Realising the promise of Thriving Kids:

Four critical questions for system design and implementation

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Brotherhood of St Laurence
Working for an Australia free of poverty

Let's make change that lasts

Acknowledgment 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.

Realising the promise of Thriving Kids: 4 critical questions for system design

1. How to stretch the money to best meet demand?	• Intentional funding allocation and sequencing • Proportionate universalism and uplift in mainstream settings • Smooth 'interfaces' with other systems (e.g. community health, NDIS) • Invest in best practice • Flexible, localised funding • Dedicated ACCO funding
2. How to make sure Thriving Kids is equitable and able to be accessed by families who typically face the most barriers to support?	• Integrated approaches / hubs • Needs-based funding/equity loadings • Thoughtful eligibility criteria • Cultural inclusion, building trust • Digital inclusion
3. How to direct families to the support that best meets their needs, without overloading the system – and without families falling between cracks at the interface of different systems?	Triage, intake and assessment that is: • Family centred and relational • System agnostic • Localised, but provides consistency and quality • Minimises system complexity
4. How to transition the system, learn and adapt?	• Intentional system learning alongside early delivery • Try, test and learn • Cultural shift and changing expectations • Support workforce transitions • Data and learning function

Realising the promise of Thriving Kids: four critical questions for system design

Thriving Kids presents a significant opportunity to develop an integrated early childhood development system that puts best practice and families at the centre.

Thriving Kids aims to fix a system that is letting down children and families. Currently, families seeking early developmental support are pushed into an NDIS-dominated, diagnosis-driven model that creates inequity, long waits, poor access to best-practice early intervention, and a lifelong diagnostic path. When we break away from this path, we can improve outcomes for children and families, reduce 'over-servicing' and also create a more sustainable NDIS.

BSL welcomes the national model proposed by the Thriving Kids Advisory Group as a well-considered approach to supporting children where they live, learn and play.

But the work does not finish at model design. Translating the system vision into practical reality within local jurisdictional service systems will be a significant undertaking.

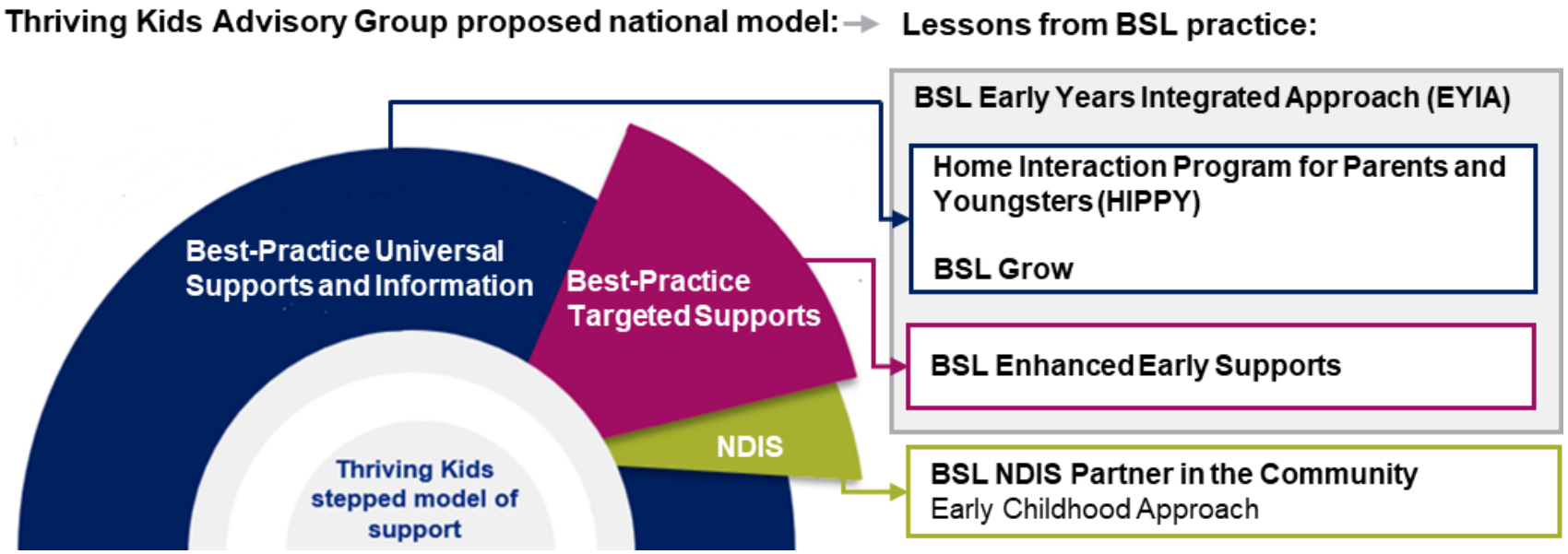
We urge governments to build on strengths in the existing early childhood development system and to work with families, communities and service providers to design its implementation.

In this brief, we share four core questions around the design of Thriving Kids, along with insights and lessons from our work.

1. **How to stretch the money to best meet demand?**
2. **How to make sure Thriving Kids is equitable and able to be accessed by families who typically face the most barriers to support?**
3. **How to direct families to the support that best meets their needs, without overloading the system – and without families falling between cracks at the interface of different systems?**
4. **How to transition the system, learn and adapt?**

We welcome the opportunity to continue to work with governments as this reform moves towards implementation.

Lessons from BSL's practice innovation



BSL's work demonstrates the outcomes that can be achieved when delivery aligns to best practice and the service principles outlined in the Thriving Kids Advisory Group report (pp.6-8):

- Child-centred, family-centred and strengths-based
- Evidence-informed
- Focused on everyday settings
- Collaborative, holistic and integrated
- Focused on outcomes
- Flexible, accessible and culturally safe, with multiple entry pathways
- Enabling workforce development

A spotlight on BSL's Enhanced Early Supports: an example of best-practice targeted supports

BSL's Enhanced Early Supports pilot program has been delivering targeted supports – consistent with the National Best Practice Framework for Early Childhood Intervention and proposed 'targeted supports' within the Thriving Kids proposed national model – in Melbourne's west for over two years, and has now reached almost 400 families.

The program supports families with children with developmental differences or concerns, with up to 20 sessions of support delivered by qualified early years practitioners (key workers) within multidisciplinary teams, in everyday settings.

"[The program has been helpful in] learning more about how to deal with [child]'s behaviours, support her with her confidence and helping us to achieve her goals together. [...] I am so thankful that she came to my home. It really helped. "

"A number of families that I worked with were quite isolated and I was able to connect them with different services that were already out there in the community ... whether that was a facilitated play group or a local library ... I found it wasn't just for the child ... I helped families to find services because sometimes just providing information is not enough... I sat with families using an interpreter and supported them to ... call to get an appointment."

Evaluations of the Enhanced Early Supports program add to a substantial evidence base demonstrating that early intervention improves child and family outcomes and reduces pressure on downstream support systems

- Children made significant improvements on key development measures, most notably in personal and social skills, communication and problem-solving.
- Most families exited the program reporting their needs for support with their child's development had been met. Only 22% of families went on to submit a NDIS access request at the end of the program (this rose after 12 months, with families noting a need for additional support or re-engagement at key transition points).
- Caregivers felt better able to support their child. 91% of caregivers said the program had helped them support their child's learning and development, and 90% of caregivers reported they were more confident accessing support for their child.
- Families valued a range of aspects:
  - the practical strategies provided by practitioners
  - delivery in settings where children live, learn and play
  - the lack of waiting time to access supports
  - better connecting with their child and the community
  - forming a relationship with the practitioner.

https://www.bsl.org.au/research/publications/enhanced-early-supports-pilot-evaluation-report/

1. How to stretch the money to best meet demand?

Back-of-the envelope calculations suggest the Thriving Kids funding may need to stretch a long way

Estimated demand for targeted supports in Victoria:

Lower:	34,000 children Estimate based on: current early connections and NDIS participants 0-8 (100% developmental delay plans, 27%of autism plans – mild/moderate)	~$3,000/child/yr Costing estimates based on 60% of $874.3M over 5 yrs (from bilateral agreement)
Middle:	87,000 children Estimate based on: Developmentally Vulnerable on 2 or more domains (DV2), AEDC 2024 multiplied by population of Victorians 0-8	~$1200/child/yr
Upper:	164,000 children Based on AEDC DV1 (Developmentally Vulnerable on 1 or more domains)	~$640/child/yr

This calls for intentional design and funding allocation

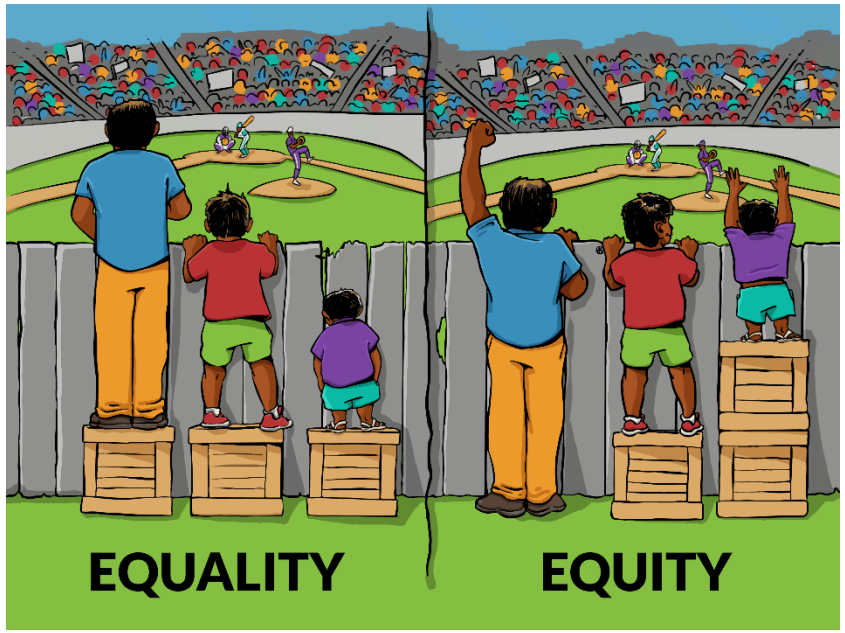
- **Thoughtfully allocate and sequence funding between universal and targeted supports** using the principle of 'proportionate universalism'.
- **Recognise the returns of early intervention**, with an ROI of $7-12 for every $1 invested in the early years.
- **Invest enough to enable best practice** in line with the National Best Practice Framework for Early Childhood Intervention.
- **Boost the capacity of mainstream settings alongside Thriving Kids**, considering the early childhood development system as a whole. Complementary investments – outside the Thriving Kids funding – are needed to boost inclusion and support within ECEC and schools as part of their 'core business'.
- **Improve the interfaces between Thriving Kids and other systems**, such as community health and education, to prevent cost-shifting between systems.
- **Allocate funding flexibly for local solutions to enable adaptation to local needs and emerging lessons.** This should be built into the core funding formula.
- **Dedicate funding specifically for ACCOs.**
- **Design a model that enables re-engagement with support when needed** including at key transition points.

2. How to make sure Thriving Kids is equitable and able to be accessed by families who typically face the most barriers to support?

For Thriving Kids to live up to its potential, equity must be at its centre.

Currently, it's often the families who need the support the most who are least likely to be able to access it. Building equity through Thriving Kids includes:

- **Deliver through integrated approaches**, such as integrated child and family hubs, which can help break down barriers to access for families who are typically excluded from services.
- **Provide needs-based funding or equity loadings within commissioning process**. Our experience is that it can take significantly more time to provide targeted supports with a family who is experiencing the overlapping challenges that arise from multidimensional poverty. Commissioning should draw on data to understand need – both at a geographic level (e.g. SEIFA index) and within geographies, noting that up to 40% of children experiencing disadvantage live outside low-income areas.
- **Ensure affordability for families.** No or limited costs.
- **Avoid overly restrictive eligibility requirements**, such as restrictions on visa class. These often make it harder for the families who need the most support to access it.
- **Foster cultural inclusion.** First Nations self-determination, bicultural and bilingual workforces, and flexible delivery to respond to diverse contexts.
- **Build trust in Thriving Kids.** Many families may have reason to be fearful of government systems. Proactive outreach, workforces representative of the communities in which they work, and intentional trust-building are key.
- **Consider digital inclusion** and options to access information beyond online services.



https://interactioninstitute.org/illustrating-equality-vs-equity/

3. How to direct families to targeted supports that best meets their needs, without overloading the system - and without families falling between cracks at the interface of different systems?

Removing the requirement for a diagnosis makes access to targeted supports more equitable and helps families get support earlier.

- Instead of diagnosis, the Advisory Group proposes a 'light-touch assessment of functional needs' to guide families to the right supports. (Diagnosis would still apply for NDIS access.)
- The assessment process considers the whole family's needs, recognising that even where children have similar developmental concerns, families may require different types of support to meet their needs.
- This is a big step forward.
- However, removing diagnosis may raise concerns about demand management: How do we prevent targeted supports from being overwhelmed, and ensure resources reach families with the greatest need?

A key challenge to solve will be preventing families falling through the gaps between systems: Thriving Kids is the opportunity to fix the 'interfaces'

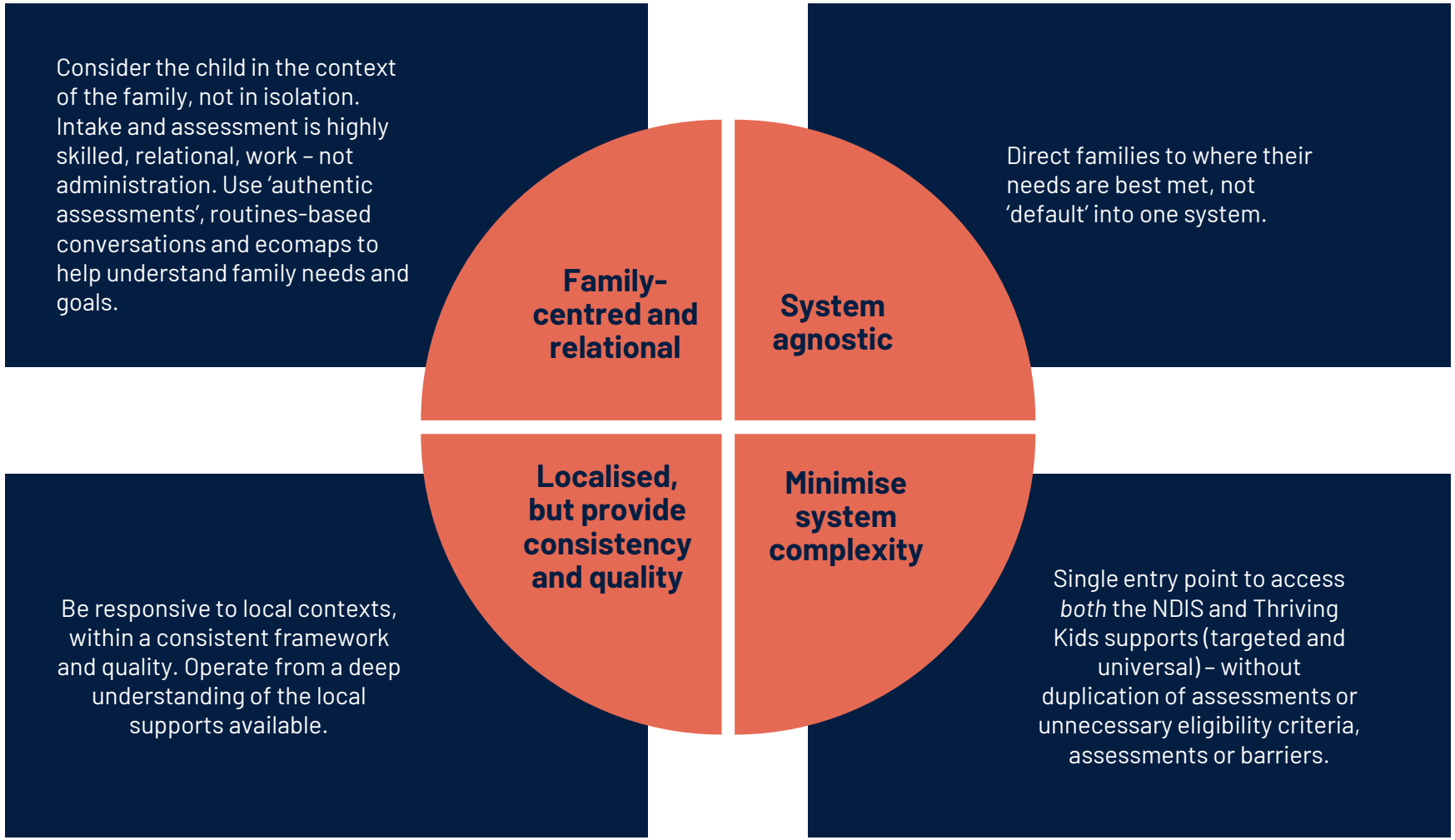
- Currently, there can be challenges whereby families do not meet eligibility thresholds for one system, so are referred to another – but are also turned away from that service.
- Thriving Kids presents the opportunity to fix the interface between our different systems (e.g. community health, NDIS, targeted supports etc.) so that families do not bounce back and forth between systems or fall through the cracks.

Families should be able to dip in and out of support as needed, with as little friction as possible

- Supporting families to navigate to the right supports should be as seamless as possible, with opportunities to 'dip in and out' of services as different needs arise, without unnecessary barriers or gatekeeping.

This raises the importance of getting the process for accessing targeted supports right.

Based on insights from BSL's innovation work, we recommend four principles for intake and assessment into targeted supports



Case study of intake and assessment from BSL's Enhanced Early Supports

Process

Families are referred from multiple sources (no 'wrong door')

An experienced early childhood professional reviews referral information and makes introductory phone call to family (and referrer if needed) to **understand family needs** (i.e. light-touch assessment) and introduce program

If Enhanced Early Supports program is deemed appropriate:

Key worker schedules initial engagement session in child's natural environment. First session focuses on:

- Family priorities and concerns
- Co-create an ecomap of supports
- Authentic assessment through observation and routines-based conversation
- Goal setting and service prioritisation

If Enhanced Early Supports program is not suitable:

- Family is assisted to access other supports (e.g. NDIS standard assessment; warm referrals to other supports)

Core enablers

Evaluation has found reasons this process is effective:

- Timeliness and accessibility
- Relevance to daily life
- Family-centred

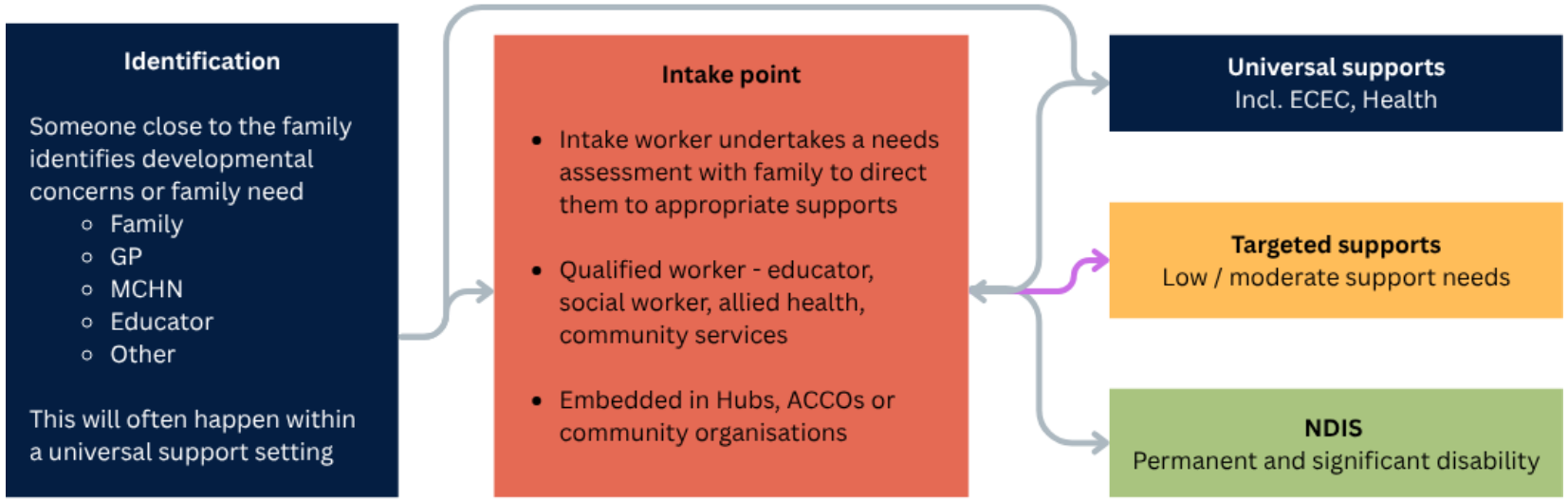
Enablers of this process:

- Highly skilled and locally connected workforce
- Practice fidelity through ongoing training, coaching, multidisciplinary team support
- Enough time for an in-depth conversation with the family at intake (i.e. this model breaks down if referral volumes are too high and staff are rushed)

Three options for helping families navigate into targeted supports

Options for intake and assessment into targeted supports:

- **Option 1:** Key workers perform intake as well as delivering some targeted supports where relevant
- **Option 2:** Dedicated intake workers located in community settings assess and refer (decentralised)
- **Option 3:** Dedicated intake workers in contracted organisation assess and refer (centralised).



Option 1: Key worker performs intake function, and follows family to provide targeted supports where this is most appropriate

Option 2: Dedicated intake worker employed by local organisations (decentralised)

Option 3: Dedicated intake worker employed by contracted organisation (centralised)

Option 1: Key worker follows family to provide targeted supports →

Options 2 & 3: Referrals to relevant supports from intake worker

Three options for helping families navigate into targeted supports

	OPTION 1: Key workers perform intake as well as delivering some targeted supports where relevant	OPTION 2: Dedicated intake workers located in community settings assess and refer (decentralised)	OPTION 3: Dedicated intake workers in contracted organisation assess and refer (centralised)
Strengths	• Single worker across intake → support means a smoother experience for families • Flexible, less rigid system	• Enables specialisation, deep understanding of local system • Based in local community settings (e.g. hubs) enables warm entry points for families • Supports navigation across settings (universal, NDIS etc) → smooth pathways for families • Minimises duplicate assessments	• Simpler to perform intake for both NDIS and Thriving Kids (easier to meet NDIS entry requirements in centralised system) – minimises duplicate assessments • Stronger practice consistency when centralised • If rolled out via PiTC – existing workforce and structures
Limitations	• Large role scope – recruitment or training challenge • Could add to system complexity – may need additional navigators • Potential conflict of interest if key workers both perform intake/assessment and deliver support	• Handover point required for families from intake to supports (vs. Option 1) • More challenges influencing practice and consistency in more decentralised model (vs. Option 3) • May be trickier to meet NDIS access requirements from a decentralised intake point	• Can be delivered in a hub or community setting, but this will require more intentional partnerships that can take time to establish • May not be as integrated into local communities (not run by small local organisations) • Cultural shift required, especially if rolled out via PiTCs (seen as NDIS-linked)

4. How to transition the system, learn and adapt?

Thriving Kids represents a significant opportunity to transform the early childhood development system in Australia.

This transformation will require not only a new system design across multiple jurisdictions, but cultural shift, departing from the current diagnosis-focused, medical model of support for children with developmental differences and disability.

- **Intentional system learning alongside early delivery:** Given tight delivery timeframes, there will need to be intentional system learning alongside the early delivery of Thriving Kids, to understand what is working, what isn't, and how implementation should be adapted. Mechanisms like communities of policy and practice can be an effective way of enabling this. (See next slide for case study example.)
- **Try, test and learn:** e.g. test intake models and monitor for bottlenecks or workflow issues
- **A cultural shift and changing expectations:** From a view of the NDIS as the only/best source of support to a wide range of supports to better meet families' needs. Clear communication and change management with families, workforces and referrers.
- **Support workforce transition:** Consider how to redeploy and upskill existing workforces (e.g. PiTC workforces with early childhood qualifications; training and mentoring to enable a shift to a transdisciplinary way of working) and alternative workforces (e.g. BSL's pilot).
- **Connect support for people older than the Thriving Kids cohort.** What happens when a child turns 9?
- **Establish a data and learning function to make the connected systems responsive and adaptive.** Share data relating to demand and cost-effectiveness; improved outcomes measurements; and monitoring and reporting.
- **Consider demonstration sites/innovation zones** with dedicated learning functions surrounding them, to trial approaches then spread.

Case study: local community investment committees (CICs) and communities of policy and practice (CoPPs) as valuable system learning architecture

In a range of human services systems – most notably in the employment system – BSL has demonstrated approaches to supporting ongoing system learning and adaptation

Key roles Thriving Kids learning function should perform:

1. **Convene actors across the system** to reach an agreed vision for change; align on priorities; share lessons; and collectively identify and resolve challenges in Thriving Kids implementation.
2. Build **top-down and bottom-up learning and feedback loops** to enable rapid learning and adaptation.
3. Develop a clear **conceptual framework and simple common metrics** for data that can be collected and shared across the system.
4. **Build capability for using evidence and data** to guide decision-making.
5. **Embed the voices of lived experience** into shaping system design and implementation.
6. Use a **relational approach** in working closely across government and sector stakeholders to unlock the available levers for change.

Example - National Youth Employment Body system learning structures:

National convening to share knowledge and best practice and build common goals together.

Facilitated by an **Enabling Organisation**, who enables knowledge exchange and capacity building across the system to shape policy and practice innovation and reform.

Local governance: local stakeholders collaborating to create solutions to the systemic barriers that hold local people back from reaching their potential.

https://library.bsl.org.au/bsljspui/bitstream/1/13657/4/NYEB_CICPracticeGuide_FINAL_Onlineupdate28_01_2026.pdf
https://library.bsl.org.au/bsljspui/bitstream/1/13314/1/Mallett_etal_Applied_systemic_change_Apr2022.pdf