Thriving Kids Advisory Group

Final Report

December 2025

Contents

A note on language

Language matters. The words we use shape perceptions, influence attitudes, and impact the lived experiences of all people. By using language thoughtfully, we aim to help reduce stigma, promote acceptance, and ensure communication is clear and empowering for everyone.

The following section explains what is meant by key terms used in the Final Report (the report). It has been developed to promote shared understanding and consistency in terminology and is aligned with the National Autism Strategy (the Strategy)[1]. Wherever possible, terms are defined in ways that reflect dignity, autonomy, and the principles of the Strategy—such as inclusion, respect, and recognition of neurodiversity. The Thriving Kids Advisory Group (the Advisory Group) acknowledges that language evolves and that preferences may differ among individuals and communities.

Each child and family will have a way of talking about development, autism, or themselves that they like best. Some might use terms like 'autistic child' (identity-first language), while others like to use 'child with developmental delay or autism' (person-first language), and some are fine with using either. The language used in this report is not intended to diminish the identity of each individual child and their family. The Advisory Group recognises that preferred language varies between individuals and communities. The intent is to use language that honours children's identities and supports them—and their families—to be their authentic selves throughout their developmental journey.

This report has been developed for governments as the primary audience. The report uses terms that seek to be clear on who is in scope to use Thriving Kids supports. Communication to the public may use different terms to explain who Thriving Kids supports are for, what supports may look like and the outcomes that supports will aim to help them achieve.

Thriving Kids cohort

The final report uses the term 'Thriving Kids cohort' to explain that Thriving Kids is being developed to support children aged 8 years and under with developmental delay and/or Autism who have low to moderate support needs and their parents, siblings, carers and kin. Where appropriate, the report may also use the terms 'developmental support needs' or 'neurodevelopmental differences'.

In the early years of a child's life, terms such as 'developmental delay' are often appropriate to use when a child is not meeting expected milestones but has not received a formal diagnosis and may not go on to require one. This terminology reflects uncertainty and acknowledges that development is continuous and may occur at different paces. As children grow older and their families learn more about them, and as assessments may be completed, terms such as 'neurodevelopmental difference' or 'autism' may become appropriate—particularly when a diagnosis has been made. These terms acknowledge the individual needs of children and supports a strengths-based approach, moving away from deficit-focused language while aligning with clinical and educational frameworks.

Developmental delay

Developmental delay refers to an observed lag in children behind age-appropriate developmental milestones in one or more domains, such as cognitive, language, motor, social-emotional and/or adaptive behaviour. This term is typically used from birth to around 8–9 years old, before a specific diagnosis is established.

[1] National Autism Strategy | Australian Government Department of Health, Disability and Ageing.

Neurodevelopmental difference

Neurodevelopmental difference is a broad term referring to variations in neurodevelopmental profiles, such as differences in learning, sensory processing and/or interactions. This term encompasses a range of conditions that affect how the brain develops and functions.

While this term may cover a range of neurodevelopmental differences, the use of 'neurodevelopmental difference' in this report is not intended to infer that the scope of Thriving Kids supports is different to the Thriving Kids cohort (see explanation above). At the request of government, the Advisory Group have focused their advice on the Thriving Kids cohort outlined above, as this is the cohort that the Australian Government and state and territory governments have identified to be supported by Thriving Kids.

Autism

Autism is a lifelong neurodevelopmental difference. Autistic people may experience differences in the way they process information and interact with their environment. This report recognises that every Autistic person is an individual with unique qualities, strengths, attributes and support needs. Thriving Kids does not require a diagnosis for children, parents, carers and kin to receive support. The Advisory Group recognises that use of the word Autism to reflect a diagnosis (be it a formal diagnosis or self-diagnosis) may be important to some people's identity.

Family

This report recognises the diversity of families. A child may be supported by their parent/s, carer/s, sibling/s or kin. Where the report uses the term 'family', it refers to the diversity of care arrangements for children. The Advisory Group also recognise the important role families play as a child's first teacher.

Capacity building

Capacity building refers to approaches that develop skills and capabilities. The report uses this term to talk about the skills and capabilities of children, families and those who may work to support them. Capacity building approaches for families recognise their inherent expertise, seeks to build on their existing capabilities, and provides tailored supports to promote their independence, inclusion, and wellbeing. This term is not focused on identifying deficits, but rather, seeks to enable families to confidently seek support, make informed decisions, and foster positive outcomes for their child or children.

Introduction

The Independent Review into the National Disability Insurance Scheme (the Review) recommended the Australian Government and state and territory governments (governments) should invest in supports for children, and their families, outside the National Disability Insurance Scheme (NDIS) as part of a unified system of supports. The Review called for improved accessible and inclusive mainstream supports, investment in more development-and disability-specific supports (called Foundational Supports), and a new NDIS early intervention pathway for children.

The Review found that developmental differences and delays are not always identified early in a child's life, when early supports can make a big difference. Once identified, many children and families struggle to get the support they need, at a time when they need it most and would benefit from support. The NDIS was established to support people with permanent and significant disability. However, a lack of alternative supports has led to the NDIS shifting towards accommodating children with low to moderate support needs, such as those with developmental delay and Autistic children with low to moderate support needs. The Review proposed the NDIS should return to its original purpose and recommended establishing Foundational Supports to support children with lower support needs.

At National Cabinet in December 2023, governments agreed to jointly design and commission additional Foundational Supports, with costs split 50-50 between Commonwealth and state and territory governments. Since this time, governments have been focused on the design of supports for children aged 8 and under with developmental delay and/or Autism with low to moderate support needs. In August 2025, the Australian Government announced a commitment to work with state and territory governments on an ongoing basis to fund Thriving Kids together. The Australian Government will contribute $2 billion over 5 years towards Thriving Kids. Consistent with the December 2023 National Cabinet agreement, state and territory governments are expected to match this commitment with new investment. The total Thriving Kids funding envelope is expected to be $4 billion.

Thriving Kids will focus on identifying developmental differences or delays earlier, and offering supports across Australia that assist children with developmental delay and/or Autism with low to moderate support needs, and their families, carers and kin. Children with permanent and significant disability will continue to be supported through the NDIS.

Families who have children with developmental delay and/or Autism with low to moderate support needs will no longer need to seek access to the NDIS to have their child's support needs met. This will mean children and families have faster and easier access to supports and, importantly, will not need a diagnosis to access Thriving Kids supports.

To support the development of Thriving Kids, the Hon Mark Butler MP, Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme, established the Thriving Kids Advisory Group (the Advisory Group). The Advisory Group was co-chaired by Minister Butler, and Professor Frank Oberklaid AM, an eminent and internationally respected paediatrician from the Murdoch Children's Research Institute. Members of the Advisory Group included experts from across the fields of paediatrics, child development, research, disability, child and family services, parenting, health care, and early education and schools. The Advisory Group also included First Nations perspectives and members with current lived experience, and state and territory government representatives.

The Advisory Group was tasked with providing advice to inform deliberations of all governments on a national model for Thriving Kids. This document is the Advisory Group's final report (the report), which

consolidates their advice for governments. The report includes further information about the Advisory Group's:

- consultation and design inputs (**Appendix 1**)
- membership (**Appendix 2**)
- stakeholders engaged by the Advisory Group (**Appendix 3**)
- Theory of Change (**Appendix 4**).

The report presents the Advisory Group's national model for Thriving Kids (the model). The model presented in this report was tested with Disability Representative Organisations (DROs), people with lived experience, First Nations people and culturally and linguistically diverse people. It was also tested with representatives from health, disability and education sectors. All governments are expected to further engage with people with disability and the wider community on Thriving Kids as part of the process of preparing for services to be implemented. The report also includes insights from the House Standing Committee on Health, Aged Care and Disability's inquiry into the Thriving Kids initiative (the inquiry).

While this report outlines a comprehensive model for Thriving Kids, governments will need to make choices about how to prioritise investment across the elements of the model to ensure implementation is most effective and sustainable.

Independent Review into the National Disability Insurance Scheme

The Review proposed the Australian Government and state and territory governments could deliver a range of different supports under Foundational Supports for different groups – for example, for children with developmental delay and disability, for young people experiencing key life transition points, or for people with psychosocial disability. Thriving Kids is the first area of supports to be delivered under Foundational Supports.

Early childhood (0–8 years) is the most critical period for brain development, shaping lifelong learning, health, and wellbeing outcomes. Evidence shows that early developmental supports for children during this stage can improve cognitive, social, and emotional outcomes by leveraging the brain's neuroplasticity and preventing some developmental delays from persisting. Prioritising supports in these early years not only promotes inclusion and equity but also reduces long-term costs across health, education, and social systems by mitigating the need for intensive supports later in life. Government investment in early developmental supports ensures children have the best possible start, maximising their potential and contributing to stronger societal outcomes.

Service principles

The Advisory Group has developed overarching service principles for governments to consider as they work to finalise the design of Thriving Kids services and supports. These service principles are:

- **Child-centred, family-centred and strengths-based:**
    - Supports are tailored to each child and family's unique strengths, needs, and hopes.
    - Parents set goals and are supported to identify and engage the range of supports their child may need to meet those goals.
    - The central role and expertise of families, carers and kin in the child's life is recognised and valued. Parents are empowered to raise concerns and seek support. Family wellbeing is prioritised.
    - Professionals work in partnership with families, carers and kin, building on the strengths, preferences and developmental goals for each child and family.

- Supports respect and uphold the dignity, autonomy, and rights of all individuals.

- **Evidence-informed:**
  - Supports facilitate early identification of developmental delay and/or neurodevelopmental difference and ensure timely connection to supports. Supports recognise the critical early years of a child's development.
  - Supports are based on the latest knowledge, research, evidence and lived experience, along with insights of families and carers.
  - Supports embed opportunities for continuous improvement through feedback loops and clear pathways for families to raise concerns. Data are captured to ensure outcomes are evaluated and areas for improvement are identified.
- **Focused on everyday settings**:
  - Delivery of supports and assessments of need ideally occur in the child and families' natural environments, where they live, learn and play. This will help to ensure the skills that children and families develop are relevant and transferable while respecting the primary purpose of these settings (for example, the primary role of education settings is education).
- **Collaborative, holistic and integrated:**
  - Families are empowered and supported to build self-advocacy skills and are supported by culturally safe, coordinated systems that enable confident service navigation.
  - When children and families need multiple supports or have more complex needs, they may be connected with a professional who acts as their Key Worker.[2] This person should provide them with information, direct support, and guidance. Where the child is accessing multiple supports, they should also coordinate a team around the child and family.
  - Workers should collaborate wherever possible and appropriate in teams (for example, multidisciplinary, interdisciplinary and/or transdisciplinary teams) and have a clear understanding of each persons' role.
  - Supports are delivered across a continuum of care, matched to the child's evolving needs, strengths and circumstances at any given time.
  - The child's needs are addressed within the broader context of their family and other support networks.
- **Focused on outcomes:**
  - Supports focus on achieving outcomes related to development, participation and inclusion for children and families. Services and supports promote capacity building for children, families and workers.
  - Families are recognised and supported as experts in their own lives, increasing independence and reducing the need for other supports over time.
- **Flexible, accessible and culturally safe, with multiple entry pathways:**
  - Supports are accessible, disability inclusive, culturally responsive, trauma-informed and neuro-affirming. This includes for:
    - First Nations families
    - families from culturally and linguistically diverse backgrounds

[2] The functions of a Key Worker are explored later in the report. The report focuses more on particular functions for a Key Worker rather than a specific role.

        - parents and carers with disability
        - families who identify as LGBTIQA+.
    - Engagement strategies are tailored to meet the needs of different cohorts.
    - Through emerging practice, flexibility and innovation are appropriately utilised to meet the needs of diverse families, including those living in rural and remote communities. This may require investment to support building or adaptation of services and supports, aligned to the growing evidence-base.
    - Supports are readily accessible and timely.
    - Services are affordable. There are no costs, or limited costs, to families.
- **Enabling workforce development**:
    - To embed best practice, investment in training and support should be available for all health and allied health professionals, educators and community workers.
    - Supervision and practitioner's wellbeing is integral.
    - Governance structures ensure quality standards, clinical competence and reporting.

The Advisory Group developed the service principles for Thriving Kids to guide commissioning. The Advisory Group recognises the importance of ensuring the Thriving Kids service principles align with and complement the National Best Practice Framework for Early Childhood Intervention (the Framework).[3] The Framework offers guidance to practitioners on how to apply best practice principles and help families understand what quality services look like. The Framework's decision-making guide provides guidance about collaborative decision making in early childhood intervention (ECI) settings and is a useful resource to review in conjunction with the service principles.[4]

[3] National Best Practice Framework for Early Childhood Intervention | Australian Government Department of Health, Disability and Ageing.

[4] National Best Practice Framework for Early Childhood Intervention – Decision-making guide. The decision-making guide supports parents, carers, families, ECI practitioners and other service providers to make decisions about: what goals to focus on; what strategies to use; who should be on the ECI team; what form support should take; where services should be provided and; how intensive the services should be.

Australian Government
Department of Health, Disability and Ageing

Thriving Kids Model | Support in the environments where children live, learn and play

Supports for children 8 and under with developmental delay and/or autism with low to moderate support needs

Identification of potential delay
There are many different people who may identify developmental delay or identify that support is needed:

Parents, carers and kin may identify concerns and suspect a delay.

ECEC and schools may discuss concerns with parents if they suspect a delay.

General health services such as GPs, child and family health nurses and paediatricians can undertake a health/development check for early identification of concerns.

Intake points: multiple entry pathways
Linked closely to state-based intake points

More Self-directed/ soft entry points
Online and digital points to help people find supports (wayfinding)

More active entry points
Commissioned providers and relevant private providers with relevant professionals (allied health, GP, child and family nurse, early childhood practitioner etc) offering **assessment of need** (based on function) and **matching child to appropriate supports.** May also undertake periodic reviews to understand if needs have changed.

Enablers
- National Digital Child Health Record
- Resources, training and support to up-skill those working with children, including workforce in ECEC/Schools

Child and family level of need for support

Low need | Low to moderate need | Moderate need | Significant permanent disability

Best-Practice Universal Supports and Information

Aimed at empowering parent-led approaches and shifting developmental trajectory

Can be accessed with Targeted Supports.

Parenting supports and programs:
Families may access a mix of:
- Online parenting courses and programs focussed on child development and neurodiversity (autism)
- Locally organised group activities, facilitated playgroups (may include allied health drop in)
- Local in-person parenting courses and programs focussed on child development and autism
- In-person and online peer support
- Supports delivered in nurturing settings to help families and children play, interact and learn together

Information and advice
- Online and general information and advice on childhood development (and autism-specific advice)
- Online information about available services, supports and parenting courses
- Potential national phone line for parenting advice

NB: State and Commonwealth governments currently fund parenting supports. The Thriving Kids model will fund additional supports to increase availability and access to developmental delay and disability-specific assistance.

Thriving Kids

Enriching environments where children live learn and play.

Supported by capability building of professionals working directly with children in community settings in ECEC and Schools. Delivered in a way that enriches and supports carers, educators, teachers and does not add to administrative burden.

All supports aimed at developing and building the capability and capacity of: children, families and broader systems/services

Best-Practice Targeted Supports

Aimed at shifting developmental trajectory

Allied health (including low cost assistive technology) and more individualised capacity building

Delivered by: allied health professional and early childhood intervention workers. Delivers supports focused on the child, the family and how they interact in other systems/services (e.g. ECEC/school educators)

Delivered through: mix of group and 1:1 delivery, in person and virtually (includes MBS GP and referred allied health services as an option). May be in community-based hubs, delivered in natural settings (e.g. ECEC, home, school)

Lower support needs:
- One form of intervention (e.g. for group or individual occupational therapy sessions)
- Single worker/discipline approaches to build capacity and capability

Moderate support needs:
Multiple forms of intervention (e.g. speech pathology, OT and physiotherapy).
Transdisciplinary key worker approaches to provide 1:1 support and facilitate connections across collaborative teams, providing child and family capacity building and connection with other required supports

National Disability Insurance Scheme

For children with significant and permanent disability

Thriving Kids model

The Advisory Group recommends governments adopt the model to guide the scope of services to be provided under Thriving Kids. Children with permanent and significant disability will continue to be supported through the NDIS, however it is expected they will also have access to Universal Parenting Supports and information through Thriving Kids, where appropriate to their support needs.

The model seeks to ensure that children with developmental delay and/or neurodevelopmental differences are identified as early as possible. Once a concern is identified, the model seeks to connect children and families with supports in a timely manner, matched to their level of need. The needs and circumstances of families, carers and kin should be considered as part of the assessment of a child's level of need. The model recognises supports as being time-limited, strengths-based, and informed by evidence and outcomes.

The model acknowledges that children's needs are not linear and can change over time. It seeks to empower families throughout their child's developmental journey. Children may access best practice Universal Parenting Supports and/or Targeted Supports based on their level of need.

Thriving Kids should provide supports based on the child and family's strengths, support needs and circumstances. While seeking to ensure children are matched to a range of supports best suited to their need, Thriving Kids is not providing a 'individualised package' with a budget. Families will not be provided with funding they need to manage or use to access supports. Instead, families will be connected with supports based on their child's development support needs.

The report provides further detail about each component of the model and how it is expected to operate. The components are categorised as:

- identification and connection to supports
- best-practice Universal Parenting Supports and information
- best-practice Targeted Supports
- enablers
- interface with other service systems, including the NDIS.

All elements of the Thriving Kids model are envisaged to be aligned to the service principles. Service design and implementation will also be informed by the Theory of Change for the Thriving Kids model (**Appendix 4**).

Key elements of the model

Identification and connection to supports

The Thriving Kids model recognises the importance of identifying developmental delay and/or neurodevelopmental differences early in a child's life, recognising support is most effective in the early years.

Parents, siblings, carers and kin play a vital role as the first teachers of children, shaping their early learning experiences and laying the foundation for lifelong development. From birth, children learn through everyday interactions, routines, and relationships with their families and carers. For children with additional developmental support needs, this role becomes even more significant, as families are often the key advocates for their children, helping to identify support needs, access supports and coordinate additional resources.

Children from birth to aged 2 years are most often primarily in the care of their family, carers or kin. However, some children may also be cared for in community settings, such as through playgroups. From age 2 to 5 years, children are still primarily cared for by their families, but an increasing proportion of children also attend early childhood education and care (ECEC). From age 5 to 8 years, most children are cared for by their family and attend school. While not all children attend ECEC or school settings, most children aged 0–8 will have regular contact with primary health professionals and community services, including child and family health nurses, Aboriginal Community Controlled Health Organisations (ACCHOs), general practitioners (GPs), and paediatricians.

Given the range or touchpoints children and families have throughout their early years, Thriving Kids focuses on strengthening multiple pathways for the early identification of developmental support needs and neurodevelopmental differences. This includes:

- parents, families, carers and kin who may have concerns and suspect a child has additional developmental support needs
- community workers, such as playgroup facilitators and cultural liaison workers, who may discuss concerns with families if they suspect a child has developmental delay
- health services such as GPs, specialists, child and family nurses and allied health professionals, who may assist a child and family with early identification through health and developmental checks
- early childhood educators and teachers, who may discuss concerns with parents if they notice developmental delay, and encourage them to seek further advice, as well as making recommendations to support children's learning and development.

It is important that children and families are connected to supports as early as possible once developmental delays and/or neurodevelopmental differences are identified. The Thriving Kids model allows multiple pathways for children and families into services and supports. This means no matter where children and families turn to for support, they are provided with accurate advice and connected with the services and supports they need. Some examples from the model include:

- online, digital and phone-based supports that offer advice about development, developmental delay, neurodevelopmental differences, or services to connect with in a local area
- professionals such as allied health staff, GPs or child and family nurses who may be able to assess the needs of children and families and match them to the appropriate supports
- families approaching Universal Parenting Supports themselves (or through the suggestion of their peers or other family members), or via early childhood educators or teachers, to access supports that help to build their own skills and confidence to help their child's development.

The Thriving Kids model acknowledges that processes of identification and connecting children and families with supports must operate seamlessly across different levels of government. This requires clear and consistent messaging for workforces involved in facilitating access to Thriving Kids, as well as easy-access resources and reference materials suited to local contexts. This requires investment in practical tools, resources, and information to support those working with children across settings where they live, learn, and receive care, enabling timely advice, connection, and support.

The Advisory Group acknowledge early identification is not a one-off event. Identification is an ongoing process, and there are multiple opportunities for early detection across various settings, including health, education or community settings, or through digital platforms. The skills and confidence of all people involved to notice and respond to signs of developmental delay and/or neurodevelopmental difference needs to be strengthened to increase opportunities for early identification and connection to support. Identification should also be flexible and responsive, allowing for concerns to be raised and addressed at any point in a child's early years, not just at a single specific age.

To improve identification, the Thriving Kids model includes:

- increased awareness of child development and/or neurodevelopmental differences
- increased identification through more formal health and development checks
- improved processes to help connect children and families to the right supports.

The model also seeks to ensure that Aboriginal and Torres Strait Islander children and families have a choice in the way they engage with Thriving Kids services and supports. Information and supports delivered through Thriving Kids should meet all children and families where they are at. This will ensure that decision-making stays in hands of families and honours their authority, cultural knowledge and lived experience.

Supporting children and families outside of formal education settings

The Advisory Group recognises that not all school-aged children attend formal education settings, including those who are home-schooled or not enrolled in school. Children with developmental support needs may face challenges with school attendance due to a combination of environmental and individual factors. To ensure that Thriving Kids supports these children and their families, the model provides multiple pathways for identification and access to services beyond schools and ECEC. For example, children and families could be engaged through health professionals such as GPs, child and family health nurses, Aboriginal Medical Services (AMS), and allied health practitioners. They may also be engaged through community hubs, supported playgroups, and digital platforms.

The Advisory Group also recommends that Thriving Kids should offer national online resources and phone-based advice to give families clear, accessible information and connections to local supports. By embedding

flexibility and offering services in everyday environments—such as homes and community spaces—the model ensures that all children, regardless of their education setting, can access timely, inclusive, and culturally responsive supports to thrive.

Information on child development

Timely access to quality information about child development, developmental delay, neurodevelopmental difference, and relevant services is essential to support children and their families. Quality and accessible information can improve awareness of early signs of developmental delay and/or neurodevelopmental difference, enabling families to connect to the services they need sooner.

Families may not always have access to clear and reliable information. Parents may be unaware of developmental milestones and may not always recognise developmental differences or concerns. ECEC and schools can provide another opportunity for a child's development to be observed in a natural setting and for developmental concerns to be identified. Stigma and biases towards developmental delay and neurodevelopmental difference may mean some families could feel shame or guilt, which may delay their access to necessary supports. Professionals working with children, such as early childhood educators or teachers, may benefit from more resources and training to help them recognise and respond to signs of a child requiring additional developmental support.

Stigma related to developmental differences and disability can make it harder for families to seek assistance, ask questions, or access services when there are developmental concerns. This can be caused by:

- ableism
- misconceptions and harmful attitudes that mislabel the behaviours of children with neurodevelopmental difference as 'misbehaviour' or the result of 'bad parenting'
- professionals who might dismiss the concerns of families and think they are being frustrated or anxious
- non-neuro-affirming practices of children and family members who themselves may be neurodivergent
- different cultural understandings of disability, including in some culturally and linguistically diverse communities
- for First Nations people, the ongoing impacts of colonisation and institutionalisation, including the past removal of children, dispossession, intergenerational trauma, underinvestment in appropriate and culturally safe services, and racial discrimination
- misunderstandings of how First Nation people and their communities view health and disability. In Aboriginal and Torres Strait Islander communities, health is so much more than a person's medical diagnosis or physical state and disability is not viewed as a deficit to be 'fixed'.

Improving access to evidence-based, quality information about child development, neurodevelopmental difference, and relevant services will help families to:

- more readily identify and better articulate concerns
- access practical strategies and advice

- feel more confident supporting their child's development
- seek appropriate and timely support when needed.

The Advisory Group suggests that Thriving Kids should empower families and communities and recognise families as the experts in their own lives. Information and supports should seek to build on the existing knowledge and strengths of families. Information should be accessible, inclusive, affirming and culturally responsive, supporting families to celebrate developmental diversity in children while enabling early identification of developmental delays or differences.

Information on child development should include the following features:

- **Accessible information**: Families should receive clear, up-to-date, and evidence-informed resources and advice about child development and developmental differences, including autism and available supports. Supports should be available online, by phone and in-person. Information should be distributed through trusted channels, such as health professionals, community groups, educators and by those who may connect with children in their everyday settings.
- **Reducing stigma**: By providing accurate information and sharing lived experiences, Thriving Kids should reduce stigma, foster positive attitudes towards developmental diversity and support children to be their authentic selves. Information initiatives should be designed to encourage help-seeking and to build trust within communities.
- **Inclusive design**: Resources should reflect a wide range of cultural perspectives and lived experiences, ensuring relevance for all families, including First Nations communities, neurodivergent family members, culturally and linguistically diverse families, and those in rural and remote areas.
- **Empowering families**: Information focus on raising awareness and equipping families to make informed decisions, advocate for their children, and access supports.
- **Raising awareness of child development for families**: The Advisory Group was particularly interested in learning from the United States Centres for Disease Control and Prevention campaign, 'Learn the Signs. Act Early'.[5] This campaign is designed to support families to identify early signs of developmental delay. It encourages families to be involved in tracking their child's development and supports regular developmental checks, so children and their families can get help and services as soon as possible.

The Advisory Group propose the Thriving Kids model should include:

- **Information and advice** on child development, neurodevelopmental difference and autism through website and phone supports for families who prefer one-off or ad hoc advice (see best practice Universal Parenting Supports). Website and phone supports should be delivered nationally, as Thriving Kids is a national service. This does not preclude state-based information or

[5] Learn the Signs. Act Early. | CDC.

advice to help families navigate to supports, which could be connected with the national offering (with appropriate caller handovers).

- **National awareness raising** to increase knowledge and understanding of developmental milestones and share advice on where families can access support.
- **Resources and tools to help people who interact with children in everyday settings** to strengthen their awareness of developmental delay and neurodevelopmental difference, encourage and assist them to have safe and supportive conversations with families about children's development, and (where appropriate) offer advice on how to connect with Thriving Kids supports.

Identification of developmental delay and neurodevelopmental differences

Currently, the Medicare Benefits Schedule (MBS) does not provide specific benefits for families to access a health and development check. GPs can currently undertake such checks using standard time-tiered general attendance items. However, this has limitations, as general attendance items do not:

- support a more standardised approach
- allow practice nurses, Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Practitioners engaged by health practices to undertake or assist in the assessment.

The Advisory Group suggests the identification of developmental delay and/or neurodevelopmental differences in children could be improved by introducing a 3-year-old health and development check. The health and development check could be undertaken by GPs, child and family health nurses, practice nurses or nurse practitioners. This would provide another opportunity to deliver health and developmental checks for children that is nationally consistent and ensures increased early identification. This would complement existing identification pathways embedded in Commonwealth, state and territory systems. It would support improved identification of children with developmental delay and/or neurodevelopmental differences and facilitate connections with appropriate supports, or referrals for further assessment where needed.

This should be implemented through the addition of a new MBS item which would be available for all Medicare-eligible children as a one-off check. A 3-year-old health check MBS item would create a new category of patient (3-year-old children) who can access time-tiered health assessments provided by GPs and prescribed medical practitioners, nurse practitioners and practice nurses. The Advisory Group suggests this should be consistent with the four time-tiers used for current health assessments, including:

- brief health assessment lasting no more than 30 minutes
- standard health assessment lasting at least 30 minutes and less than 45 minutes
- long health assessment lasting at least 45 minutes and less than 60 minutes
- prolonged health assessment lasting more than 60 minutes.

The health assessment items allow for practice nurses, AMS and Aboriginal Community Controlled Health Organisations (ACCHOs) (which include Aboriginal Health Workers and Aboriginal Torres Strait Islander Health Practitioners) to assist in delivering the service. This may include activities associated with collecting information or providing patients with information about recommended supports.

Many states and territories currently provide health checks for 3-year-old children through community health services. These checks can also be provided by GPs using MBS standard attendance items. While the specific requirements of these health checks vary between jurisdictions, there is significant overlap in what each state and territory requires. Families need to provide evidence that their child has completed a health check in their state or territory before their child turns five to access the full rate of the Family Tax Benefit (A), as part of the Healthy Start for School requirements. In developing and implementing the MBS item, the Australian Government should work with jurisdictions to ensure that families can continue to access existing health checks for their children through community health services. The Australian Government should also seek to include this item in the Family Tax Benefit requirements to reduce any risk of duplication.

Health practitioners and practices make decisions about whether to bulk bill a service. This means there is no guarantee that a 3-year-old health check would be bulk-billed. However, the Advisory Group anticipates that bulk billing rates for this item would be high, as health assessment items generally have very high levels of bulk billing (99.0% in 2024-25). Additionally, all health assessment items can be claimed with bulk billing incentives and are included in the list of eligible items for the GP Bulk Billing Practice Incentive Program.[6]

The Advisory Group suggests that further details should be considered by an MBS Implementation Liaison Group to finalise the requirements.

Navigation of services

Once developmental support needs have been identified, or a concern has been raised, it is important there are multiple soft entry points into Thriving Kids so families can access timely supports. Families should be able to access help regardless of where they start their journey.

The Thriving Kids model proposes several entry points for children and families, including through:

- **Online national information about available supports via a parent/carer website**. The website would offer information about Thriving Kids supports and how they can be accessed. The Advisory Group recommend all governments should provide updated information on services and supports for inclusion on the website, and that the website should not be disability focused. This is in recognition and respect of the fact that many parents do not view developmental support needs as being related to disability.
- **A national phone line,** where families can ask questions and be directed to information and advice about local services and supports. This may be integrated into, or complement, state-based phone lines.
- **Easy access to Universal Parenting Supports,** allowing families to connect with supports and for other trusted people like friends, early childhood educators and teachers to be able to refer

[6] From 1 November 2025, the GP Bulk Billing Practice Incentive Program will provide an additional 12.5% incentive payment to all participating general practices when they bulk bill all patients for all eligible items.

families to supports. There should be no barriers for families to access these supports, and they should be welcoming for all children and families.

- **Formal 'intake points',** which are commissioned by governments and may be delivered differently depending on the approach governments take to delivering the Thriving Kids model. This acknowledges that Thriving Kids is seeking to scale up existing services and supports where appropriate, so the location of the intake point may depend on the services being scaled within a state or territory. For example, Thriving Kids may offer a state-based centralised intake point for Thriving Kids, or the intake point may be located in child and family hubs.
- **GP pathways,** as some families may approach their GP for advice and be connected by their GP to appropriate Thriving Kids supports, based on their child's needs (see the 'Identification of developmental support needs' section for further details).

When testing the model with people with lived experience, the Advisory Group heard interest in opportunities for 'soft outreach' into Thriving Kids supports. This means that services or providers may actively engage with the community to share information on available supports.

Soft entry points and timely access to Universal Parenting Supports and information are key components of the Thriving Kids model. However, the model also recognises that specific intake points and formal assessments of support needs is required for children and families to access best practice Targeted Supports. While many parents can access parenting supports for themselves, professional advice is required to match a child to Targeted Supports most appropriate to their need. The Advisory Group recognises the limitations on specialist resources who may be able to deliver this function. As in other areas of service provision, it is important that there are mechanisms to match supply of services to demand to ensure equitable access.

The Advisory Group recommends Thriving Kids supports should be locally mapped. This will help key professionals to easily find information about services that are available and to direct families to the most appropriate supports for their needs. The Advisory Group identified multiple ways that information could be mapped locally, including by leveraging Primary Health Networks (PHNs) or existing service directories.

The Advisory Group recommends that once governments agree to a commissioning approach for Thriving Kids, governments should work together to ensure it includes:

- Mapping of available Thriving Kids Universal Parenting Supports and Targeted Supports to support referrals and navigation. This information should be made available to all professionals delivering Thriving Kids services. This will build navigation into all Thriving Kids services and supports and help families find their way.
- Establishment of a clear intake function for Targeted Supports, and consideration of who may deliver this function.
- Recognition that the worker delivering the intake function should support the family until they are connected with relevant services, to ensure they are not left waiting and without supports.
- A function for a professional (who could be the intake worker, Key Worker or the professional that supports the family) to check in with the family as they transition out of Targeted Supports to see if any additional advice or connections to supports are needed.

The Advisory Group recommends that service mapping information should be easily available and regularly updated. Governments should work strategically together to decide:

- what information will be made available
- how information will be made available, including in multiple, accessible formats
- who will take responsibility for ensuring information is accurate and current.

Referrals

Thriving Kids is focused on ensuring children and families can access the right supports at the right time. The model recommends taking a strengths-based, inclusive approach to referrals that recognises the expertise of families, carers, and professionals, and values the diverse pathways through which families can access supports. By encouraging collaboration and trust, the Thriving Kids referral process should empower families to make informed choices and strengthen connections across the community.

Referrals to, within, and from Thriving Kids are designed to be flexible and responsive, meeting children and families where they are and building on their existing strengths and networks. The Advisory Group suggests the referral pathway should be intentionally stepped and tailored to each child's unique circumstances, ensuring timely access to both Universal Parenting Supports and Targeted Supports.

Referrals into Thriving Kids can be initiated by anyone in a child's network. This approach ensures there are multiple entry pathways for Thriving Kids. For example:

- A parent may share observations about their child's development with a friend. The friend may recommend they access a playgroup or parenting course that they found helpful for their child. This is an informal referral.
- An educator may discuss a child's progress with a parent and recommend they connect with a child and family health nurse, school counsellor, GP or AMS. This is an informal referral.
- During a routine health and development check, a GP may notice areas where a child could benefit from additional support or further assessment. They could connect parents and carers to relevant Targeted Supports or create a formal referral for MBS funded services.

Referrals within Thriving Kids are made by professionals and volunteers (such as playgroup facilitators) who recognise opportunities to enhance support. Examples include:

- An early childhood development worker facilitating a parenting support program may encourage a parent to join a playgroup for further connection and learning.
- An allied health worker or other early childhood practitioner may recommend that a child participate in an assessment in order to receive Targeted Supports, ensuring the child and family's strengths and needs are fully understood.
- A provider who has been commissioned by government to deliver Thriving Kids services may guide a family to Thriving Kids services that align with their goals.

Referrals out of Thriving Kids connect families to broader community and mainstream supports, such as child and family health nurses or universal playgroups. When a child's support needs suggest they may be eligible for the NDIS, a recommendation to contact the NDIS needs to be made be made. Thriving Kids workers should

provide relevant information to support the family's application for NDIS supports, ensuring the process is clear and respectful of the child's strengths and circumstances. Clear guidance should be made available to help workers identify when a recommendation to seek support under the NDIS is appropriate.

Thriving Kids referrals should be built on a strong understanding that government 'interventions'—particularly in child protection settings—have caused and continue to cause significant trauma and harm in Aboriginal and Torres Strait Islander communities. Care and consideration should be given where referrals are made for Aboriginal and Torres Strait Islander children to ensure their parents or caregivers are involved and understand that referrals are focused on helping them access supports related to child development. This will help to alleviate any concerns families may have about child removal and reiterate to families that referrals are not intended to act as a notification to child protection agencies.

Thriving Kids referral processes should be strengths-based and culturally responsive. Governments and service providers should ensure that professionals involved in making referrals have access to training and resources that are inclusive, child- and family-centred, culturally sensitive, empowering and respectful of the family's choice of providers. Regular reviews and feedback mechanisms should be embedded to ensure referral pathways remain accessible, effective, and aligned with best practice.

Referrals from Thriving Kids into mainstream supports for parents and families

Mental health and wellbeing of parents and families play a vital role in supporting children's development and wellbeing. The emotional resilience of parents and families enhances their ability to nurture, advocate, and create positive environments for children. Supporting the mental health and wellbeing of parents and families and is foundational to the flourishing of children. While the Thriving Kids model will not fund parental mental health services, the Advisory Group recognises the need to ensure that people interacting with parents and families consider when and where it may be appropriate to refer a parent or family member to access mental health supports.

The 2025–2035 National Suicide Prevention Strategy and the Fifth National Mental Health and Suicide Prevention Plan highlight the importance of supporting families and carers, recognising their central role in early intervention and prevention across all age groups, including families with children who have disabilities.

Intake and needs assessment

Professionals working in mainstream services can already select a number of validated tools that can be used to assess child development. These tools help health professionals, educators, and families to identify developmental delay or neurodevelopmental differences. They can also help build a better understanding of the child's strengths and support needs.

These tools can be valuable for prompting conversations and supporting ongoing developmental monitoring. However, they should be considered as part of a holistic approach, rather than as definitive or standalone measures. Professional judgement, insights from parents and carers, and continuous observation are important in understanding each child's unique developmental journey.

Rather than endorsing a single tool, the Advisory Group suggests that tools should be:

- evidence-based and validated
- tested and used in Australia

- adapted or specifically created to be culturally responsive, particularly for First Nations communities and families from culturally and linguistically diverse backgrounds.

The Advisory Group acknowledges that a range of tools may be needed to ensure they are suitable for children aged 0–8 and to provide deeper understanding where required.

This approach ensures that identification processes are inclusive, strengths-focused, and responsive to the diverse needs of children and families. The Advisory Group recommend governments should provide guidelines or accreditation standards to support the choice of tools.

Many prevalent diagnostic and assessment tools are not culturally responsive. The Advisory Group recommends the use of tools like the Ages and States Questionnaire-Talking about Raising Aboriginal Kids (ASQ-TRAK) which are grounded in Aboriginal and Torres Strait Islander cultures, practices and strengths.

Some children and families who enter a Thriving Kids 'intake point' may be assessed as only requiring Universal Parenting Supports to achieve their goals. For others, it may be suggested that Targeted Supports would be of greater benefit, or perhaps a mix of both Universal Parenting Supports and Targeted Supports.

Access to Targeted Supports should involve a light touch assessment of functional needs. The focus should be on providing children with the right mix of supports based on their level of need. The needs assessment may be undertaken at the 'intake point', by a GP (as part of a MBS Child Development Plan), or by a Key Worker (see section on 'More intensive family capacity building').

The Advisory Group recommends that relying on rigid diagnostic criteria is not appropriate as part of assessments for Targeted Supports. Instead, assessments should establish the support needs of children, emphasising strengths-based and family-centred approaches. In practice, this means asking, 'what does this child in this family need to support optimal development and participation?'.

Conversations with families as part of the needs assessment

As part of undertaking a needs assessment, the goals of the family and child should be considered. These goals can be used to monitor progress over time, including specified review points, and to ensure a common understanding of what a good outcome will look like.

These discussions and decisions about the most appropriate support/s for a child should be informed by the Best Practice decision-making guide which helps professionals and families to make thoughtful and collaborative decisions about the types and level of developmental supports needed.[7]

A note on diagnosis

To ensure that children and families can access supports as soon as possible, access to Thriving Kids does not require a diagnosis. Obtaining a diagnosis can often be time consuming and costly and has the potential to unnecessarily delay access to supports.

The Advisory Group recommends a functional assessment of support needs to match the child with the most appropriate supports. In addition to this support needs assessment, some identification or diagnostic tools

[7] National Best Practice Framework for Early Childhood Intervention – Decision-making guide.

may be used by relevant workers to help better understand the needs of the child. In some instances, this may open the path for a diagnosis.

The focus of Thriving Kids on providing supports early does not seek to discourage a diagnosis for those who may view this as a useful or validating step in their child's development journey. However, providing a diagnosis is not the objective of Thriving Kids.

Best-practice Universal Parenting Supports

In recognition of the key role parents, carers and kin have as their child's first teacher, the Advisory Group highlighted the importance of Thriving Kids focussing on Universal Parenting Supports. These supports should seek to equip parents with knowledge and skills to support their child's development while building secure attachments and connecting families with peers. Providing parenting supports can enhance the capacity and wellbeing of parents while supporting their child's development. For some families, early access to these supports may reduce the need to seek additional supports. Parenting supports should also focus on helping children express their interests and identities—supporting them to be their authentic selves at home, in the community, and in early learning settings.

The Advisory Group recommends that parenting supports within Thriving Kids should be designed to build on the strengths and capabilities of families, recognising them as central to their children's development. The approach should be inclusive, flexible, and tailored to the diverse needs of families**.** To ensure early support, the Advisory Group proposes that these services can be readily accessed through soft entry points. Families should be able to start and stop using these supports when required, in recognition that the needs of children and families evolve over time. Supports should be delivered in locations where children play, learn and live. This will improve accessibility and help children and families to apply learnings in the environments where children are already engaging in.

As part of the Thriving Kids model, governments should ensure funded parenting support services meet the Thriving Kids service principles, and cover the breadth of the proposed mix of services and topics below:

- **Information, resources, and advice:** Families should have access to nationally consistent resources, advice, and learning opportunities that equip them to support their child's development in positive, proactive ways. This should include online courses, webinars, and workshops – including recorded and on-demand options. Information should be provided in a range of formats, including resources that aren't time consuming – for example, through short engaging videos (including via social media), live chats, flash cards and charts.
- **Facilitated peer support:** Parents, carers, and siblings should be able to access peer support groups that provide a safe, supportive environment to share experiences, learn from one another, and build community. Facilitators should ensure that advice is evidence-based and that groups are inclusive and welcoming for all children and families. Emphasis should be on parent wellbeing, confidence building and enhancing the family's quality of life.
- **Supported playgroups:** Supported or facilitated playgroups should offer nurturing environments for children to develop social and educational skills, while also providing opportunities for parents to learn and connect. Allied health professionals and early childhood specialists may participate to offer guidance and early identification of developmental differences.

- **Family capacity building:** Programs should focus on enhancing the ability of families (including siblings) to support children, including by promoting positive play, communication, and social-emotional regulation. These should be delivered by trained facilitators, responsive to the needs of different cohorts and integrated in local communities.
- **Strengthening self-advocacy skills:** Families should be empowered and supported to build self-advocacy skills. Self-advocacy supports should be culturally safe and enable families to confidently navigate systems, understand their circumstances, and identify and communicate their needs.

While offering supports early is key, supports should span the needs of families across the full range of experiences for children aged 0 to 8, and cover the breadth of issues relevant to children (and their family) in regard to child development and neurodevelopmental difference.

Through working together with families, Thriving Kids programs and supports should be designed so they are offered in ways that reflect the needs and preferences of families. This might be in-person, online, hybrid options and offering times inside and outside of work hours.

While not exhaustive, the Advisory Group suggests that parenting supports should cover topics related to:

- developmental milestones
- language development
- routines
- play, learning and engagement
- social and emotional learning
- parenting skills and styles
- communicating with children
- child behaviours and interactions with others
- physical development
- regulation and sensory needs of children
- sleeping and sleep patterns
- mealtimes
- preparing for ECEC/school
- supported decision-making
- embracing neurodiversity and/or autism
- rights and self-advocacy
- screen time.

In addition to parenting supports, the Advisory Group considered the need for investment in tools and short, self-paced modules where families could undertake activities in the home to support their child's development. These may be accessed by families seeking them out directly, or by providers who may recommend them. They could also help families to access supports early, especially if they are not able to immediately see a practitioner under Targeted Supports.

Balancing evidence, scaling and emerging evidence

The Advisory Group discussed at length the importance of Thriving Kids delivering trustworthy, evidence-based supports. This means offering supports and programs that are proven to result in intended outcomes and are delivered in the way they were intended to ensure results are realised.

The Advisory Group strongly recommends governments invest in evaluation to assess programs that are scaled or adapted for diverse groups, as well as to support emerging practice from programs that are not yet evaluated, with the appropriate frameworks and controls in place. This is particularly important for supports accessed by First Nations and culturally and linguistically diverse families, and by families where the primary carers may have their own neurodevelopmental difference – as there may not be as many programs for these families that have been evaluated, or adapted for their community, and there is a need to build the evidence base.

Governments should balance the importance of building this evidence against the need to avoid funding many different, small pilots with no or limited evidence. Governments and the community need to be sure that supports delivered under Thriving Kids have an impact and are achieving intended outcomes and that evidence about what works for different cohorts in different contexts is shared widely.

The Advisory Group also recommended that where programs are scaled, practice should be appropriately supported to ensure this is done with alignment to the model.

Best-practice Targeted Supports

Targeted Supports are services that are intended for children and families where children need more (or different) supports than the Thriving Kids Universal Parenting Support and information offering. To best support children, families may access Universal Parenting Support and Targeted Supports at the same time.

Targeted Supports should improve developmental outcomes in everyday activities through the provision of lower intensity or periodic early childhood supports. These supports should be delivered by professionals trained in disciplines such as occupational therapy, speech pathology, physiotherapy, podiatry, audiology and psychology. For some children and their families, lower-cost assistive technology may be offered through Targeted Supports. More intensive capacity building supports may also be offered to families where needed. The Advisory Group recommends that children and families who require Targeted Supports have access to a range of supports that are relevant to their needs.

The Advisory Group recommends the following core features in delivering Targeted Supports under Thriving Kids:

- Child- and family-centred services and supports are matched to the development needs of children. This should include consideration of the goals and priorities of the child and their family.
- Supports are focused on specific goals and are time-limited with embedded review points.
- As with Universal Parenting Supports, diagnosis is not required for access – however, a light-touch needs assessment would be undertaken to ensure the child is matched with supports appropriate to their needs.
- Individualised child and family capacity building — that is, a designated professional (for example, an allied health or key worker) working with the child and family to build skills and capacity; supporting them with key transition points such as starting preschool or school; and supporting integration of allied health and early childhood specialist input, where children are accessing multiple allied health services.

Access to Targeted Supports

The Advisory Group envisages two primary pathways to access Targeted Supports under Thriving Kids:

1. **GP or child and family health nurses:** the family approach a GP or child and family health nurse and discuss their circumstances, and the GP or child and family health nurse considers whether there is a need for an MBS Child Development Plan (or are offered a plan where a delay is already identified).

2. **Thriving Kids providers:** A family may be referred to a Thriving Kids provider of Targeted Supports. This referral may be made by a health professional, or a provider of the Thriving Kids Universal Parenting Supports who recognises the child needs further supports (i.e. Targeted Supports).

Across all entry points into Thriving Kids supports (see earlier section on ‘intake points’), the needs of children and families should be considered, and families should be connected with appropriate services. Where children and families come straight into Targeted Supports, a range of other Universal Parenting Supports may also be recommended if they have not already been accessed.

Once it is identified that a child needs access to Targeted Supports, they should then be matched to one of two categories of support:

1. **Children with single-discipline support needs should be matched to the appropriate allied health or early childhood intervention support.** Children who need one form of Targeted Support (for example occupational therapy) would be connected to a single discipline (such as through an MBS Childhood Development Plan).
2. **Children with multi-disciplinary support needs should be connected to a mix of allied health and/or early childhood intervention supports**. This may also involve the child having access a transdisciplinary key worker providing 1:1 support and facilitating connection across collaborative teams, and additional connections to other supports as required.

When children's needs are being assessed, or when they are being connected with Targeted Supports, workers should consider whether it would be appropriate to create a development 'care plan' or roadmap, to break down complexity. The 'care plan' could offer an assessment of the child's functioning, needs and the intended goals and outcomes. This would help the family understand why they have been connected with various Thriving Kids supports and what a good outcome from accessing the supports may look like. It could also be used to assess progress with the family. Once families no longer need access to supports, the 'care plan' could also be used to outline a list of additional resources and information the family could use when they exit the program and embed a time for an agreed follow up call (for example, 3 months after they stop using supports). The 'care plan' is not a NDIS plan and does not have a budget attached (as families are connected with required services under Thriving Kids).

Resources to support families before accessing Targeted Supports

Thriving Kids aims to provide Targeted Supports as soon as possible; however, there may be wait times to access some supports. To assist families during these waiting periods, Thriving Kids should provide accessible online and paper-based resources (as part of universal information supports) that are practical, evidence-based, and culturally responsive. These resources should empower families to support their child's developmental needs in everyday settings and complement professional services. Examples include interactive activities such as games to build fine motor skills, language development exercises, and strategies for social-emotional learning. Offering these tools early enables families to take proactive steps while services are scaled up and workforce challenges are addressed.

Delivery of Targeted Supports

Targeted Supports would be delivered through a mix of group and 1:1, in person and/or and virtually with the child and family matched to the delivery mode best suited to their needs. The model requires a mix of options are available across Australia to accommodate the diversity of need in children and families, including those living in rural and remote communities.

Targeted Supports should aim to be delivered where children live, learn, and play. This may be on ECEC or school sites, in the home or in community-based child and family hubs, or similar settings. Delivery of Targeted Supports should respect the primary purpose of each setting, prioritise child safety, and uphold safeguarding and privacy. Further detail in respect to delivery of Thriving Kids supports in ECEC and school settings is addressed later in the report.

Targeted Supports may form part of an existing child development, health, education or Aboriginal community-controlled service; be established in a child and family hub or centre; or be a visiting service that is connected with an ECEC or school setting. The specific ways these services will be organised may vary depending on the local context. In some cases, Targeted Supports may be provided through an expansion of existing services and in other cases they will be new commissioned services.

The Advisory Group agreed that integrated child and family hubs are one way of providing high-quality, joined-up, whole-of-family support in locations that families may feel comfortable, or already be accessing supports. There are currently over 470 hubs operating across Australia, with different service mixes, funding approaches and conceptualisations of need. These hubs are often considered 'front doors' as they are situated across early years services, primary schools, community/non-government organisations, ACCOs, primary health care settings, and include virtual and digital delivery. They are embedded within communities and bring together key services with the aim of improving health and wellbeing outcomes for children and their families.

Current funding for most hubs is fragmented, service-specific, and often lacks long-term security. This can create challenges in improving integration, referral pathways, community engagement, outreach, and stable staffing. There is also a blend in how they are funded. The main funding sources for hubs is through state and territory governments, the Australian Government or a combination of both.

To support a national model of Thriving Kids, the Advisory Group discussed investment to support existing hubs with capacity building and a framework for what 'good looks like'. One suggestion is for the Australian Government to lead a national program, working with state and territory governments, to strengthen the capability and quality of all hubs. Some Advisory Group members were interested in establishing funding for activities that are essential for the successful functioning of hubs such as cross-disciplinary collaboration and leadership. To increase access to hubs, the Advisory Group suggests considering using PHNs to commission the establishment of hubs where there are gaps.

The importance of delivering supports in the home

Delivering supports in the home is an essential part of the model, as this allows strategies to be taught and practiced in the child and family's natural environment. When supports are delivered where daily routines happen—such as mealtimes, play, and bedtime—families learn how to apply strategies in real-life situations, making them more practical and sustainable. This approach helps children to generalise skills across familiar settings, rather than only in clinical or educational environments, which improves long-term outcomes.

Additionally, parents and caregivers gain confidence in using strategies consistently, fostering a supportive and predictable environment that promotes the child's development and reduces stress for the whole family.

MBS child development plans

The Australian Government presented the Advisory Group with the concept of an additional pathway to accessing allied health for those who need it as well as providing more choice. This involved creating an MBS child development plan, under Thriving Kids, similar to the MBS funded GP Chronic Condition Management Plan—but focused on children's development. After considered assessment, the Advisory Group agreed that this concept may provide a valuable addition to the national model, recognising that governments will need to make decisions about how to prioritise investment across the component parts of the Thriving Kids model.

Currently, the MBS does not support access to a GP management plan and allied health services for the assessment, diagnosis and provision of supports for the Thriving Kids cohort.

An MBS Implementation Liaison Group would need to discuss details and finalise the requirements for these new items. New MBS items could be implemented to allow GPs to:

- undertake an assessment
- develop a plan
- review and refer children who have developmental support needs and/or neurodevelopmental differences to appropriate allied health services for further assessment and/or support.

GPs would refer children to specialists such as paediatricians and psychiatrists and would continue to use existing MBS items for this.

As is currently the case for health assessment and chronic condition management, the GP items would allow for practice nurses, Aboriginal Health Workers and Aboriginal Torres Strait Islander Health Practitioners to assist in the service.

Under this plan, when a child is referred by the GP to allied health, this could be to allied health services commissioned Thriving Kids providers (for example in child and family hubs), and/or a capped number of new MBS funded allied health services accessed through locally based community providers. The MBS allied health items would be linked to the GP plan items and would allow allied health professionals to contribute to assessment and diagnosis, as well as provide supports.

For the GP and allied health items, as is the case for existing items, the decision to bulk bill will be made by the practitioner. However, to facilitate access and affordability the GP items will be eligible for bulk billing incentives and will be included in the list of eligible items for the GP Bulk Billing Practice Incentive Program.

Low-cost assistive technology

Low-cost assistive technology refers to simple, affordable tools, devices, or adaptations (typically under $1,000) that support a child's development, communication, mobility, sensory regulation, or everyday functioning. These items do not require complex upgrades, specialised maintenance, or high-risk supervision, and can be implemented safely with basic guidance.

Many children with low to moderate developmental support needs require basic aids to participate meaningfully in daily routines. Currently, families often need to seek NDIS funding for supports that are low-risk, inexpensive, and appropriate for universal or early supports. Thriving Kids can reduce unnecessary escalation to NDIS by offering timely access to these items, supported by input from allied health professionals.

Examples of low-cost assistive technology

1. Communication and social participation supports

- Visual or picture schedules (laminated cards) to help children understand daily routines and transitions.

- Printable communication boards for children who are emerging communicators, dysregulated, or not yet confident using speech.
- Printed social stories to support understanding of new experiences or social expectations.
- Low-cost apps for creating visual supports such as schedules used either on the device or as printed aids.

How these support participation:

- Builds expressive/receptive communication.
- Reduces anxiety during transitions.
- Supports consistent language learning across home, ECEC and school settings.

2. Sensory regulation and behaviour support tools

- Weighted lap pads, sensory cushions, or quiet sensory spaces for regulation, within places where children live and learn.
- Simple calm-down aids such as breathing cards.
- Visual emotion-regulation charts or 'feelings boards'.

How these support participation**:**

- Improves engagement and emotional regulation.
- Reduces behavioural escalations by supporting self-soothing.

3. Daily living and independence aids

- Velcro shoes or adaptive fasteners for dressing independence.
- Adapted cutlery, cups, toothbrushes, or feeding utensils.
- Non-slip mats adapted toilet seats, or low-cost shower seats.

How these support participation**:**

- Builds functional independence.
- Reduces caregiver burden.
- Supports safe participation in age-appropriate routines.

4. Mobility and positioning supports

- Simple standing frames, soft positioning wedges, or modified high-chairs appropriate for universal early intervention settings.
- Low-cost seating supports to maintain posture during meals, play or early learning.

How these support participation:

- Improves stability and postural control.
- Supports safe engagement in everyday activities.

Delivering low-cost assistive technology

These devices and aids can support development through:

- Helping the child do things they have difficulty with, or they need help with.
- Helping the child do things independently and more safely.
- Improving the child's participation and engagement in age-appropriate activity.
- Aiding with routines or supporting sensory regulation.
- Helping the child undertake an activity that helps them maintain correct posture to support physical growth and development.

Allied health professionals (occupational therapy, speech pathology, physiotherapy) should generally be responsible for identifying where low-cost assistive technology is required. These professionals should:

- assess whether a lower-cost item is appropriate
- provide coaching to families and educators on safe use
- monitor impact and adjust supports as needed.

This ensures safe, effective, and evidence-informed implementation of low-cost assistive technology. It is also recognised 'lower cost' should also mean 'low risk'.

Thriving Kids should consider ways to embed or leverage loan pools and equipment libraries (for **example**, through councils or service hubs) and ways to facilitate short-term trials before supplying items to reduce waste and mismatch. Assistive technology services must:

- provide clear guidance on safe, evidence-informed use
- develop low-risk classification criteria to ensure items are appropriate for Thriving Kids settings
- include family and educator coaching, delivered by allied health providers.

It is important to ensure any assistive technology provided is available in the range of settings children attend, including ECEC, school and home.

The Advisory Group notes a specialist equipment library is currently available to eligible Child Care Subsidy approved services as part of the Inclusion Support Program. Consideration could be given as to whether there are any opportunities for efficiencies should the equipment library provided through the Inclusion Support Program be incorporated into any assistive technology equipment library provided under Thriving Kids.

Thriving Kids will not fund mid and high-cost, high-risk assistive technology (for example, Augmentative and Alternative Communication systems over $1,000, feeding pumps or complex seating supports). Children requiring these supports are more appropriately supported through the NDIS. Where a child is identified as having higher needs, clear and timely referrals to the NDIS should be made.

More intensive family capacity building

Depending on their individual and unique circumstances, some children and families need a continuum of capability and capacity building supports. Throughout Thriving Kids, families should have access to supports that further build and bolster their capacity. Under Universal Parenting Support, the model would provide

supports through group settings via facilitators or workers delivering a program. Under Targeted Supports, more individualised capacity building could be provided, where needed.

Intensive capacity building supports may be provided by a single allied health professional working with a child with lower support needs. Alternatively, where there are multiple allied health providers supporting a child with moderate support needs, one professional may take a lead coach and connector role. This function is referred to a Key Worker. The Thriving Kids model recognises the Key Worker as the main contact and coordinator for the family, where required. Under some applications of the model, a specific designated professional may perform this role (i.e. they are always the Key Worker). Under other applications of the model, a relevant professional working with the child may take on the Key Worker functions as required (see below). The model is not proposing all children have a Key Worker, nor that there is one way to deliver these functions.

The concept of a Key Worker is a person who, working in partnership with the child and family, would undertake a lead coach and connector function to facilitate a number of functions, including to:

- support the family and child with more intensive capacity building, such as preparing for key life transition points, or offering advice to others (for example educators) on how to support the child's needs at ECEC or school, or helping the family advocate for things that will help their child's inclusion and participation in ECEC/school
- connect the family to other supports where needed, such as additional allied health
- facilitate regular and comprehensive communication between allied health providers and help coordinate the child's care
- help families with navigating and prioritising the input of all disciplines
- provide Targeted Supports and input from their own discipline
- provide additional support where children and families are assessed to have complex support needs.

A note on the term Key Worker, lead professional and lead capacity and connector role

In looking at the Review, the concept of a Key Worker or Lead Practitioner was proposed as a specialised role to build family capacity and also support children with high and complex support needs (i.e. those who have substantially reduced functional capacity associated with significant and permanent disability). These roles may help identify needs, connect families to appropriate supports, provide information, advice and coaching to support the child's development and coordinate with others across disciplines where the child is accessing multiple forms of assistance.

Key Workers are trusted professionals who deliver direct supports and act as primary contact point between families and a wider team of early childhood intervention practitioners who are supporting the child and family, based on their level of need. Importantly, Key Workers:

- are embedded in a broader team that wraps supports around children and families
- do not work in isolation
- typically hold backgrounds in allied health (for example, occupational therapy, speech therapy, physiotherapy or psychology), early childhood education (for example, specialist teaching) or community support (for example, cultural liaison)

- are usually chosen to support children and families based on the discipline of support they most need access to.

While all of these functions and skills are important, they do not have to be provided through creating a new workforce and specific Key Worker role. As explored in the 'Workforce' section, there is a limited market to support children across mainstream, Thriving Kids and the NDIS. In addition, the Advisory Group acknowledged that not all of the existing workforce is currently skilled enough to deliver a best practice Key Worker model for all children and families who may need it. However, developing this function could be a focus of the Thriving Kids program as it matures over time.

To address this a stepped or more flexible initial approach to delivery of the Key Worker functions is proposed while the sector grows a deeper and more skilled dedicated Key Worker workforce where required. Under this approach the functions of a Key Worker are to be undertaken by the allied health worker interacting with a child and their family, where there is not a specific designated Key Worker. This interim measure should not diminish the goal of embedding a dedicated Key Worker role as the program matures.

The Advisory Group recommends a Key Worker approach to build capacity for children and families using both single and collaborative teamwork approaches. It is important to note that capacity building (both for children, families and the services they engage with) is not a linear 'cup that is filled'. Some families will need to dip-in and out of these supports as their needs change over time.

The Thriving Kids model proposes that:

- Where one allied health professional is supporting a child, they would also play a Key Worker role, if required.
- Where multiple allied health workers are supporting a child, one may be designated the Key Worker so that it is clear who is supporting collaborative practice and taking the coaching role.
- Where the Key Worker role is available, they would be connected to a child and family when the:
    - family have additional challenges and need individualised support
    - child has multiple allied health workers (a coordination function is needed).
- Key Workers should be limited to children with moderate support needs and/or children and families who may be facing additional barriers to service access. This could include some families:
    - who identify as First Nations and/or culturally and linguistically diverse
    - where the parent/s have a disability and are themselves accessing significant supports
    - experiencing family violence, housing instability and/or significant financial hardship
    - in contact with child protection, out-of-home care or criminal justice system.

For children and families with these types of needs, Key Workers can be an effective model of support – particularly because of their focus on delivering supports to families in natural, rather than clinical environments (for example, at home or in ECEC). For families that need it, Key Workers offer emotional support, information and advice, assistance identifying and addressing needs, advocacy and service coordination. This model is accepted as a best-practice approach within the early childhood intervention field.

The supports delivered by Key Worker must be flexible and tailored to the individual needs of children and families as their circumstances evolve over time (i.e. a 'touch on, touch off' model of care, as needed).

Key Workers deliver three primary functions, for children, families and across disciplines.

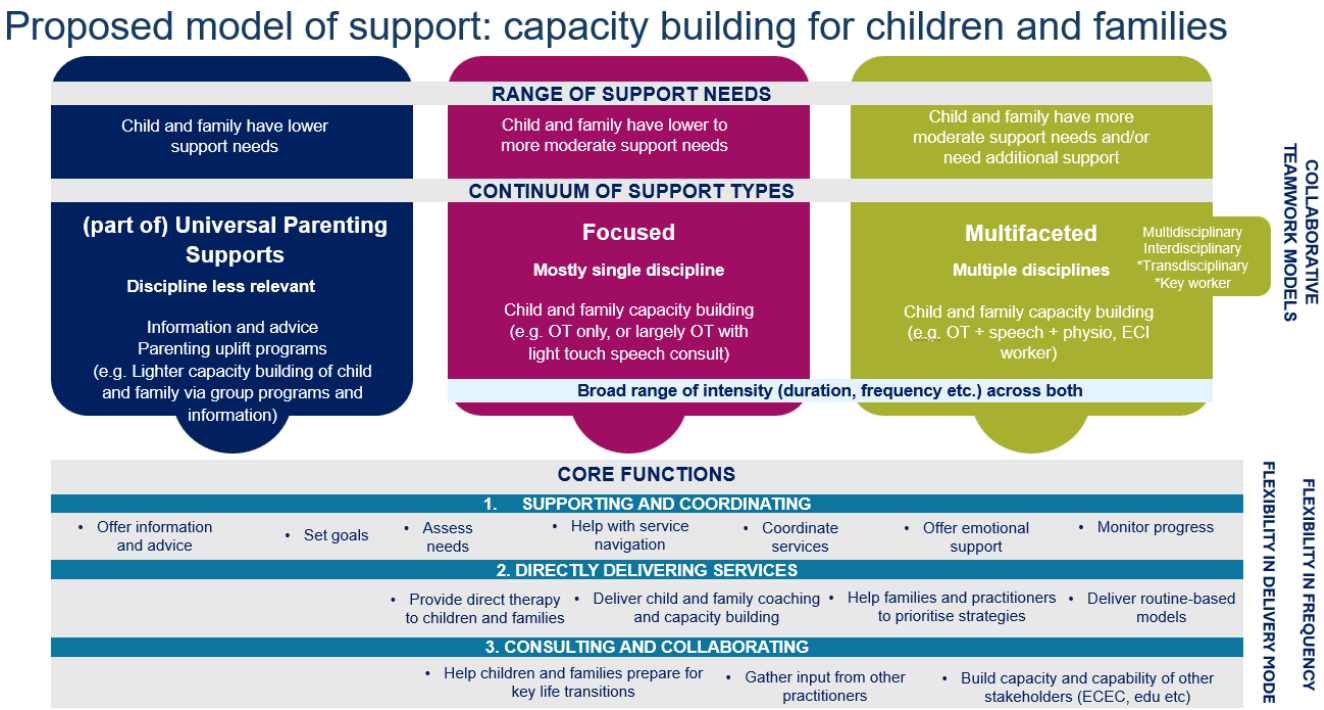
Function	Support and coordination (if needed)	Direct support services	Consultation and collaboration (if needed)
For children	Assessing needs Setting goals Monitoring progress	Providing supports (from within the Key Worker's discipline or skillset)	Helping to prepare for key life-transitions (e.g. preparing to start childcare or school) Monitoring and reviewing progress.
For families	Offering information, advice and support Helping to navigate service systems	Troubleshooting when needed	Family coaching Family capacity building Support at particular points, such as key life transitions for child
Across disciplines	Coordinating services across transdisciplinary teams	Helping to prioritise support and strategies Gathering input from other disciplines or specialists Organising other support sessions as needed	Building the capacity of other stakeholders to understand and respond to a child's support needs (e.g. ECEC and other education professionals, community and sporting staff)

Offering different but connected functions

The Advisory Group discussed a range of capacity building functions that are not always unique to the Key Worker role. This included navigation assistance, capacity building or coaching, and helping coordination across multi or transdisciplinary teams who may be supporting a child. For clarity:

- Navigation assistance may be provided under the Thriving Kids model through national website or phoneline supports (and other local phone lines or websites). It may also be provided by the allied health workers providing Targeted Supports assisting to connect families with other relevant services and supports.
- Capacity building or coaching should be provided by the allied health workers delivering Targeted Supports. This may also take place in group settings through Universal Parenting Supports.
- Coordination for where there are multiple allied health workers interacting with a child, it is recommended that one is identified as the lead or 'Key Worker' to help coordinate across the different practitioners, support case conferencing and undertake review points to assess progress.
- Intake and needs assessment may be undertaken by a Key Worker or the staff responsible for the 'intake' point to Thriving Kids.

The diagram below outlines the recommended capacity building approach for Thriving Kids. It seeks to depict that capacity building takes place across a continuum and that not every child would be connected with a Key Worker.



Key Workers are not intended to:

- act as a case manager for unrelated services (for example, housing or income support)
- play the role of an independent advocate
- provide specialist supports outside their professional scope without team support or replace the need for specialist assessments or supports when required.

Priority community groups

First Nations peoples

As part of the roll out of Thriving Kids, proper consideration must be given to all governments shared commitment to achieving equitable outcomes for First Nations people consistent with the objectives of the National Agreement on Closing the Gap. This includes a commitment to implementing supports with the needs of First Nations children front of mind.

Effective service delivery must be grounded in principles of cultural safety, self-determination, and community-led decision-making, ensuring that programs respect cultural identity and embed traditional knowledge. Implementation should include consultation with First Nations communities and ongoing partnerships. Proactive inclusion of ACCOs, ACCHOs and AMS' in the Thriving Kids model will support:

- improved outcomes for children, families and communities
- formal partnership and shared decision-making in policy and service design.

ACCO, AMS and ACCHOs, where appropriate and available, should be prioritised as providers of first choice for programs under Thriving Kids for Aboriginal and Torres Strait Islander people. The Advisory Group also recommends that governments consider dedicating a proportion of Thriving Kids funding in an ongoing way to provide sustainable funding for ACCO delivered hubs.

The Advisory Group recommends using the holistic support models embedded in ACCOs, ACCHOs and AMS to guide Targeted Supports under Thriving Kids. Investment in building the evidence base on emerging practice will also be key. To support improved outcomes, consideration should be given to engaging cultural workers within services wherever possible to foster trust and effective communication.

The Advisory Group recommends prioritising culturally safe and trauma-informed service models, committing to build sector capability and improving access to, and use of data, while upholding principles of data sovereignty to inform service design and outcomes. This requires initiatives which enable local communities' ownership and governance of their data and to shape policy and program responses accordingly. Co-design with communities ensures that a broader set of data meaningfully reflects whether Thriving Kids is supporting Aboriginal and Torres Strait Islander children's rights to healthy development and connection with community, Country, family and culture.

Culturally and linguistically diverse families

Delivering Thriving Kids services for culturally and linguistically diverse children and families requires a culturally responsive and inclusive approach. Programs should be co-designed with community leaders and parents to ensure relevance and build trust. Cultural competence is essential, and providers and professionals must understand diverse parenting practices, respect cultural norms, and provide culturally safe environments.

Language accessibility is critical, especially for Universal Parenting Supports and information. Resources and supports should be offered in multiple languages using qualified interpreters and plain language resources. Services should also address practical barriers such as transport, childcare, and flexible scheduling, while considering digital delivery options for those unable to attend in person.

Engagement strategies could include community champions and partnerships with local multicultural community organisations. Confidentiality and privacy must be emphasised to alleviate concerns, particularly for families with refugee or migration backgrounds. Holistic support that integrates multiple services can help address underlying stressors impacting families.

The Advisory Group recommends consideration be given to incorporating greater use of multimedia resources, such as audio, animations, video, text and translations in service design and delivery to cater for diverse learning needs and language preferences.

Continuous evaluation using culturally appropriate feedback methods will allow services to adapt and remain responsive to community needs. This approach in supporting culturally and linguistically diverse children and their families, carers and kin fosters trust, accessibility, and sustainability.

The Advisory Group encourage governments to consider eligibility to Thriving Kids including children and families who live in Australia and meet the intended cohort definition regardless of visa or citizenship status.

Children living in out-of-home care

Children with developmental delay and disability aged 0-8 are disproportionately represented in out-of-home care (OOHC). Aboriginal and Torres Strait Islander children with complex health and developmental needs have been found to be more likely to become known to child protection systems, and to escalate through child protection systems.

Thriving Kids will need to consider the specific needs of children in OOHC through deeper journey mapping processes to understand the interface between the child protection system, education and Thriving Kids. For Aboriginal and Torres Strait Islander children in OOHC, there is also a significant need to ensure any supports provided under Thriving Kids are culturally safe and aligned with their cultural care plans. The role of the workforce supporting children (such as social workers, cultural support workers) will need to be clearly defined.

Enabling and core components

Digital Child Health Record

Families currently keep track of child and family health information using paper-based 'baby books', while navigating multiple healthcare touchpoints. If lost or not brought to appointments, crucial health and developmental insights are not available to support clinical decision-making.

While child health checks are generally similar across all states and territories, the clinical practices and information collected is not harmonised across jurisdictions. It is also generally not digitised and accessible in one place. As a result, health or developmental concerns may not be identified until school age, missing critical windows for early supports.

The lack of a single integrated view of health information on child health and developmental checks makes it difficult to aggregate and analyse deidentified, linked data at a national level. This impacts the ability to identify trends, disparities and emerging issues, including understanding population needs to improve life outcomes from birth.

The Advisory Group discussed an option to develop a national digital child health record to facilitate a truly national approach to ensuring a child's records and assessments can travel with them through the service ecosystem and across geographical borders. The Advisory Group were supportive of this concept, as many members recognised that there is not a single national record and this was viewed as integral for a national program. The Advisory Group noted that any program of implementation would need to carefully consider coordination with non-GP providers of primary health care, including state government-funded child and family health nurses.

The digital child health record could:

- Enable consistent digital tracking of developmental milestones and health checks from conception to 8 years of age.

- Enable notifications or reminders to families to complete recommended scheduled health checks and immunisations and provide navigation support to direct them to services that meet their needs.
- Integrate with healthcare providers' clinical information systems to enable notifications and alerts to support early identification of health concerns or support needs. This would support timely referrals and support pathways.
- Give healthcare providers access to a comprehensive view of a child's health history regardless of where a family has accessed care. This would reduce time spent following up information, prevent duplication in health services or testing and facilitate continuity of care, especially for children with complex needs.
- Enable families and carers to have secure and convenient access to view and contribute to their child's information and encourages active participation in their child's health journey while encouraging shared decision making.
- Provide population insights into needs, including the ability to identify trends, disparities and emerging issues to improve life outcomes for Australians from birth.
- Ensure data collected by programs under Thriving Kids aligns with Indigenous Data Sovereignty Principles, giving Aboriginal and Torres Strait Islander people ownership over data so they can exercise sovereignty in relation to data creation, collection, access, analysis, interpretation, stewardship, dissemination, reuse and infrastructure. Any data collection and use should be designed with Aboriginal and Torres strait Islander communities to be accessible, relevant and detailed to develop actionable insights.

Workforce

The Advisory Group highlighted a range of workforce considerations relating to the professionals that may deliver or support Thriving Kids. Given the cross-cutting nature of Thriving Kids, many of these considerations touched a wide array of workforces that involve broad, intersectional policy settings and programs. In The Advisory Group noted that the levers for change or improvement across these workforces sit across multiple levels of government as well as the for-profit and not for profit sector.

Some of the broad workforce challenges considered by the Advisory Group included:

- workforce shortages particularly in rural and remote areas
- challenges with the workforce pipeline
- fragmented service delivery with clinic-based models often reducing multidisciplinary collaboration and family access to integrated care
- limited coverage of child development, developmental support and neurodevelopmental difference in training and accreditation requirements
- challenges of burn out and retention
- funding and system alignment challenges and underutilisation of technology-enabled collaboration.

Not all of these challenges apply to the education workforce. Workforce considerations must consider that the challenges faced by the ECEC workforce and school education workforce are unique and disparate and as such will need bespoke strategies to address each.

While not tasked to provide advice on the education and workforce pathways in Australia, the Advisory Group focused on a number of short and medium-to-long term solutions that could be considered by governments.

Members considered:

- short-term measures focused on more immediate actions to support the implementation of Thriving Kids and transitional workforce arrangements (1–2 years), and
- medium-to-long term measures focused on big picture actions to support the ongoing sustainability of Thriving Kids (3+ years).

Advisory Group members propose that the Thriving Kids workforce is supported by:

- Investment in training and support for health professionals, educators and community workers to embed best practices.
- Appropriate clinical supervision, professional development, and training opportunities to support practitioners' wellbeing.
- Establishing appropriate governance structures to ensure quality standards and clinical competence and reporting.
- Developing the cultural competency of staff, including their capacity to work effectively within the cultural context of each child and family. Providers develop the relevant knowledge, skills, and experience to deliver appropriate services to a diverse range of consumers including people of CALD and refugee backgrounds, LGBTIQ+ and First Nations people.
- Building an understanding of the roles and responsibilities of the enabling workforces (for example, ECEC and schools) and how they can work together.
- Support for leadership and for those who can facilitate and support the effective integration of Thriving Kids and shift to this new model across different service settings.

Short-to-medium term ideas

The Advisory Group proposed a range of short-term solutions.

Support early childhood educators, school teachers and educators and other relevant professionals to continue to build their contemporary child development practice and strengthen their confidence to recognise signs of developmental difference and make appropriate referrals and connections to Thriving Kids.

Members discussed the importance of continuing to build the capacity and capability of key professionals to recognise and respond to signs of developmental support needs. This involves delivering guidance (for example, training and tools) to help them engage in safe and supportive conversations with families when signs of developmental support needs are identified. Early childhood and school educators are a primary workforce of particular interest, given their close relationship with children aged 0–8. However, it was agreed

it would be beneficial to deliver resources that are as much as possible workforce agnostic so they can be used systemically by all professional groups. Governments could achieve this by:

- Identifying and sharing best-practice tools already in use or under development (for example, the Preschool Outcomes Measures in the ECEC space) to help guide educators in conversations around developmental support needs – including those conversations addressing disability inclusion, cultural safety and trauma-informed practice.
- Developing nationally consistent resources for the workforce, including:
    - Platforms that deliver information and advice (for example, online courses, webinars, workshops)
    - resources to be used by facilitators in groups settings with parents and carers, and by allied health staff in supported playgroups.
    - guidance embedded in capacity-building programs that seek to strengthen communication and advocacy skills for parents and families.
- Ensuring all resources and supports are accessible and available for workers in regional and remote areas – and able to be integrated with tele-practice or outreach models.

These should be developed with an eye to acknowledging the importance of:

- building trust with families, as conversations are most effective when there is an established relationship between parents and practitioners
- holding conversations privately and with proper time and space rather than being rushed
- focusing on the child's strengths and sharing specific observations, rather than using labels like 'delayed'
- using information gleaned from milestone checklists or screening tools (if used in that setting) to keep discussions focused
- offering parents resources that assist them to consider their child's developmental support needs at home
- framing the conversation as a partnership approach so that families don't feel like they are on their own to sort out the next steps, and
- acknowledging the feelings of family members, listening actively, and adapting approaches for families from different communities.

In delivering and disseminating these tools and resources, consideration could be given to leveraging existing channels. For example, in the ECEC sector, Inclusion Agencies could play a role in helping promote and disseminate these resources and helping educators build on and consolidate them. Consideration should be given to whether additional resourcing would be required to support this work.

For schools, increasing access to relevant professional development for existing teachers and school staff could be a cost-effective and timely way to upskill teachers and other school staff. Micro-credentials, for example, can be completed at their own pace.

ACCOs have developed a range of unique, community-specific approaches to their specific workforce challenges and opportunities. These approaches are self-determined and include strategies like providing on

the job training and supporting community members to join their workforce. Such solutions need to be supported as part of Thriving Kids.

Support GPs, nurses and other health professionals with the skills and knowledge needed to deliver services and supports

GPs are envisaged as being one of many entry points into Thriving Kids, as well as linking families to services. They should play a key role in delivering timely, coordinated, and culturally safe care to children and families. Members acknowledge the importance of integrating more child development content into GP education.

GPs need to be equipped with practical tools for assessing developmental concerns during routine visits. They also need to be supported to understand when and how to have appropriate conversations with families around developmental support needs, and connecting them with the appropriate information, advice and supports. Governments could consider accreditation requirements for GPs using Child Development Plans to link this education to the Thriving Kids supports.

Embed change management and ensure there is consistent information for the workforce (as well as families and the broader public) through the design and implementation of Thriving Kids

This would involve training and guidance for GPs and other health professionals to understand and be able to deliver the new supports. GPs and child and family health nurses need streamlined processes to connect families with allied health and community supports. To do this they need to: be aware of the details of Thriving Kids; trust the new service offering; have information on eligibility; and have an awareness of available resources and services. The proposals to leverage My Health Record and other digital platforms could help to improve communication between GPs, allied health and other early childhood health services.

As Thriving Kids is implemented, communications will be vital to emphasise that it can offer early, accessible, practical, and inclusive pathways for families, reducing system complexity and avoiding the need for many children to access the NDIS to have their child's needs met. This ensures the NDIS is available for children with significant and permanent disability support needs.

This messaging will be important not only for families and people with disability, but also for the broader workforce and public. Thriving Kids will help to make it easier for families and the system to provide the right care, to the right children, in the right place, at the right time.

Consideration could also be given to working with tertiary education providers, accreditation bodies and professional peaks. This includes providing them with information about any changes in the business model that may affect practitioners and providers. The workforce should be on the frontline delivering messages directly to families, and they need to be equipped with accurate and timely information and advice.

Medium-to-long term solutions focused on the current and future workforce

Members also suggested a range of other solutions which governments could consider over the medium-to-long term and as more is understood about the workforce needs as Thriving Kids is rolled out. These include:

- Standardise exposure to paediatric and childhood-focused content in TAFE and university training for all relevant fields, given the significant current variation across courses and institutions.

- Fund supervisors to take on early graduate placements for those looking to specialise in paediatric care.
- Fund and incentivise practitioners to offer placements and supervision to students and practitioners who are newer to the workforce. This is particularly important in regional and remote areas.
- Enable a smooth transition for providers and practitioners who are currently delivering services through the NDIS and who may transition towards Thriving Kids delivery.
- Standardise minimum skills and capabilities and offer greater clarity on roles, pathways and local mapping.
- Enable peak bodies to work with Thriving Kids providers and practitioners to understand how to practically implement the Best Practice Framework.
- Ensure Thriving Kids funds evidence-based supports in line with best-practice without being prescriptive about the specific programs, given the need for local flexibility.
- Invest in training Aboriginal and Torres Strait Islander child health practitioners – who are already delivering preventative health checks for children aged between 0 to 5 – to be trained in using standardise identification tools (for example, ASQ-TRAK).
- Consider opportunities to build up a workforce of people with lived experience to support the delivery of parenting programs and peer support.
- Consider how to value and prioritise the role of volunteers in community settings.
- Improve data collection to document the nature of the workforce is, and their skills and capabilities, both in the public and private sectors.

Evaluation to embed a responsive system of improvement

Evaluation is an essential component of any national program aimed at improving child development because it ensures accountability, effectiveness, and continuous improvement. A well-designed evaluation framework will allow policymakers and practitioners to measure whether the Thriving Kids program is achieving its intended outcomes, such as improved cognitive, social, and emotional development. Without evaluation, there is no reliable evidence to demonstrate that public investment is delivering value or that interventions are making a meaningful difference in children's lives.

Evaluation is particularly important for Thriving Kids because there is a need to build out the evidence base of what works, for which cohorts, and in what context. Evaluation can also include activities such as building communities of practice to leverage practice wisdom. The Advisory Group discussed the importance of allocating resourcing to building a system of continuous improvement, including the possibility of committing some resourcing to allow investment in responding to early findings.

The Advisory Group discussed the importance of evaluation to both build the evidence base on what works, but also to evaluate the rollout of Thriving Kids and to ensure that intended outcomes are achieved. The idea of a rolling or developmental evaluation was suggested so that evidence can be obtained as services start to roll out.

Including evaluation in the model supports evidence-based decision-making. By systematically collecting and analysing data, governments can identify which strategies work best, for whom, and under what conditions. This enables the program to adapt over time, scaling successful approaches and refining aspects that are less effective.

Evaluation also fosters transparency and public trust. Stakeholders—including families, service providers, and taxpayers—expect that national programs are grounded in evidence and subject to rigorous review. Embedding evaluation within the national model signals a commitment to accountability and continuous improvement, reinforcing confidence that the program is responsive to the needs of children and communities. Consistent with the core disability principle of 'nothing about us without us', evaluations should be co-designed with people with lived experience, including children and families, and with Aboriginal and Torres Strait Islander communities and ACCOs. In line with Closing the Gap Priority Reform 1, evaluations should involve shared decision-making in its design, implementation and interpretation. Evaluations must align with Indigenous Data Sovereignty principles and be underpinned by cultural safety, drawing on established frameworks such as the Australian Evaluation Society (AES) First Nations Cultural Safety Framework.

Interface of Thriving Kids

NDIS and Thriving Kids

The Advisory Group noted that further work will be undertaken by the Australian Government on the interface between the NDIS and Thriving Kids. The Advisory Group encourages governments to uphold the principle of a smooth pathway for children and families to move between Thriving Kids and the NDIS, where required. Work should focus on offering clear communication to families:

- the Thriving Kids model and the interface with the NDIS
- how to access supports
- where possible, seek to minimise different terms being used for the same functions across Thriving Kids and the NDIS.

For example, the description of the Key Worker has similar functions to those of a Lead Practitioner under the NDIS. This was identified by the Advisory Group as something that may confuse families.

Early childhood education and care and schools

ECEC services and schools play a significant role in the lives of children, making them a key touch point for families from early years through to adulthood. Establishing an effective interface with Thriving Kids will help deliver improved outcomes for children and families. All education and ECEC providers in Australia have nationally stipulated legal obligations, under the *Disability Discrimination Act 1992* (the DDA), which protects people with disability against discrimination in many areas of public life, including education.

In ECEC, the National Quality Framework promotes equity and inclusion of all children, including those with disability or developmental delay, by setting out requirements for high-quality, inclusive education and care.

Under the Disability Standards for Education 2005, (the Standards) all schools in Australia are required to provide reasonable adjustments for students with disability so they can access and participate in education on the same basis as students without disability. The Standards apply to all schools, including government and non-government schools. The Standards also apply to pre-schools and kindergartens that are educational institutions. Following public consultation in early 2025, the Australian Government is progressing an amendment to the Standards, expected to come into effect 1 August 2026, to include ECEC services that deliver an education program based on an approved learning framework.

Services and supports established through Thriving Kids must be designed in a way that acknowledges these existing obligations of these systems and appropriately connects in with services and initiatives. Ensuring schools and ECEC systems are inclusive of children with additional need provides an important foundation on which Thriving Kids can be built.

There are several potential intersections between education settings and Thriving Kids, including:

- providing enriched and inclusive learning environments in which children at risk of developmental challenges can thrive and learn, preventing problems arising
- recognising and supporting the role schools and ECEC settings play in the early identification of developmental differences, concerns or delay
- supporting families to access information, support and referrals to other services and disseminating public health information that might assist with the prevention and early identification of development differences
- embedding Thriving Kids supports into the routine of the school or ECEC setting – where these supports are reasonable, within the scope of an educator's skills and practice, and can be reasonably embedded in a group environment
- working collaboratively with early intervention professionals to facilitate provision of early intervention in natural settings, as recommended by the National Best Practice Framework for Early Intervention.

Bridging the gap between inclusive education and therapeutic child development supports

The Advisory Group strongly endorsed the importance of maintaining the primacy of education in education settings. All children have a right to an education, and it should not be compromised to enable access therapeutic child developmental supports.

The Advisory Group noted, however, that there is a need to streamline where some ECEC and schools already undertake explicit activities to support child development, including small group work with allied health professionals to support skill building in particular areas.

These activities are often framed in terms of Multi-Tiered Systems of Support, and they are unevenly distributed between jurisdictions, school systems and ECEC provider types. There are several supports funded by state governments in preschool, for example, which provide education settings with resourcing, capability and capacity – including access to allied health expertise, to target the specific developmental needs of the cohorts in their service. These include Victoria's School Readiness Funding, Queensland's Kindy Uplift and South Australia's Preschool Boost. The Advisory Group also noted a number of models of integrating allied health expertise into ECEC settings.

Similarly, the Advisory Group heard of a number of ways in which schools are embedding multi-disciplinary supports, up to and including the idea of 'full service schools'. The Advisory Group noted that these models require strong leadership and sufficient resourcing (including time for collaboration) if they are to successfully support the professional work of integrating discipline-specific expertise into school operations.

The Advisory Group noted that there were a number of less intensive models for supporting schools to meet developmental needs of children in a way that goes beyond inclusive education. For example, an 'in residence' model could support allied health professionals to be embedded in a school, working with leadership to understand priorities and needs, and developing plans in partnership. These 'in residence' professionals would be connected to a community of practice and effective clinical supervision outside of the school environment, but would be working in the school to target areas of need.

Communities of practice for teachers that are supported by allied health professional expertise were also noted as an effective way of building expertise and supporting teachers in areas of interest. South Australia's Autism Inclusion Teacher program was noted as a unique capability building program at scale, that is well supported by allied health expertise, but is strongly embedded in school operating culture.

The Advisory Group heard that more children are presenting with complex behaviours and this can require support beyond a classroom teacher's expertise. It was noted many teachers are asking for specialist support, as well as time to attend training and other forms of assistance.

Behaviour support for children was identified as an area where some educators and teachers are particularly seeking access to additional expertise. The Advisory Group noted, for example, the Queensland Government's recent announcement of a Positive Behaviour Guidance Coaching Program in ECEC.

The Advisory Group noted that there is no single program or model that will work to embed Thriving Kids developmental supports across the wide diversity of ECEC and school types. The Advisory Group also notes concerns that Thriving Kids programs should not replace the fundamental obligations of education services to provide inclusive education.

Should governments choose to offer additional support to accelerate activity in the space between inclusive education and individualised therapeutic supports through Thriving Kids, this would need to be carefully designed in partnership with local education leaders, It would also need to be fully resourced to support leaders, teachers and educators to have time to collaborate with professionals, and interact with families as required.

The Advisory Group noted the potential for the Australian Government has to influence ECEC settings given it has a direct relationship through the administration of the Inclusion Support Program and has recently received advice from the Productivity Commission in relation to ECEC reforms.

The role of ECEC and schools in early identification

ECEC and school settings play a critical role in identifying support needs. Educators, teachers and professionals such as school heath nurses are often the first to notice emerging concerns. For some children, these settings might be the only opportunity to address developmental delay or a potential disability early. Sometimes families may identify a delay when they observe their child in a setting with other children. These pathways must sit alongside other avenues for identifying development delay and disability, including child and family services, GPs, allied health practitioners and community organisations. This will ensure children are supported through a coordinated, timely and holistic approach.

To maintain the primary focus on learning in ECEC and schools, and to avoid increasing educator workload, initiatives to strengthen the interface between education, allied health services and families should align with

existing educator roles and skillsets. For example, the role of educators is not to conduct formal assessments of disability or support needs, but rather to suggest to parents or caregivers that a follow up or referral may be beneficial.

Work underway on the Preschool Outcomes Measure (POM) may help support preschool teachers and educators to identify children requiring further support.[8] While the POM is not a diagnostic tool, the information gathered by teachers and educators on children's learning and development progress could provide them with an opportunity for early support in the year before full-time school.

Within ECEC and school systems, consideration could be given to Thriving Kids resourcing non-teaching staff or non-contact time for ECEC educators to help families to connect more easily with Thriving Kids supports.

In the ECEC space, consideration could also be given to utilising Inclusion Agencies to help promote, disseminate and build on the tools and resources proposed in the workforce section of this paper on recognising and responding to signs of developmental delay and making appropriate referrals and connections to Thriving Kids. Consideration should be given as to whether additional resourcing would be required to support this work.

Inclusion in ECEC and schools

Inclusion is about ensuring children can learn and participate in early learning and schooling through reasonable adjustments, supportive environments and strong cultures that value diversity.

Inclusion in ECEC and school settings means every child is welcomed, valued and supported to participate fully in the life of their learning community. High quality inclusion is proactive, collaborative and strengths-based, ensuring all children can learn, contribute and thrive alongside their peers. All education providers have clear legal and professional obligations to make reasonable adjustments and ensure inclusive practices under anti-discrimination, disability and education legislation.

ECEC

In ECEC, the NQF promotes equity and inclusion of all children, including those with developmental support needs, by setting out requirements for high-quality, inclusive education and care. The Australian Government Department of Education has engaged the Australian Children's Education and Care Quality Authority (ACECQA) to lead the development of an Inclusive Practice Framework – a professional development resource that will strengthen approved providers, service leaders and educators' knowledge and inclusive practice to meet their existing obligations under the NQF.

To support implementation of inclusive practices, eligible Child Care Subsidy approved services can access support through the Inclusion Support Program, including professional advice and support provided by contracted Inclusion Agencies, access to specialist equipment and funding. States and territories may also provide inclusion supports for preschool.

The Review highlighted the need for a continuum of supports to address the needs of all children with disability and developmental concerns and their families – from mainstream supports, Foundational Supports

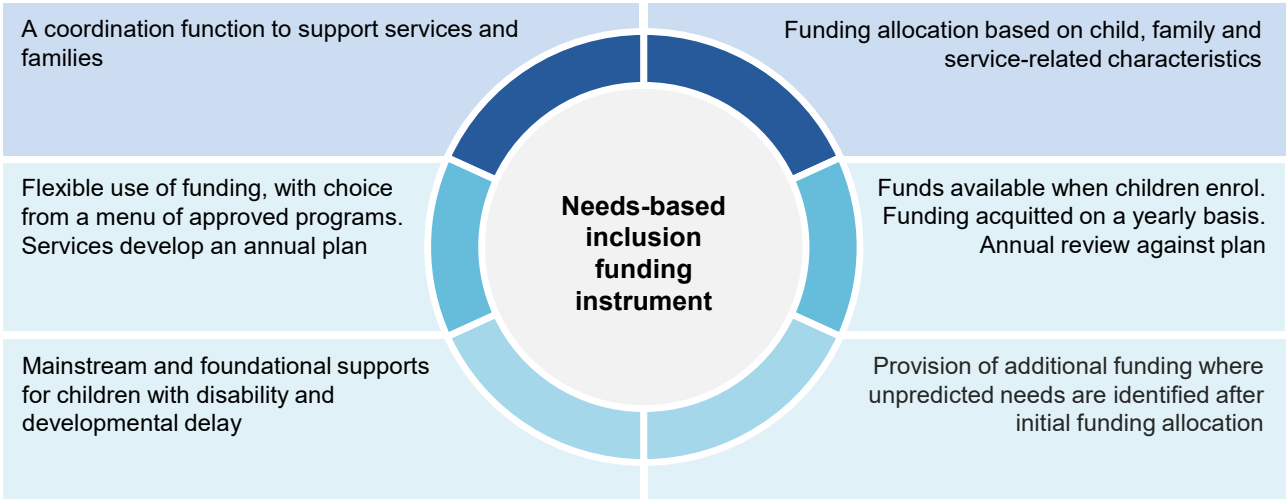
[8] Preschool Outcomes Measure - Department of Education, Australian Government

and specialist supports under the NDIS. Ensuring mainstream supports are inclusive of children with additional needs, including through the provision of inclusion support, provides an important foundation on which Thriving Kids can be built.

In consultations for the 2023 ISP Review, ECEC services expressed a desire for greater interaction and collaboration with allied health professionals to better support children in ECEC. This could be via coaching or advice. There may be opportunities through Thriving Kids to embed this type of support for educators within the existing inclusion support architecture – for example, through Inclusion Agencies, noting this may require additional resourcing.

The Advisory Group noted recommendations made by the Productivity Commission in relation to the need to substantially increase and reform the Inclusion Support Program.[9] The model proposed by the Productivity Commission (see figure below) explicitly envisages interface with Thriving Kids (referred to as Foundational Supports). It will be important that this interface is considered.

Elements of an ECEC Mainstream Inclusion Stream[10]



For Aboriginal and Torres Strait Islander children and families, ACCO-led integrated early years services support the development of trusted relationships at a pace determined by children and families themselves. This is especially important where fears of culturally unsafe child protection systems act as a barrier to engagement. Through these relationships, where they are available, ACCO-led services are able to respond holistically to the needs of children and families, providing integrated support that extends beyond narrow programmatic or service boundaries. For Aboriginal and Torres Strait Islander children, early learning settings also provide opportunities to learn about and grow strong in culture. Culture is a protective factor, supporting children to grow strong in all aspects of their health and wellbeing – physical, mental, emotional and spiritual.

The small but growing number of ACCO-led integrated early years services play a critical role in enabling early assessment and identification, as well as the provision of timely and appropriate supports that enhance the early learning and development of children showing early signs of disability or developmental concerns.

[9] Inquiry Report - A path to universal early childhood education and care | Productivity Commission

[10] This image is an extract from the 2024 Productivity Commission report, A path to universal early childhood education and care: Inquiry report - volume 1, p 42.

Assessments and supports delivered in these safe early years settings are preferable compared to formal school settings which can be less safe and more traumatic for Aboriginal and Torres Strait Islander families.

Thriving Kids should therefore include delivery through integrated early years services, where these are available where children learn and develop within their community, alongside their peers, and in the presence of trusted adults and educators. Community-led, place-based approaches are critical to this model, particularly in the context of a fragmented early years and disability support system.

Schools

The importance of inclusive practice in schools is reflected in all three National Reform Directions under the Better and Fairer Schools Agreement Full and Fair Funding 2025-2034: equity and excellence; wellbeing for learning and engagement; and a strong and sustainable workforce.

The Full and Fair Funding Agreement provides significant additional Australian Government funding which is tied to targeted reforms in each state and territory. These reforms include whole-of-system and/or whole-of-school approaches to identify and support student needs early and initiatives that support connections between school and non-school supports. State and territory specific reforms for government, independent and Catholic schools and systems are outlined in each jurisdiction's bilateral agreement.

To support students with disability to access and participate in education on the same basis as other students, governments provide an additional loading for students with disability as part of the schooling resource standard (SRS) recurrent funding arrangements. Schools and school systems use their total recurrent funding to meet the needs of all students, including students with disability, and have the flexibility to allocate funding in respect of individual students or for specific purposes or programs.

The Australian Professional Standards for Teachers sets out the required capabilities of all teachers. This includes knowledge and understanding of students' developmental characteristics, their impact on learning, and how teachers respond to the diversity of their classrooms. These capabilities are essential for fostering inclusive practices and supporting early identification of developmental differences, consistent with the objectives of Thriving Kids.

Supporting successful interface of allied health and education settings for individualised therapeutic supports (NDIS or Thriving Kids Targeted Supports)

The Advisory Group noted the concerns expressed by education leaders about the management of multiple allied health providers accessing schools to support children requiring individualised therapeutic supports. Concerns identified included, but were not limited to: disruption to children's learning; the discomfort that many children feel at being 'singled out' and withdrawn from class; the feeling by teachers that they do not have time to understand and work with all of the allied health providers; the administrative burden of managing additional adults entering a school site; and more.

The Advisory Group noted that withdrawal methods are not best practice, but there are many reasons why this is occurring, including funding settings that reward direct time with children, parental understandings of 1:1 therapy as 'gold standard', and limits on the ability to offer after school hours programs.

While it is anticipated that Thriving Kids support parents to access best practice interventions, the Advisory Group recommends Governments commit to further work on devising and implementing a range of solutions that would support more successful interfaces with education settings. These include:

- Building awareness of the evidence base around tiered supports in and outside of education settings, where not all therapy requires direct child sessions.
- Establishing policy and funding settings that:
    - Encourage alternative modes of individualised therapeutic provision outside of education sites, for example, in the home, or in after school care.
    - Facilitate families to be connected with providers who have an existing connection to the education site (for example, through schools having connections to local early childhood intervention hubs), recognising the need for families to have choice and control.
    - Fund collaboration time for both allied health and educators, not just child-facing time.
- Consideration of policy requirements around duty of care that currently require schools to provide additional supervision to allied health professionals working on site.
- Clear guidelines on how allied health can work in schools (and ECEC) without disrupting learning, including standardised online induction practices developed for particular service types/school systems for allied health professionals.
- On demand professional learning for teachers regarding the purpose and practice of particular therapeutic approaches.
- Identification and promotion of digital tools to families, providers and education sites that support easy and confidential sharing of information between the team around a child.

Delivery of Thriving Kids in ECEC and school settings

The National Best Practice Framework for Early Childhood Intervention recommends delivering developmental supports in everyday settings that are accessible, family centred, trusted and familiar and where children live, learn and play. While ECEC and school settings could provide an optimal platform for the delivery of Thriving Kids supports, these potential benefits should be balanced against the core purpose of ECEC and schools (early learning, care and education) and any practical constraints that exist within these sectors.

Delivery of Thriving Kids on school or ECEC sites should avoid diverting from the core purpose of these services and from disrupting core learning. It should also consider the best way to connect with families and children who are not enrolled in these settings. Clearly defined roles and responsibilities will be essential to ensure effective service delivery, avoid duplication and prevent or minimise adverse impacts. As part of implementation planning, consideration should be given to facilitating a shared understanding of roles and responsibilities among key stakeholders.

Not all children attend ECEC, or school and not all sites will have the capacity to support Thriving Kids delivery, and of those that have capacity not all may be able to support Thriving Kids to the same degree, underscores the importance of ensuring Thriving Kids services are available in a range of different settings and places.

It is important to note that while supporting early identification of developmental differences in formal school settings ensures children get support when they need it, as outlined above, ECEC settings offer more natural and safer spaces for early identification of developmental concerns especially for Aboriginal and Torres Strait Islander children and families who are supported by ACCO-led services.

Delivery of Thriving Kids in school and ECEC settings may present an opportunity to address persistent systemic barriers to access and implementation of developmental supports and allied health services, if practical constraints are addressed. For example, delivery of Thriving Kids in education settings may improve

access to early developmental support and allied health services for some disadvantaged or harder to reach cohorts (i.e. children from low socio-economic families, families in some rural and remote regions).

Stronger links between education and health supports

The Advisory Group has expressed interest in design principles such as improving ECEC and teacher understanding of child development and inclusive neuro-affirming practice, and support or assistance for teachers and ECEC workers to translate clinical advice from allied health workers into practice. Allied health providers offer strategies that are evidence-based and clinically informed; however, additional translation or guidance is sometimes needed to support non-specialists to confidently interpret and apply this advice in group-based settings – where the advised strategies are reasonable, within the scope of the educators' scope of practice, and can be reasonably embedded in a group environment. Thriving Kids strongly recommends that this communication be in a non-jargon language and applicable to group settings.

There is also interest in opportunities being pursued where ECEC and schools could be more integrated with Thriving Kids Targeted Support providers so that these supports could be integrated and better coordinated (i.e. working to have one allied health worker on site work with the children who need support, rather than different providers for each child which is challenging for the school or ECEC to manage).

It was also noted that there are a number of children who are homeschooled so governments will need to consider other touchpoints in a child's life to ensure they can receive assistance where required.

Glossary of terms

Term	Definition
Autism	a lifelong neurodevelopmental difference. Autistic people experience differences in the way they process information and interact with their environment compared to non-Autistic people. This means the way that Autistic people communicate, connect with others and engage with aspects of day-to-day life are different to those of non-Autistic people.
Assistive technology	devices that are designed, made, or adapted to assist people with disability to participate in activities more independently.
Culturally safe	an environment that is spiritually, socially, emotionally and physically safe for people, where there is no challenge or denial of their identity, who they are and what they need. These environments uphold shared respect, shared meaning, shared knowledge, and experiences of learning together.
Culturally and linguistically diverse	communities with different languages, ethnic backgrounds, nationalities, traditions, societal structures and religions. This includes people with a different heritage or linguistic background than dominant Australian culture and language, people with dual heritage, and people who are migrants and refugees. Some members of the Deaf community and Auslan users also identify as members of culturally and linguistically diverse communities.
Developmental	age-related emotional, social, cognitive, and physical capacities and needs of children. To be effective, service delivery must be designed around infant and child developmental stages and consider child and family support needs.
Developmental delay	a term used to describe differences in the pace of developing physical, emotional, social, communication or thinking skills compared to typical expectations.
Developmental support needs	the specific assistance, resources, or supports needed to help a child achieve their full potential in terms of growth, learning, and skill development.
Early intervention	supports that help to address developmental delay, minimise adverse effects and promote ongoing health and wellbeing. This is the opposite of a 'wait and see' approach. While early intervention is a recognised practice and disciplinary framework, this report prefers the term 'early supports' unless formal use of 'early intervention' is required.
Holistic approach	support and care that looks at the person in the whole context of their physical, emotional, social, and cultural wellbeing.

Term	Definition
Identification of developmental differences and support needs	how a delay may be recognised or noticed through a process – for example, by a GP, educator or other allied health worker such as a child and family health nurse.
Family	a social unit with varying forms and structures. 'Family' is usually self-defined, including those who are parenting, child/children, siblings and others. For Aboriginal and Torres Strait Islander people, family is the cornerstone of culture, spirituality and identity. Kinship systems define where a person fits into community, binding people together in relationships of sharing and obligation. Child rearing is a family and community concern and is not confined solely to the parents of the child.[11]
Foundational supports	services and programs outside the NDIS designed to support people with disability and children with developmental delay.
Functional assessment	an evaluation of a child's abilities and needs based on their functional capacity rather than a formal diagnosis, used to match supports appropriately.
Low-cost assistive technology	simple, affordable tools or devices that support children's participation and independence, such as pencil grips or communication boards.
Lived experience	first-hand involvement or direct experiences and choices of a given person, and the knowledge they gain from it, as opposed to the knowledge a given person gains from second-hand or mediated source.
Mainstream services	services that are designed for all children and families, such as child and family health services, ECEC and schools.
Needs assessment	the process of, once a delay has been identified, understanding the child's needs and matching them to the right supports. This is based on understanding their level of function.
Neuro-affirming	an approach that embraces neurological differences—such as autism, ADHD, dyslexia, or other developmental variations—as natural and valid forms of human diversity, rather than deficits to be fixed.
Neurodevelopmental difference	a range of conditions that affect how the brain develops and functions. These conditions may influence various aspect of life, including learning, behaviour and social interactions.

[11] Moore T., Imms, C., Luscombe, D., SNAICC authors, Bonyhady, B, Dimmock, K., Deane, K, D'Aprano, A., & Kakoschke-Moore, S. (2025). *National Best Practice Framework for Early Childhood Intervention*. The University of Melbourne. Commissioned by the Commonwealth of Australia's Department of Social Services.

Term	Definition
Neurodiversity	the natural variation and development in human neurocognition and within communities. Although all people process the world differently, some differences are grouped and named. The neurodiversity of a community arises from the presence of both neurodivergent and neurotypical people.
Referral	the act, action, or an instance of referring a person to a resource, service or support.
Strengths-based	approaches that focus on the child and the family's strengths (including personal strengths and social and community networks) and not on their deficits. Consideration is also given to the child's environment and life experiences outside of the presenting support needs. Strengths-based practice is holistic and multidisciplinary and works with the child and family to promote their wellbeing.
Targeted Supports	services for children and families who need more than Universal Parenting Supports, but do not meet NDIS eligibility, often including allied health and family capability programs.
Key Worker	a best-practice approach where a single professional acts as the primary contact for families, co-ordinating multidisciplinary supports and delivering direct therapy in natural settings.
Theory of Change	a method that explains how a given intervention, or set of interventions, are expected to lead to a specific development change, drawing on a causal analysis based on available evidence. It serves as a roadmap, illuminating the causal relationships between inputs, activities, outputs, and outcomes.
Trauma-informed	frameworks and strategies to ensure that the practices, policies and culture of an organisation and its staff understand, recognise and respond to the effects of trauma and minimise, as far as possible, the risk that people may be re-traumatised.
Universal Parenting Supports	services that seek to equip parents and families with knowledge and skills to support their child's development while building secure attachments and connecting families with peers. These supports also focus on helping children express their interests and identities—supporting them to be their authentic selves at home, in the community, and in early learning settings.

Appendices

Appendix 1 – Consultation and design inputs

The Advisory Group considered findings from the 2023 Independent Review into National Disability Insurance Scheme, the 2025 Parliamentary inquiry into the Thriving Kids initiative, national Foundational Supports consultations, deep conversations with key stakeholders including those with lived experience, and information shared by the Australian Government and state and territory governments.

The Advisory Group's discussions covered key objectives and design principles for Thriving Kids, and reflections from previous reviews and existing frameworks. The National Best Practice Framework for Early Childhood Intervention (the Framework) was especially helpful in guiding the Advisory Group's thinking. The Advisory Group discussed the existing service landscape and workforce, including Australian Government and state and territory government programs and initiatives that could be scaled or complemented under Thriving Kids.

The Advisory Group acknowledged that there was significant design work to be completed to support all children and families in the Thriving Kids cohort. They focused on ensuring that a range of supports would be available, particularly recognising the diversity of needs and cohorts including First Nations children and families, rural, regional and remote and culturally and linguistically diverse communities. They also considered other layers of intersectionality including children in out of home care, LGBTIQA+ and gender diverse children and families, children experiencing various levels of support needs (some of which should be serviced through Thriving Kids while others should be serviced by the NDIS), families facing hardship, families with low literacy levels (or digital literacy) or unable to access digital spaces and families where parents or carers have disability or have other children with disability.

In addition to the Advisory Group's meetings, the Advisory Group undertook multiple intensive 'deep dive' meetings, supported by relevant stakeholders. This included disability representative organisations, service providers, and colleagues with specialist expertise in relevant fields. The deep dives focused on best practice service models for allied health, identification, needs assessment and referral pathways, the Key Worker approach, education and workforce considerations. They also included sessions with people with lived experience, encompassing both parent and children's perspectives, including First Nations families and culturally and linguistically diverse families. These sessions allowed for further detailed consideration of the best service models for Thriving Kids.

In addition to the lived experience sessions, Advisory Group members and department officials met with many stakeholders and advocacy groups to update, consult and test the Thriving Kids model. While there was a wide range of engagements, sessions that specifically tested the Advisory Group draft model included those with:

- Disability Representative Organisations
- the Early Childhood Care and Development Policy Partnership
- the Disability and Health Sector Consultation Committee.

As co-chair, Professor Oberklaid also engaged with the NDIS Reform Advisory Committee and the Partners in the Community CEO Forum.

The full membership details of the Advisory Group are in **Appendix 2**. The terms of reference for the Advisory Group are available on the Department of Health, Disability and Ageing website.[12] A more comprehensive list of stakeholders the Advisory Group engaged with is at **Appendix 3**.

[12] Thriving Kids Advisory Group | Australian Government Department of Health, Disability and Ageing.

Appendix 2 – Membership list

The Advisory Group was co-chaired by the Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme, the Hon Mark Butler MP, and Professor Frank Oberklaid AM from the Murdoch Children's Research Institute.

In addition, the Advisory Group included experts from a range of fields including paediatrics, child development, research, disability, child and family services, health care, early education and schools, and First Nations perspectives. Membership of the Advisory Group is listed in the following table.

Member	Background
The Hon Mark Butler MP (Co-chair)	Minister for Health and Ageing Minister for Disability and the National Disability Insurance Scheme
Professor Frank Oberklaid AM (Co-chair)	Co-Group Leader, Policy and Equity Murdoch Children's Research Institute
Dr Anoo Bhopti	Course Director, Master of Occupational Therapy Practice Program, Monash University
Dr Caroline Croser-Barlow	Chief Executive Officer, The Front Project
Andrew Davis	Chief Executive Officer, Autism CRC
Angela Falkenberg	President, Australian Primary Principals Association
Morgan Fitzpatrick	Koorana Child & Family Services and Lived Experience Parent Representative
Denise Imms	Senior Speech Pathologist
Matthew Johnson	President, Australian Special Education Principals Association
Dr Tim Jones	Chair, Specific Interests, Child and Young Person's Health, The Royal Australian College of General Practitioners
Skye Kakoschke-Moore	Chief Executive Officer, Children and Young People with Disability Australia
Samantha Page	Chief Executive Officer, Early Childhood Australia
Elly Robinson	Principal Specialist, Parenting Research Centre
Dr Louise Wightman	Clinical Nurse Maternal, Child and Family Health, Nurses Australia

Member	Background
Gretchen Young	Executive Director Programs, SNAICC National Voice for Our Children
Samantha Livesley	Chief Executive Officer, Department of People, Sport and Culture (Northern Territory)
Brigid Sunderland	Deputy Secretary, Children's Portfolio Coordination, Department of Premier and Cabinet (Victoria)

Appendix 3 – Stakeholder list

Australian Council of State School Organisations

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

ACT Education Directorate

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Association for Children with a Disability (ACD)

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

All Means All (The Australian Alliance for Inclusive Education)

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Allied Health Professions Australia

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 30 October 2025 – Thriving Kids Advisory Group Deep Dive – Identification, screening and needs assessment, and referral pathways
- 5 November 2025 – Thriving Kids Advisory Group Deep Dive – Key Worker Model
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Australian Federation of Disability Organisations

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Australian Parents Council

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Australian Physiotherapy Association Paediatric Group

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 5 November 2025 – Thriving Kids Advisory Group Deep Dive – Key Worker models
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Australian Primary Health Care Nurses Association (APNA)

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Australian Psychosocial Alliance; Research, Advocacy & Policy Development – Mind Australia

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Australian Autism Alliance

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Autism Awareness Australia

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Autism Services and SA Autism Specific Early Learning and Care Centre

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Autism Spectrum Australia (ASPECT)

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Children and Young People with Disability Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Children's Health Queensland

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Community Mental Health Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Connect Paediatric Therapy Services (PTS) (Karratha, WA)

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Day Care Australia

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Department of Education Northern Territory

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Department of Education, Victoria

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Disability Advocacy Network Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Disability Rights Connect

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Down Syndrome Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Early Childhood Australia

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Early Childhood Intervention Australia – Victoria/Tasmania

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Early Start Australia

- December 2025 – Thriving Kids Advisory Group member discussion – Thriving Kids Model

Elizabeth Vale Primary School; South Australia Primary Principal's Association

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Emerging Minds

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

First Peoples Disability Network

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

First Steps Physio

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Goodstart Early Learning

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Gowrie Victoria

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Healthy Trajectories Child and Youth Disability Research Hub, University of Melbourne

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health

Inclusion Australia

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Independent Schools Australia

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Isolated Children's Parents Association

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Macquarie University

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Macquarie University – Charles Sturt University Children's Voices Centre

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Melbourne Archdiocese Catholic Schools

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

National Aboriginal and Torres Strait Islander Education Corporation (NATSIEC)

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

National Aboriginal Community Controlled Health Organisation (NACCHO)

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 30 October 2025 – Thriving Kids Advisory Group Deep Dive – Identification, screening and needs assessment, and referral pathways
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

National Catholic Education Commission

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

National Ethnic Disability Alliance

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Noah's Ark

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Northern Sydney Local Health District – NSW Department of Health

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 30 October 2025 – Thriving Kids Advisory Group Deep Dive – Identification, screening and needs assessment, and referral pathways
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Northern Territory Department of People, Sport and Culture

- 30 October 2025 – Thriving Kids Advisory Group Deep Dive – Identification, screening and needs assessment, and referral pathways

New South Wales Department of Education

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

New South Wales Health

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Northern Territory Health

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Occupational Therapy Australia

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

People with Disability Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Physical Disability Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Professionals and Researchers in Early Childhood Intervention

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health

- 5 November 2025 – Thriving Kids Advisory Group Deep Dive – Key Worker models
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Professionals Australia – Allied Health Union representative

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Queensland Department of Education

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Royal Far West

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Safer Care Victoria

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

South Australian Department of Education

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

SDN Children's Services; Early Learning and Care Council of Australia

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Speech Pathology Australia

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce
- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

The Kids Research Institute

- 30 October 2025 – Thriving Kids Advisory Group Deep Dive – Identification, screening and needs assessment, and referral pathways

The Royal Australasian College of Physicians

- 27 October 2025 – Thriving Kids Advisory Group Deep Dive – Best practice service model of allied health
- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

United Workers Union

- 2 December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Victorian Department of Education

- December 2025 – Thriving Kids Advisory Group Deep Dive – Education and Early Childhood

Western Australian Health Child and Adolescent Health Service

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Wanslea

- 26 November 2025 – Thriving Kids Advisory Group Deep Dive – Workforce

Women with Disability Australia

- 18 November 2025 – Disability Representative Organisations – Thriving Kids Model

Appendix 4 – Theory of Change

The following diagram reflects the Theory of Change for the Thriving Kids model. The Theory of Change should be considered to inform service design and implementation of Thriving Kids.

What needs to be done

- Build on child strengths and interests to enhance learning, development and meaningful participation in everyday activities.
- Build trusted relationships that use family-centred and strengths-based approaches and recognise that children's wellbeing and development depends on the wellbeing of the family as a whole.
- Work together to create services that are inclusive, neuro-affirming, accessible, culturally safe and flexible, welcoming children and families of diverse abilities and needs.
- Help build a collaborative and integrated network of holistic support for children, parents, carers, families, and communities.
- Commission and regulate services and standards according to the National Best Practice Framework.
- Navigation and wayfinding with 'no wrong door', soft entry points, and formal intake that holds families till connected'

How the elements work together

- Early identification and timely access to appropriate supports reduces long-term impacts on a child's development.
- Support parents, carers and kin as the child's first teachers, strengthening their skills, knowledge and confidence through everyday activities
- Improved utilisation by delivering supports in everyday settings where children engage in everyday routines and community life.
- Inclusive and accessible early childhood development services ensure every child, regardless of background, ability, or circumstances, has the opportunity to access, participate in, and benefit from high-quality care and education.
- Work as a coordinated, connected system across education, health, disability and community services to support children and families

Embedded monitoring and evaluation to support and sustain continuous learning and improvement.

Assumptions impacting success

- Workforce readiness, capability and capacity.
- Intergovernmental cooperation.
- Quality and safeguarding.
- Market stewardship and fit for purpose commissioning.
- Local community-controlled participation and adaptation.
- Family and community engagement.
- Data collection, reporting, and evidence dissemination

Theory of Change: Thriving Kids

Vision: Support children for improved lifetime wellbeing through the establishment of an effective national system of early childhood supports for children with low to moderate support needs that complements mainstream and NDIS programs and identifies and responds to children with developmental delay and/or autism in the critical years from birth to the age of 8.

Purpose: Providing responsive, effective and evidence-informed early support and therapeutic supports to children aged 8 and under and their families to set children up for life-long wellbeing.

Intended Outcomes

Early identification and a **no-wrong-door** pathway for accessible and effective supports sets children aged 8 and under up for the best start in life.	**Families and carers** have more developmentally appropriate knowledge, skills and expectations, and are connected to their communities as well as the information and resources they need.	**Children's** developmental outcomes are improved, and they are supported in, and have improved participation in, the settings they live, learn and play.	**Services** are inclusive, neuro-affirming, accessible, culturally safe, evidence based and informed by lived experience.	**Reliance on NDIS is reduced** as children receive a national suite of quality supports that enable a smooth end to end service, regardless of where the child resides and mainstream services are connected.

Services Principles

Child-centred, family centred, and strength based	Evidence informed and tailored	Focused on everyday settings	Collaborative, holistic and integrated	Focused on outcomes	Flexible, accessible and culturally safe – with no wrong door	Enabling workforce development

Approach

As a partnership between the Australian and all state and territory governments, Thriving Kids will be delivered by scaling and building on existing mainstream and community services that can better support children and their families in settings they are already connected to. This includes child and maternal health, GPs, facilitated playgroups, early childhood education and care, schools, as well as digital and phone-based supports. There are already many examples of evidence-informed services that guide parents and help their kids thrive.

By leveraging these systems, supports will enable children to thrive from birth to the age of 8, with lasting benefits across the life course. As key change agents, parents, carers and families will be supported.

Examples of improved early identification • MBS 3yo heath and development check • National Child Health Record • Allied Health in ECEC/Schools • National awareness and information on developmental milestones	**Examples of universal supports promoting development and strengthening support networks** • National information and advice, via website and phone • Parenting supports: supported playgroups, workshops and peer supports • Family capacity building programs • Self-advocacy skills for families and siblings (and where relevant, the child).	**Examples of targeted supports** • MBS Child development plan pathway to allied health • Lower-cost AT with loan/trial and prescriber training • Single-discipline or multi-disciplinary allied health, matched to need • Time-limited, goal-based therapy delivered 1:1 or in groups, in person or virtual and everyday settings	**Examples of frameworks which coordinate and align practice** • National Best Practice Framework for Early Childhood Intervention. • ACECQA Inclusive Practice Framework. • National Safety and Quality Health Service Standards. • Stronger Rural Health Strategy. • Australia's Disability Strategy. • Closing the Gap.	**Thriving Kids offers curated evidence-informed set of service matched to need and seeks to help connect families to disability, health, community and mainstream supports.** • Market stewardship and commissioning • Workforce • Quality and safeguarding • Navigation and wayfinding

The problems we are attempting to solve:

Delayed early support can lead to long-term effects on a child's development, such as lasting challenges with social, emotional, cognitive and motor skills.	Children with developmental concerns are not being consistently identified early in life.	Awareness of delay may be limited, or parents avoid help due to perceived stigma or other barriers.	Families and carers are not confident or always connected with their communities and may benefit from additional knowledge and advice to support their child's development.	Children with developmental concerns, particularly in regional and remote locations, can't always access supports they need or in a timely fashion.	ECEC and schools need stronger interface with allied health so supports are delivered in everyday settings where children live, learn and play	ECEC and other workforces are not always confident in how to support children with additional needs.	Limited and patchy consultation on existing system design and best-practice models has reduced service effectiveness.	Services are not always accessible or available, culturally safe, neuro-affirming or flexible to the episodic nature of some conditions.	Current practice can over emphasise therapy in clinical settings, driving family and carer expectations.	Families and carers confront barriers within a disjointed and confusing system.	Children are entering the NDIS because there are no alternative support options.

The Advisory Group recognises the need to review the success of the Thriving Kids model and programs. It is vital that the services principles are validated and that services included in Thriving Kids are thoroughly evaluated. This will allow for confirmation of the outcomes achieved and opportunity to improve the model or services, where needed.

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