

# Submission to the House of Representatives Inquiry into the Thriving Kids initiative.

October 2025



ECIA VIC/TAS acknowledges the traditional custodians of the lands and pays respect to elders past and present. We pay respects to Aboriginal and Torres Strait Islander children, their families, and we commit to creating a future where every child is valued, safe and an empowered member of their community.



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## About us

Early Childhood Intervention Australia Victoria/Tasmania (ECIA VIC/TAS) welcomes the opportunity to provide input into the Thriving Kids initiative. We represent the Early Childhood Intervention Sector (ECI) with over 450 members across Australia supporting children 0-8 years with developmental delay, concerns or disability.

With a diverse membership drawn from Early Childhood Intervention, Early Childhood Education and Care, Pre-School Field Officers, students, and parents/carers/kin we advocate for equitable inclusion and participation in family and community life for all children. ECIA VIC/TAS are members of the Australian Child and Family Supports Alliance (ACaFSA) and chair the Victorian Child and Family Supports Alliance (VCaFSA).

We are pleased to put forward this submission drawing on the insights and experiences of members currently working with children and families. We welcome the commitment to designing pathways of supports that enabling access when and where they need them.

ECIA VIC/TAS are committed to an ecosystem of supports wrapping around a child and family, comprising education, health and disability portfolios. This ecosystem would be interconnected and aligned with evidence based practices, to deliver lifelong outcomes for children and families.

ECIA VIC/TAS strongly advocates that co-design with families, service providers, First Nations communities, CALD groups, and children themselves (where appropriate) must underpin all stages of program design, implementation, and evaluation.

## Executive Summary and the voice of members

The 2024 Australian Early Development Census (AEDC) indicates that current systems are failing Australia's children<sup>1</sup>. Findings show that more children are entering school with increasing levels of vulnerability. Children with identified vulnerabilities in two or more domains rose to 12.5%. Only half of children are on track, with a decrease between 2021 and 2024 from 54.8% to 52.9%. The levels of vulnerability are higher in disadvantaged communities. The data clearly demonstrates that children living in rural and remote areas, First Nations children and those from CALD backgrounds are at a significantly higher risk.

The Front Project report, *The Cost of Late Intervention*<sup>2</sup> demonstrates the cost associated with not stepping in, when children need intervention most, in their early years. There is both a moral and economic imperative for Thriving Kids to be the mechanism for systemic change.

Complete systemic change is needed to respond to growing needs of children and families to create an integrated system of supports, tiered and tailored to individual children and families. The time is now, with reforms occurring in the education and NDIS environments.

A strong, experienced workforce is needed to stand Thriving Kids up and reduce the siloes. A clear plan for recruitment, retention and an ongoing commitment to professional development, will be needed to design, implement and sustain these systemic changes.

Now is the time to center children and families at the heart, and build cohesive systems around them to provide a holistic approach to supports for all children.

## Member responses

In preparing this submission, members have put forward comments and questions relating to the Terms of Reference as listed in the snapshot below.

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<sup>1</sup> <https://www.aedc.gov.au/resources/detail/aedc-key-findings-2024>

<sup>2</sup> [The Cost of Late Intervention](#)

## Evidence

- family centered practice with quality capacity building in all settings
- Families being able to advocate for the level of need/support their child requires
- It is interesting to see a suggested medical model expecting education outcomes
- We don't know what a child will need when they start, need to be flexible and able to combine supports
- Can't work to a set dosage or number of sessions, children's needs change over time
- work with universities to engage research partnerships to determine sound measures

## Current state

- Past ECIS meets offered opportunities for collaboration and aligned with best practice
- Set up 'our place' models within schools
- Central intake point for families to talk to a skilled clinician about their needs and how to navigate our already complex service systems
- a regional practitioner approach for schools gives choice and makes sure you have expertise coming in
- working collaboratively in classrooms, modelling strategies and adjustments can work well

## Community

- Medicare as it is now does not align with best practice or a Key Worker model.
- Medicare would need to expand to cover the true cost of working in natural settings
- More training needed for those already working with children such as MCH and GP
- Everyone in the community needs training and support to create meaningful participation for all children

## Workforce

- If we lose any of our current workforce it risks Thriving kids not working
- Recruitment of experienced clinicians to teams will be needed
- Wait times for services blow out as workforces realign to a new funding stream and way of working
- How will this work in regional areas where they already struggle to get staff?
- Retention of experienced staff through yet another system change may be challenging
- we already have pay inequities, how will the Thriving Kids workforce be remunerated?

## Equity

- Regional areas are already lacking in services, how will this address this?
- Gap fees are not able to be paid by all parent/carers
- How will vulnerable families navigate this new system? They are already falling through the cracks
- Many families can't travel to receive services they need services to come to them
- What about children whose parents are on different visas? How will they be supported?

## Intersectionality

- There is potential to return to small community based groups
- Services need to be available locally
- Opportunities for more inclusive programs and services for children with a range of abilities and needs
- Working in schools is already challenging under NDIS. How will this work under Thriving Kids?
- Families with many complexities will need support to navigate another system

## Transitions

- Ensure systems that support vulnerable families, (child protection, family support services), are across the key messages and referral pathways
- Information sessions in multiple languages using interpreters
- Easy English with clear factual information
- Inform the sector first, so they assist families transition
- Work with ACCOs and multicultural groups so they know what is happening

## Evidence based supports

Early detection leading to early supports is essential to maximise developmental outcomes and prevent later escalation to high cost more intensive supports. As developmental concerns are identified parents should be offered high quality supports backed by robust evidence and research.

### What is needed:

- Fund supports that are high quality backed by sound evidence in early childhood intervention
- Establish clear referral pathways connecting families in a timely manner
- Outcomes focused supports with robust tools of measurement
- Integration of systems across all sectors working with children, health, education, disability and Thriving Kids

### Thriving Kids can achieve this by:

- Aligning supports and interventions with the National Best Practice Framework for Early Childhood Intervention, (The Framework).<sup>3</sup>
- Establish a central intake and triage point for families to talk to skilled clinicians and peer workers
- Co-design culturally safe resources with First Nations and CALD parent/carer/kin
- Imbed a Key Worker model into the delivery of supports
- Provide individual and group programs from which families can choose
- Ensure funding to deliver services in community/home environments covers the true cost of delivery
- Create consistent approaches across ECI and Early Childhood Education and Care (ECEC)
- Utilise allied health and specialist teachers to assist with generalization of skills across all settings
- Utilise interpreters, print and digital media forms, Easy English, bi-cultural workers ensuring all parent/carers can access vital information
- Provide clarity on targeted and general supports and the qualifications and experience needed to deliver them
- Design supports that work in collaboration where ECI practitioners are seen as "being part" and not external to the educational settings maximising developmental and educational outcomes

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<sup>3</sup> [National Best Practice Framework for Early Childhood Intervention | Australian Government Department of Health, Disability and Ageing](#)

## Effectiveness of current programs

The delivery of well-structured General and Targeted supports will enable movement through coordinated, well-timed programs, accessing a range of expertise. An episodic approach to provision can lead to poorer outcomes as children need time to learn and master new skills. Without generalisation of skills across all settings there is the risk of fragmentation in learning. A move to putting children at the center and a wholistic focus on the First 2000<sup>4</sup> days creates opportunities to improve outcomes for children and reduce vulnerabilities.

### What is needed:

- Identify and build upon the 'bright spots' in the current market; programs that are already building capacity and capability and could be scaled
- Learning from current and past initiatives to avoid duplication and strengthen what is evidence based and delivering outcomes
- Consult widely with the sector to map the 'bright spots,' and gaps prior to design
- Adopt an iterative process to design and implementation

### Thriving Kids can achieve this by:

- Engage with peak bodies, providers and families to identify the 'bright spots' and gaps
- Implement a strengths-based social model focused on developmental needs
- Service delivery in natural settings including child's home, education settings and communities
- Expand on current access to assessment with no gap fees or wait times
- Scale current effective hub-style models
- Strengthen follow-through after assessment or screening processes linking families to services
- Build on existing platforms and co-design culturally safe resources with First Nations and CALD parent/carer/kin
- Reinstate community-based groups staffed with allied health staff and peer workers. Leveraging off the allied health practitioner expertise leads to early identification, with capacity building and peer support for parent/carer/kin
- Utilise group-based training for parents/carers/kin to build capacity and decrease social isolation
- Establish layered supports with children and families accessing supports as their needs change
- Connect families to peer- led services to build capacity and connection
- Investigate the use of current and past funding models, such as Medicare, block funding, tiered supports
- Upskill current frontline services (GP and Maternal Child Health) to act on 'red flags' on first presentation rather than a wait-and-see or failure to reach a milestone approach
- Adopt the Key Worker model as described in The Framework, to deliver services in the child's natural settings, backed by a team of allied health professionals working in transdisciplinary ways

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<sup>4</sup> [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf)

## Engagement with Community and Universal Supports

Thriving Kids presents an opportunity to re-visit greater collaboration across sectors, to plan complimentary interventions, sequence capacity building approaches and generalize skills multiple settings. This has largely been lost as a result of the NDIS, and along with it, the ability to leverage off both sectors knowledge for the benefit of child and family.

### What is needed:

- Consult with local communities through design and implementation
- Place based initiatives that respond to and tailor programs where children live, learn and play
- Capacity building for community-based activities to support meaningful inclusion and participation
- Reduce the siloed approach and promote collaboration and partnerships

### Thriving Kids can achieve this by:

- Align the proposed 3 year old health check within the Maternal Child Health Framework, a structure familiar to parent/carer/kin
- Fund programs that support child social and emotional development within the family's everyday environment
- Funding for collaborations and partnerships to create integrated service models.
- Funding for collaboration between services to wrap around families
- Training and support for community volunteers and programs
- A central contact point for families to seek information on services and service systems
- Create accessible, culturally safe resources for families, co-designed with parents and carers.
- Scale effective hub-style models
- Align with frameworks such as Australia's Disability Strategy 2021-2031<sup>5</sup> and the Marrung Aboriginal Education plan 2016-2026<sup>6</sup>

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<sup>5</sup> <https://www.disabilitygateway.gov.au/ads/strategy#toc-australia-s-disability-strategy-2021-2031>

<sup>6</sup> [Marrung Aboriginal Education Plan 2016-2026.pdf](#)

## Equity and Intersectionality

When developmental concerns arise families need the right supports, at the right time in the right place regardless of visa status or diagnosis. Thriving Kids must ensure equity is operationalised through consultation with First Nations community-controlled services. Clearly defined eligibility criteria for all tiers of support and across all government portfolios; health, education, NDIS, and Foundational Supports is required.

### What is needed:

- Place-based approaches reflecting local community needs underpinned by a nationally consistent approach
- Services delivered where children and families need them most
- Collaboration across service systems

### Thriving Kids can achieve this by:

- Fund the total cost of assessments and reports to allow universal access to multi-disciplinary diagnostic teams for timely assessment and diagnosis
- Ensure residency and visa status does not deny access to supports
- Co-design of culturally safe models with First Nations community-controlled organisations
- Funding for services to deliver where children are to ensure equitable access
- Align with and implement Closing the Gap<sup>7</sup> priorities
- Codesign a new innovative approach under Medicare to ensure no gap fees which aligns with best practice as described in The Framework<sup>8</sup>
- Seamless pathways that do not require families to tell their story multiple times
- Provide access to information in multiple languages and forms, and make use of interpreters and bi-cultural workers
- Integrated data systems that reduce duplication

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<sup>7</sup> [National Agreement on Closing the Gap | Closing the Gap](#)

<sup>8</sup> [National Best Practice Framework for Early Childhood Intervention | Australian Government Department of Health, Disability and Ageing](#)

## Workforce gaps and supports

To deliver all elements of Thriving Kids a highly skilled, experienced, and valued workforce will be needed. This includes peer-to-peer workers and experienced early childhood intervention professionals working collaboratively with universal supports. Recruitment and retention of workers for all roles will need to be targeted, well planned and well timed. There is a significant risk during this transition period, where uncertainty abounds, that a proportion of the current workforce will leave and move to other sectors. This will place additional strain on the already stretched workforce.

### What is needed:

- Invest in ongoing professional development, supervision and mentoring
- Build local workforce capacity particularly in regional and remote areas
- Implement professional standards including registration, minimum qualifications and a code of conduct
- Thriving Kids must be seen as a desirable career option with advancement and flexible pathways

### Thriving Kids can achieve this by:

- Investment in cross-sector training, co-developed with practitioners and families
- Recruit experienced specialist teachers to compliment allied health disciplines
- Competitive remuneration with other sectors (hospital, community health, private practice)
- Implement a national, coordinated worker registration system that brings together the Thriving Kids and NDIS workforce
- Leverage current registered NDIS providers to deliver Key Worker and allied health supports where they already have quality and safety systems in place
- Program models that support delivery in natural settings including homes, community, education, and early intervention settings
- Ensure systems that support families with vulnerabilities including child protection, community and family support services are upskilled in navigation of all systems and referral options
- Co-design programs with professionals and peer workers to maximise both skill sets
- Address rural and remote thin markets with fresh approaches to the use of allied health assistants working under the supervision of allied health and specialist teachers
- Invest in paid student placements for all disciplines to attract new workers to the sector
- Develop micro-credentials for tertiary students to complete before they begin working

## Domestic and International Best Practice Approaches

A shift from the measuring of outputs to measuring developmental outcomes for children and family wellbeing is needed. Independent oversight ensuring quality and accountability must occur, that aligns with current frameworks and strategies. Thriving Kids must draw on successful domestic and international models, with adaptation guided by local community input.

### What is needed:

- Consulting with the sector early who can identify successful programs or 'bright spots,'
- Adopt an iterative approach to design and implementation
- Investment in systems to measure and report on outcomes transparently

### Thriving Kids can achieve this by:

Aligning with current frameworks and strategies including:

- The National Best Practice Framework for Early Childhood Intervention<sup>9</sup>.
- The Early Years Learning Framework<sup>10</sup> and Early Years Strategy<sup>11</sup>
- Australia's Disability Strategy 2021–2031<sup>12</sup>
- National Autism Strategy 2025-2031<sup>13</sup>
- NDIS Quality and Safeguards including the NDIS Practice Standards<sup>14</sup>
- The Independent Review of the NDIS<sup>15</sup>
- Child Safe Standards and the ECEC Review of Child Safety<sup>16</sup>
- National Children's Mental Health and Wellbeing Strategy<sup>17</sup>
- Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031<sup>18</sup>
- National Agreement on Closing the Gap<sup>19</sup>
- National Framework for assessing children's functional strengths and support needs in Australia<sup>20</sup>

<sup>9</sup> [National Best Practice Framework for Early Childhood Intervention | Australian Government Department of Health, Disability and Ageing](#)

<sup>10</sup> <https://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf>

<sup>11</sup> <https://www.dss.gov.au/system/files/resources/early-years-strategy-2024-2034.pdf>

<sup>12</sup> <https://www.disabilitygateway.gov.au/ads/strategy#toc-australia-s-disability-strategy-2021-2031>

<sup>13</sup> <https://www.health.gov.au/resources/publications/national-autism-strategy-2025-2031>

<sup>14</sup> <https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards>

<sup>15</sup> <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/>

<sup>16</sup> <https://oia.pmc.gov.au/published-impact-analyses-and-reports/child-safety-review>

<sup>17</sup> <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>

<sup>18</sup> <https://www.snaicc.org.au/our-work/child-and-family-wellbeing/safe-supported/>

<sup>19</sup> <https://www.closingthegap.gov.au/national-agreement>

<sup>20</sup> <https://www.autismcrc.com.au/best-practice/strengths-and-supports>

## Transitions through mainstream systems

Our current systems are fragmented and siloed. A parent can be asked for evidence of their child's challenges or diagnosis up to five times from birth to starting school to access services.

### What is needed:

- Clear and consistent referral pathways. Whilst there may be “no wrong door” ensure referrers know where the ‘front door’ is
- Data sharing across sectors to ensure children do not fall through the system gaps
- Integrated systems of service delivery across education, health and community services

### Thriving Kids can achieve this by:

- Linked data systems that measure, child, family and community outcomes
- Service delivery models that support collaboration between all adults working with the child
- Equity of access without complex eligibility criteria or administration processes
- Reset of parent/carer expectations to view Thriving Kids as valuable and not a pipeline to an NDIS referral
- Remove barriers to access such as visa status and fragmented funding streams
- Increased funds to support the capacity building of universal services to support the diversity of children's needs
- Professional development programs that bring ECI and ECEC sectors together

## Successful Implementation of Thriving Kids

We believe the following will be key to the design, implementation and success of Thriving Kids:

- Engagement with the sector to with authentic co-design approaches
- A comprehensive Stakeholder Communication Plan that informs the sector of changes **before** families, allowing the sector to be a communication partner and assist in a smooth transition
- A fresh approach to Medicare funding that covers the true cost to deliver a quality service in community settings
- Clear timelines that are communicated to the sector in advance to give them time to make adjustments to systems and processes
- Consider additional roles such as Disability Liaison officers as used in the health system
- A dedicated body to monitor ongoing registration, quality and compliance
- Appoint a Minister for Children to oversee all policies and programs related to young children and families
- Ongoing sector consultation with families and providers utilizing an iterative process