Pilot demonstrates that many of the program's intended benefits were sustained one year after service completion. Children continued to participate in early learning, health and mainstream services at high rates, and caregivers maintained strong confidence to support and advocate for their children's development. These findings indicate that the pilot's coaching and capacity-building approach equipped families with enduring knowledge and skills that continued to shape everyday interactions, service engagement and developmental opportunities.

Caregivers' reflections also highlight what is needed for families to receive timely and meaningful support:

- Skilled and impartial practitioners who can translate developmental knowledge into practical strategies.
- Relational continuity with a trusted practitioner who understands the family.
- Support delivered in familiar, everyday settings (home and community), to reduce barriers and improve relevance.
- Streamlined, supported pathways into mainstream and community services.

Aligned with the ambitions of Thriving Kids, these findings reinforce the value of targeted foundational supports delivered through a relational approach in natural settings. The EES Pilot offers a practical example of the type of early, family-centred assistance that Thriving Kids seeks to expand. However, the model can only fully achieve this ambition when the surrounding system provides timely access to further developmental supports.

Recommendations

The recommendations below draw on caregivers' reflections and the system gaps identified at follow-up to highlight opportunities for strengthening the model and improving outcomes for children and families.

1. Keep the core model features of coaching support in natural settings to enable access and outcomes.

- Retain the coaching and capacity-building model that supports caregivers to use practical strategies in everyday routines.
- Maintain relational continuity by ensuring families have a consistent practitioner.
- Continue home and community-based delivery to reduce access barriers and embed strategies in natural settings.
- Resource coaches with the information and local connections to provide supported pathways into relevant mainstream and community services.

2. Introduce re-engagement options so families have support to navigate challenges.

- Offer light-touch check-ins during key transitions, such as starting kindergarten or school, to reinforce strategies and check emerging needs.
- Allow flexible and short-term re-engagement when families would benefit from the EES model of supports to address challenges.

3. Improve mainstream and specialist service eligibility pathways and address system gaps for more efficient and effective access to further supports.

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Enhanced Early Supports Pilot

One-year follow-up

Sarah Watt and Tracey Pahor
2026

Acknowledgement of Country

The Brotherhood of St. Laurence acknowledges the Traditional Custodians of the land and waterways on which our organisation operates. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present.

Brotherhood of St Laurence
Working for an Australia free of poverty