Occupational Therapy Australia

# THRIVING KIDS INITATIVE – OTA SUBMISSION – MAY 2026



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# Executive Summary

On 3 February 2026, Minister Mark Butler released the Thriving Kids Advisory Group's Final Report, proposing the Thriving Kids Initiative commence on 1 October 2026 with full rollout by 1 January 2028. The initiative has the potential to support a large cohort of children under nine with developmental delay or autism, while also strengthening universal supports for all children and families.

Evidence strongly indicates that occupational therapists will be central to the success of Thriving Kids. A CYDA survey from December 2025 found that 54% of respondents identified occupational therapy as their most desired support under the proposed initiative.[i]

Occupational Therapy Australia (OTA) supports the intent of Thriving Kids but has serious concerns about the transfer of children from the NDIS without adequate safeguards, particularly risks to continuity of therapy and outcomes for children. OTA is also concerned about how low to moderate support needs will be assessed, and strongly advocates for occupational therapists to play a formal role in these assessments.

OTA calls for a flexible service delivery model that enables occupational therapists to provide individualised, one-to-one therapy for children and families across private practice, community hubs, and education settings. OTA also seeks greater clarity regarding provider accreditation, funding mechanisms, and workforce readiness ahead of implementation.

Critically, OTA is concerned about the lack of clear transition pathways for children who age out of Thriving Kids. Without a strong and effective model beyond age 9, there is a significant risk that children may either return to the NDIS or receiving no support at all.

OTA is committed to working collaboratively with governments to co-design Thriving Kids resources and implementation approaches, ensuring the initiative delivers timely, accessible, and effective supports for children and families across Australia.

It is important to point out that this submission builds off our initial OTA Thriving Kids Initiative Submission published on 5 October 2026.

# Document purpose

This document is intended to be a live document that outlines OTA's policy positions and recommendations for Governments as the Thriving Kids Initiative is developed and rolled out. This document is not to be considered a final document and is not for further distribution beyond its direct recipients, or for broader publication.

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## Recommendations

1. **Governance, Transparency and Co-Design**

- Require each State and Territory to release a formal response about how the Thriving Kids Initiative will roll out in their respective jurisdictions.
- Establish Federal and State/Territory Government Reference Groups with OTA representation.
- Ensure occupational therapists are central to the design and implementation of the Thriving Kids Initiative across each State and Territory, with a clear role in shaping both the types of supports delivered and the selection and accreditation of providers, to uphold quality, safety, and evidence-based practice.

2. **Timing and Safeguards**

- Delay the commencement of Thriving Kids beyond 1 October 2026 to allow sector readiness.
- Implement a slower, staged rollout with genuine co-design.
- Halt reductions to children's NDIS plans or exits until Thriving Kids is fully operational.

3. **Assessment and Eligibility**

- Develop a nationally consistent definition of "low to moderate support needs".
- Ensure occupational therapists are employed to conduct assessments under Thriving Kids.

4. **Service Delivery Model**

- Explicitly recognise private practice occupational therapy providers as Thriving Kids Providers.
- Enable occupational therapists to deliver supports through:
    - Early childhood and education settings

- individualised private practice sessions
- Community hubs and services at home.

5. **Funding and Provider Participation**

- Clearly define requirements for becoming a Thriving Kids Provider
- Confirm funding mechanisms, including whether supports will be funded through:
  - Medicare items
  - Block funding
  - Alternative funding or commissioning models

6. **Workforce and Transition**

- Commit $1.4 million to support workforce transition for occupational therapists
- Commit $2.3 million to attract and retain rural and remote occupational therapists
- Invest in workforce readiness, role clarity, training and support prior to large-scale rollout

7. **Accountability and Review**

- Conduct a formal review of the Thriving Kids Initiative after 24 months to assess effectiveness and responsiveness.

## About Occupational Therapy Australia

OTA is the peak membership body representing occupational therapists nationally. We empower and elevate over 34,000 exceptional professionals who in turn work in partnership with individuals and communities to enable meaningful participation in the activities of life. We're the single, unifying connection point for occupational therapists in the nation, leading the profession through education, support, and advocacy, so every OT is informed, inspired and fulfilled in their profession.

As one of Australia's largest allied health workforces, occupational therapists provide essential supports across primary care, aged care, disability, mental health, veteran care and more.

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## About Occupational Therapy

Occupational therapists enable meaningful participation in everyday life activities by leveraging strengths and addressing barriers to function within personal, social and environmental contexts.

Occupational therapists partner with NDIS participants and children to build everyday living skills, increase independence and achieve meaningful participation in the activities, roles and situations that are important to them. Drawing on evidence-based, person-centred approaches, occupational therapists integrate biopsychosocial insights to recommend targeted interventions, strategies or accommodations that align with personal goals, and may include enablement via assistive technology or environmental modification where appropriate.

Needs assessment is firmly embedded within occupational therapy's scope of practice, grounded in tertiary level qualification and profession-specific models and frameworks. Occupational therapists are uniquely qualified to provide reliable and evidence-based advice on assessment, identification of needs and provision of therapy supports.

Please view OTA's capability frameworks for additional information about the occupational therapy role and scope relevant to supporting NDIS participants & children under the Thriving Kids Initiative via this link: https://otaus.com.au/capability-frameworks[ii]

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## What Government Intends: Thriving Kids Policy

The national model of Thriving Kids has been informed by the Thriving Kids Advisory Group led by Minister Butler and Professor Oberklaid OAM, and the Parliamentary Inquiry led by Dr Mike Freelander and Dr Monique Ryan.

The Government has made it clear that children with permanent and significant disability, including those with developmental delay and/or autism with high support needs, will continue to be eligible for the NDIS. The Thriving Kids Initiatives as agreed by the States & Territories will better support children aged under 9 with developmental delay and/or autism, with low to moderate support needs, through a more appropriate model of national model of supports, outside the NDIS.

Governments have agreed to invest $4 billion to deliver Thriving Kids. The Commonwealth is providing $2 billion, with $2 billion matched by states and territories. $1.4 billion of the Commonwealth's contribution will go directly to support states and territories.[iii] From 1 October 2026, children with developmental delay and/or autism with low to moderate support needs will start to access support through Thriving Kids. Thriving Kids will be fully rolled out by 1 January 2028. The Commonwealth, States & Territories will continue to finalise the national and local services to be delivered to support children and their families in each jurisdiction.

TIMELINE OF KEY THRIVING KIDS INITIATIVE EVENTS

- **On 6 December 2023,** National Cabinet agreed to establish Foundational Supports with targeted supports for children with developmental delay or autism and adults with psychosocial disability & mental illness.
- **On 20 August 2025,** Minister Mark Butler announced the Thriving Kids Initiative with targeted support for children under the age of 9 with developmental delay or autism.
- **On 22 December 2025,** the House of Representatives Standing Committee on Health, Aged Care and Disability released its report on the "No Child Left Behind: Report Into the Thriving Kids Initiative".
- **On 30 January 2026,** National Cabinet agreed to begin rolling out the Thriving Kids Initiative from 1 October 2026 and for it to be fully rolled out by 1 January 2028.
- **On 3 February 2026,** Minister Mark Butler released the Thriving Kids Advisory Group's Final Report.

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**"Commonwealth and State Delivery - Responsibilities for Thriving Kids**

**1. States & Territories will deliver the following within their jurisdiction:**

- Routine child development and health assessments checks.
- Navigation to support access to Thriving Kids supports.
- Programs and/or supports that assist families, carers and kin to support their child's development.
- Targeted supports including group and 1:1 allied health, low-cost assistive technology related to development; and more intensive capacity building to support families with complex needs/circumstances; with States to determine access to targeted supports and what supports are provided based on nationally consistent functional needs identification and triage arrangements. These supports should be provided in all settings where children live, learn and play.
- Information on Thriving Kids supports in their jurisdiction that is maintained on an ongoing basis and promulgated to the community and key workforces who interact with or may refer children for supports.
- State measures to assist workforce capability readiness in key sectors, including primary care and early childhood education and care and schools.
- Reporting required to support monitoring of reform and evaluation activities.
- Respond to the intersectional and diverse needs of communities including, CALD, with a strong focus on First Nations peoples.

**2. The Australian Government will deliver at a minimum:**

- National awareness raising around the signs of developmental delay/neurodevelopmental difference and the availability of services delivered through this reform. This will complement any state awareness raising activities.
- National online/digital/phone information and advice about early childhood development, Autism and available Thriving Kids supports. These will be designed to complement and connect with state localised information, advice and navigation offerings.
- Continue to investigate the extent to which National 3 year old GP health and developmental checks would align with state child development assessments and checks.
- National measures to assist workforce and build capability readiness in key sectors, including primary care and early childhood education and care and

schools. This will be designed to complement state workforce capability readiness activities.

- Respond to the intersectional and diverse needs of communities including, CALD, with a strong focus on First Nations peoples.
- National enabling elements.
- Reporting required to support monitoring of reform and evaluation activities.
- National evaluation of Thriving Kids (funding of the evaluation)."[iv]

"Thriving Kids Service Principles

**Domains of support:**

- **Improved awareness of developmental delay and neurodevelopmental difference.**

  Activities that support greater parent/family/kin awareness of childhood development and neurodevelopmental difference (including Autism) to support early identification where a child may be developing differently to their peers.

- **Early identification of children with developmental delay/neurodevelopmental difference**

  Routine child development and health assessments or checks.

- **Information and advice and navigation**

  National and local digital/phone-based information and advice on childhood development and Autism; and navigation support on where and how to access relevant supports.

  Information on available Thriving Kids supports that is maintained by all jurisdictions on an ongoing basis, and is readily accessible to the community and key workforces who interact with or may refer children for supports.

- **Best practice parenting supports and programs**

  Programs and/or supports to empower families, carers and kin with resources and skills required to assist and improve their child's learning and development through everyday activities. There is a soft entry to these supports/programs for the eligible cohort.

- **Targeted supports for children**

  Targeted supports including group and 1:1 allied health, low-cost assistive technology related to development; and more intensive capacity building to support families with complex needs/circumstances. Access to targeted

supports is based on nationally consistent functional needs identification and triage arrangements.

**Enablers**

- **Reporting and evaluation of Thriving Kids**

  Effective reporting and evaluation arrangements are recognised as essential to the operation of the National Model.

**Supports are:**

- Focused on outcomes.
- Cost effective.
- Child-centred, family-centred and strengths-based.
- Flexible and accessible, including for those with different intersectional needs.
- Evidence-informed, based on contemporary evidence/research, and lived experience of children, families and carers.
- Delivered predominantly in everyday settings that families and children already interact with (where children live, learn and play).
- Culturally safe, with ACCO, AMS and ACCHOs, where appropriate and available, prioritised as providers for programs/services for First Nations children and families, carers and kin.
- Delivered through flexible and effective service approaches in regional, rural and remote areas and thin markets.
- Effectively connected and integrated with related services and supports across the service ecosystem.
- Delivered by appropriately skilled workforces."[v]

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# What OTA is Seeing: Risks, Gaps & System Pressures

In response to the Thriving Kids Advisory Group's Final Report, Occupational Therapy Australia (OTA) is calling for State and Territory Governments to release a formal response about how the Thriving Kids Initiative will roll out in their respective jurisdictions. OTA also seeks a formal role in government reference groups across all jurisdictions, emphasising its position as the national peak body best placed to advise on the design, commissioning, funding, and workforce implications of the Thriving Kids Initiative.

In addition, OTA recommends delaying the commencement of the Thriving Kids Initiative beyond the planned 1 October 2026 start date to ensure the sector is adequately prepared for implementation, advocating for a slower rollout with genuine co-design. OTA further urges the establishment of nationally consistent approaches, including a shared definition of low to moderate support needs and the inclusion of occupational therapists as authorised professionals to conduct health assessments under the Thriving Kids Initiative.

## Scale and Complexity of Need

In order to design an effective Thriving Kids system of support, the specific nature and magnitude of the challenge we are facing in Australia must first be understood. First, 47% of children have some form of developmental delay.[vi] Secondly, just under half of NDIS participants are children under 15, and one out of every ten 6-year-old children is in the NDIS.[vii] These figures do not suggest that children are the problem; they point to a system-level gap in timely, accessible supports for families when developmental concerns first emerge. As the NDIS Review observed, when early support is not available through mainstream and foundational services, the NDIS can become 'the only lifeboat in the ocean'. In understanding the nature of the challenge, we can strategically identify where to target our efforts and investment, such as early intervention via the Universal Parenting Supports & Targeted Supports. This early intervention approach will help ensure more children and families get the right support earlier, reducing the number of children who need to enter the NDIS and supporting the success of Foundational Support and the Thriving Kids Initiative.

To respond to this challenge the Australian Government should focus its attention on a slower more successful rollout of Thriving Kids. The disability sector has consistently called for sufficient time to enable genuine co-design across all jurisdictions, development of strong safeguards, workforce planning, and appropriate piloting and testing prior to large-scale implementation. This delay must be used to strengthen readiness and address known gaps in the program. OTA is calling on all governments to

commit to a nationally consistent Foundational Supports & Thriving Kids framework, underpinned by minimum service standards, transparent intergovernmental agreements, robust oversight and accountability mechanisms and clear public implementation plans and reporting. Without these commitments, children and families risk facing fragmented systems, inconsistent access and widening service gaps.

Communities experiencing intersecting disadvantage are particularly vulnerable during system transitions i.e. Thriving Kids Initiative. Families who already face barriers navigating current systems due to language, cultural background, disability type, geographic location, or other intersecting factors will be most at risk when support boundaries shift. Redirecting these families to community systems without addressing existing access barriers will compound inequity and risk leaving children and families without essential supports.

OTA is concerned that the Thriving Kids Initiative may be too narrowly designed - both in terms of who can deliver services, and which therapies can be used. Currently, it appears the initiative may only allow government-employed staff to participate and may limit the types of therapies available to children with low to moderate developmental delay or autism.

OTA recommends that all State and Territory Governments adopt a more flexible model that enables a wide range of allied health professionals - including occupational therapists working in private practice, community hubs, early childhood centres, and schools etc - to contribute to the initiative. OTA also seeks a flexible approach to the therapies and assistive technologies that can be used, ensuring children receive support tailored to their individual needs.

## Lack of Clarity on “Low to Moderate”

OTA recommends the development of clear definitions for Thriving Kids, including for the term "low to moderate". There is a lack of clarity in the Thriving Kids initiative regarding how “low to moderate” developmental delay or autism is defined and applied in practice. The absence of a clear and nationally consistent definition creates uncertainty for families, service providers and assessors about eligibility thresholds and intended target cohorts. Without agreed criteria, there is a risk that interpretations will vary across jurisdictions and programs, leading to inconsistent decision-making and potential inequities in access to supports. This ambiguity also raises concerns about misalignment with existing assessment frameworks, including NDIS assessment approaches, which rely on more clearly articulated functional and developmental benchmarks. Clear definitions are essential to ensure the initiative is implemented consistently, transparently and equitably.

## Continuity of Supports and NDIS Transition Risks

There are two transitions points during which children are at risk of falling through the cracks and losing continuity of care. Both require the Australian Government's consideration.

First, OTA is extremely worried about the transfer of children from the NDIS into the Thriving Kids Initiative and the loss in the continuity of therapy supports for children provided by occupational therapists. OTA is also concerned with how the Australian Government will assess low to moderate support needs, and occupational therapists need to play a role in the assessment process.

Under Targeted Supports OTA is calling for the Australian Government to ensure occupational therapists can provide therapy supports within private practice via 1:1 sessions (as Thriving Kids Providers), and in other settings, including within a community hub, and within education settings such as early childhood centres and schools.

OTA is also concerned about what will happen to children when they age out of the Thriving Kids Initiative. Once a child turns nine, they will no longer be eligible for Thriving Kids. If the program is ineffective, poorly implemented, or not adequately funded, children's functional capacity may decline and their support needs could increase. This in turn may increase the number of children over nine entering the NDIS, or leave children without any support.

## Assessment Gaps

The available information relating to assessments is still incomplete, including missing details about who is responsible for conducting assessments, what assessment tools are used, how assessors are trained, and how clinical governance is maintained. These information gaps create inconsistency in assessment quality, limit confidence in decision-making, and increase the risk of inappropriate or delayed supports for children and families.

Employing occupational therapists to conduct assessments under Thriving Kids is critical, as they are trained professionals with expertise in child development, functional assessment, and evidence-based tools. Occupational therapists work within established clinical and ethical governance frameworks, ensuring assessments are standardised, culturally responsive, and defensible, while providing holistic insights that directly inform effective, equitable supports and early intervention outcomes.

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## Workforce and Provider Market Risks

The rollout of the Thriving Kids initiative presents workforce risks for occupational therapists, particularly in relation to capacity, readiness and distribution. Existing workforce shortages—especially in rural and remote areas—may be exacerbated if demand for paediatric and early-intervention services increases faster than supply. Without targeted strategies to support workforce transition, including clear role definitions, funded training pathways and implementation support, occupational therapists may experience increased workload pressure, role confusion, or disengagement. These risks could undermine service quality and continuity during large-scale rollout, particularly if the initiative relies on rapid expansion without adequate investment in workforce development and retention.

There are also provider market risks if private practice occupational therapy services are not explicitly recognised and integrated as Thriving Kids Providers. Excluding or ambiguously positioning private providers could reduce service availability, limit choice for families, and destabilise the existing provider market. Enabling occupational therapists to deliver supports across diverse settings—such as 1:1 private practice, community hubs, and early childhood and school environments—requires funding models and commissioning approaches that are viable and predictable. Failure to address market sustainability and provider engagement risks may result in uneven service coverage, reduced participation from experienced providers, and challenges sustaining the initiative over time.

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# Why Occupational Therapy Is Central to Thriving Kids

Occupational therapists are central to a Thriving Kids initiative because they are uniquely positioned to understand how children function in the contexts that matter most—at home, in early learning settings, at school, and in the community. Occupational therapy assessment goes beyond diagnosis to examine how developmental, environmental, sensory, and social factors interact to support or hinder everyday participation. This functional lens ensures needs are identified early, strengths are recognised, and supports are targeted to what children actually do, not just what they are expected to do.

Early intervention is most effective when it shapes developmental trajectories rather than reacting to entrenched difficulties, and occupational therapists are key contributors at this stage. Through developmental screening, observation, and evidence-informed intervention, occupational therapists address foundational skills such as self-regulation, motor planning, communication, and adaptive functioning. By working with families and educators early, occupational therapists help embed developmental supports before challenges compound, improving long-term outcomes across health, education, and wellbeing systems.

Occupational therapy practice is inherently family-centred and coaching-based, making it well suited to system-wide initiatives focused on sustainable impact. Rather than creating dependence on services, occupational therapists build the capability of parents, carers, educators, and frontline staff to support children in everyday routines. This approach recognises families as experts in their children, strengthens consistency across environments, and ensures that strategies are practical, culturally responsive, and able to be maintained beyond formal service contact.

At a system level, occupational therapists play a critical role in coordination, transition support, and workforce readiness. They are skilled at bridging services across early childhood, education, health, and community sectors, and at supporting key transition points such as entry to early learning or school. With a scalable workforce and expertise in embedding practice within real-world settings, occupational therapists are essential to delivering a Thriving Kids initiative that is preventive, integrated, and focused on lasting participation and wellbeing.

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# Recommendations

Thriving Kids is a well-intentioned reform with potential to improve outcomes, but premature rollout, unclear definitions, weak assessment pathways and workforce blind spots risk harming children, families and the existing early intervention system unless occupational therapists are embedded in design, assessment, delivery and transition.

**Recommendation 1: Governance, Transparency and Co-Design**

- Release Government responses: Require each State and Territory to release a formal response about how the Thriving Kids Initiative will roll out in their respective jurisdictions.
- Government Reference Group: OTA requests an opportunity to be part of Government Reference Groups at a Federal and State & Territory level to assist with the design, commissioning and funding of the Thriving Kids Initiative. As the national peak body representing occupational therapists across Australia, OTA is well placed to provide advice on the value of occupational therapy for children accessing Thriving Kids, and the potential impacts of policy changes on this vital workforce.
- Occupational Therapists to play a leading role in the rollout of Thriving Kids: Ensure occupational therapists are at the heart of creating the Thriving Kids Initiative in each State & Territory, and that they are playing a role in determining the types of supports and the types of Thriving Kids providers from a quality point of view.

**Recommendation 2: Timing and Safeguards**

- Slow Down the reforms: OTA understands Thriving Kids will start from 1 October 2026 and be gradually rolled out, however OTA recommends delaying the start date to allow the whole sector more time to be ready to implement the Thriving Kids Initiative. OTA calls for a slower, safer rollout of the Thriving Kids Initiative with real co-design.
- Stop the cuts to children's plans or the exiting of children from the NDIS: We are hearing disturbing reports that the NDIA is cutting children's plans or exiting children from the NDIS when Thriving Kids is not up and running. Thriving Kids needs to be fully established before the NDIA would consider transitioning any child to the Thriving Kids Initiative.

**Recommendation 3: Assessment & Eligibility**

- Nationally Consistent Definition: OTA is seeking to work with State and Territory Governments to establish nationally consistent approaches to the Thriving Kids

Initiative. This includes developing a uniform definition of low to moderate support needs for use in health assessments under the initiative.

- Occupational Therapist led Assessments: OTA recommends that occupational therapists be employed to conduct the assessments under the Thriving Kids Initiative.

**Recommendation 4: Service Delivery Model**

- Flexible Provider Eco-system: OTA is calling on State and Territory Governments to ensure that small and large private practice occupational therapy providers are explicitly recognised and included as Thriving Kids providers. Across Australia, many occupational therapists are deeply concerned that the proposed model may unintentionally exclude small practices, despite the fact that these practitioners are ideally placed to deliver high quality, timely, and family centred support to children aged 8 and under with developmental delay and/or autism who have low to moderate support needs.
- Enable occupational therapists to deliver supports through:
    - 1:1 private practice sessions
    - Community hubs
    - Early childhood and school settings

**Recommendation 5: Funding & Provider Participation**

- OTA recommends Governments clearly define requirements for becoming a Thriving Kids Provider
- Confirm funding mechanisms, including whether supports will be funded through:
    - Medicare items
    - Block funding
    - Alternative funding models

**Recommendation 6: Workforce & Transition**

- OTA is calling on the Australian Government to commit $1.4 million under the first phase of Thriving Kids to support workforce transition for occupational therapists, addressing concerns that many occupational therapists may need to

adapt business and service delivery models in response to the Thriving Kids rollout.

- The Government should also commit $2.3 million under the first phase of Thriving Kids to attract and retain rural and remote occupational therapists through incentives. Many occupational therapists are worried about the potential need to change their business model with the rollout of Thriving Kids.

**Recommendation 7: Accountability and Review**

- Conduct a formal review of the Thriving Kids Initiative after 24 months to assess effectiveness and responsiveness.

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# Ideas for the Implementation of Thriving Kids

OTA recommends the establishment of Government Reference Group at both Federal and State/Territory levels to guide the design, commissioning and funding of the Thriving Kids Initiative. OTA seeks formal inclusion in these groups to ensure that the initiative is grounded in contemporary evidence, takes full account of the role of occupational therapy, and reflects the realities and needs of the child and family support workforce.

As the national peak body representing occupational therapists across Australia, OTA is uniquely positioned to provide expert advice on the developmental, social and functional needs of children who may access Thriving Kids services. The occupational therapy profession brings a holistic lens that considers the child within their environment—home, school, community—and the everyday activities that underpin wellbeing, belonging, and participation. This perspective is essential for shaping policy settings that are not only clinically sound but also aligned with the initiative's prevention, early intervention and community-driven goals.

Formal OTA involvement in a Government Reference Group would enable:

- Co-design of service models: ensuring that Thriving Kids pathways reflect evidence-based and developmentally appropriate supports that promote participation, independence and family capacity-building.
- Commissioning that meets real-world needs: providing insight into workforce capacity, geographic distribution, multidisciplinary collaboration opportunities and the resources required to deliver sustainable, high-quality services across diverse communities—including regional, rural and remote areas.
- Assessment of policy impacts: identifying potential unintended consequences of program design on service access, provider viability and workforce retention, and offering solutions to mitigate these risks.
- Integration with other systems: supporting alignment between Thriving Kids and existing child development, disability, education, health and early years programs so that children and families experience coordinated and seamless supports.

Involving OTA in reference groups from the early design stage will ensure that Thriving Kids is built on a foundation of expert clinical insight and practical implementation knowledge. It will also help government anticipate long-term workforce needs, strengthen service quality, and ensure that investments translate into meaningful outcomes for children and families. This partnership approach aligns with best practice

in policy co-design and will contribute to a stronger, more sustainable child development ecosystem across Australia.

OTA also recommends that occupational therapists are central to the design and implementation of the Thriving Kids Initiative across each State and Territory, with a clear role in shaping both the types of supports delivered and the selection and accreditation of providers, to uphold quality, safety, and evidence-based practice.

## Design

Designing Thriving Kids as a flexible, inclusive service system requires intentionally broad parameters that recognise the diversity of the occupational therapy workforce. Occupational therapists work across a spectrum of settings—private practice, community health, education, NGOs, health networks, and specialist programs—and each brings distinct strengths, models of care, and connections with local families. By creating a framework that focuses on shared quality standards rather than prescriptive models of delivery, Thriving Kids can welcome this diversity and harness it as a core system capability. Flexibility in eligibility, service formats, and pathways ensures that occupational therapists can contribute meaningfully regardless of organisational size, location, or service philosophy.

A key design principle is enabling multiple modes of intervention—individual, group-based, parent-coaching, and community-embedded approaches—so that occupational therapists can tailor support to the strengths and contexts of children and families. This recognises that different providers have different infrastructures: private clinicians may excel in targeted early intervention, NGOs may provide culturally safe family-centred programs, and community health services may deliver multidisciplinary, wrap-around models. A flexible system allows each provider type to participate in ways that play to their strengths, while maintaining equitable access for families across the state.

To address the needs of vulnerable families—who are often navigating complex social, financial, cultural, or developmental challenges—the system must reduce fragmentation and create safe, contained pathways to care. By enabling all provider types to participate, families can access support closer to home, in settings they trust, without needing to navigate diagnoses, long waitlists, or siloed entry points. Importantly, the universality of Thriving Kids ensures that support is available based on developmental needs, not diagnostic labels, making services more inclusive for neurodivergent children and those with emerging or undiagnosed developmental differences.

States & Territories could consider a central coordinating structure—where the government allocates a pool of Thriving Kids funding to a specific organisation or entity (such as a new entity like Thriving Kids NSW etc or Foundational Supports NSW etc or

PHNs etc) to oversee tendering, quality assurance, and allocation—creates stability while maintaining provider diversity. This model is like the NDIS Model whereby entities are funded via the NDIA. This model allows multiple occupational therapists and organisations to join the system without the administrative burden of managing contracts directly with State or Territory Governments. It supports high-quality service delivery through consistent standards, transparent processes, and ongoing learning across provider types, while ensuring children and families receive equitable, responsive, and developmentally informed care across the state.

Governments could create a centralised panel of accredited or registered Thriving Kids providers, similar to existing health and disability procurement panels. Providers would undergo an assessment of quality, experience, safety, and workforce capability. Once accredited or registered, they could be commissioned directly to provide supports in their practice or at homes, in schools, early learning services, community hubs, or Child and Family Centres using Thriving Kids funding streams. This model reduces procurement burden for frontline services while ensuring high-quality, consistent therapeutic support across the State or Territory. This model also streamlines processes to ensure a balance between rigour and administrative burden for small or sole occupational therapy practices.

### Commissioning

OTA recommends moving away from commissioning based on organisational type (e.g., NGO-only) and instead use capability criteria to determine eligibility. Commissioners could evaluate:

- Demonstrated occupational therapist expertise in working with children and families
- Robust supervision models suited to early-career clinicians
- Clinical governance maturity
- Cultural capability and community partnerships
- Data collection and outcomes measurement systems

This model allows small and medium practices—where much of the paediatric occupational therapist workforce sits—to participate fully, expanding workforce capacity and enabling more diverse, community-connected service models.

Commission service ecosystems rather than single organisational models. This could include:

- Private practices

- Multidisciplinary clinics
- Community health services
- NGOs
- Public sector occupational therapist teams
- Aboriginal Community Controlled Health Services
- Allied health consortia

Mixed-provider ecosystems avoid bottlenecks created by single-provider models and allow occupational therapists to deliver services through structures that suit their workforce, geography, and clinical niche.

Short-term or pilot funding creates instability. Commissioners should offer:

- 3–5 year contracts
- Rolling extensions based on outcomes
- Contingency pools to expand workforce in high-demand areas
- Low administrative burden renewal processes

Stable funding allows occupational therapists to invest in staff, supervision, and advanced training—critical for paediatrics.

OTA also recommends cross-border commissioning agreements to enable providers commissioned in one jurisdiction to support families living or schooling across the border. Occupational therapists in border regions should be able to deliver seamless care without having to navigate multiple incompatible funding rules. OTA also recommends cross-jurisdictional recognition of government Thriving Kids provider accreditation. It would be onerous for cross-border Thriving Kids providers to have to apply for accreditation in multiple jurisdictions. Governments should consider a national governance structure or approach to support cross-jurisdictional consistency. OTA recommends commissioning supervision and workforce development as services. Allow providers to bill for:

- Clinical supervision
- Graduate development programs
- Mentoring
- Rural workforce placement support

This supports a sustainable pipeline of early-career occupational therapists—critical given the high paediatric demand and recruitment challenges.

To summarise key points OTA acknowledges effective commissioning model would include:

- Capability-based commissioning, where providers demonstrate workforce qualifications, supervision structures, outcome measurement, and clinical governance.
- Mixed-provider commissioning models, allowing private practices, community health services, NGOs, occupational therapists employed as public servants, and consortium partnerships to deliver services.
- Outcome-focused funding, where services are funded based on demonstrated outcomes and reach rather than organisational type.
- Flexible funding that allow delivery of a range of different service models to allow them to be responsive to local community need, extending impact and reach.

Financial sustainability should also be considered when designing commissioning models. Funding frameworks should include consideration of financial viability and service sustainability, ensuring that public funding is directed primarily towards supporting children and families, rather than being absorbed into large administrative structures.

Publicly available financial information indicates that some large non-government organisations have experienced ongoing financial performance challenges in recent years, while many smaller private providers have demonstrated the ability to remain financially sustainable and operationally agile, even within tight funding margins. These providers often operate with leaner structures and are able to adapt quickly to changing service demand.

## Funding

OTA recommends creating a flexible funding scheme under Thriving Kids that can fund various types of Thriving Kids providers.

Public Servants employed under Thriving Kids

Any person employed as a public servant under the Thriving Kids Initiative will be directly funded by the State & Territory Government Department, such as the Department of Health etc. OTA notes that it will often be more cost effective for Governments to fund

private entities such as small private practice occupational therapy services, as they are already ready to support children now under the Thriving Kids Initiative.

Thriving Kids Providers – Funding Options

It is vital that Thriving Kids Providers are dealing with one entity for funding. State & Territory Governments could establish a sub entity such as Thriving Kids NSW etc or having funding go through, for example, Primary Health Networks. If the payment system is bureaucratically complex and the administrative burden is high, this will deter health professionals from being productive under Thriving Kids.

a) Block-Funded Targeted Support

Providers—such as Occupational Therapists, Speech Pathologists, psychologists, and multidisciplinary teams—would tender for blocks of funding to deliver targeted supports. For example, a provider may receive funding to deliver a certain number of hours of targeted intervention over 12 months, including 1:1 therapy blocks, consultation with early childhood educators, school engagement, and parent coaching. This structure supports predictability for both providers and government, while ensuring interventions are intensive, goal-driven, and time-limited. Reporting requirements—such as outcome measures and GP/school feedback—ensure transparency and accountability. This model also ensures flexibility at the local level, allows contracts to be tailored to community priorities, and positions providers to form long-term relationships with early childhood settings, schools, and families.

b) Tiered Tendering Model for Group Programs and Targeted Support

Governments could adopt a multi-tiered tendering model that funds both universal group programs (Tier 1–2) and more intensive targeted therapies (Tier 3). Under this framework, providers apply separately for:

- Group and parent support funding to deliver early intervention groups, school readiness programs, family workshops, etc.
- Targeted intervention funding for specialised occupational therapy, speech pathology, psychology, nursing, or social work support.
  This dual-stream approach encourages a mix of community-based preventive programs and individual supports, ensuring children progress through lower tiers before accessing more intensive therapy—a design that helps control costs while supporting early intervention.

c) Workforce Funding

Since workforce shortages are a major barrier to service expansion, States & Territories could include workforce transition payments as part of the funding model. These payments could support private allied health professionals transitioning into Thriving Kids roles, covering activities such as onboarding, upskilling in early childhood frameworks, supervision requirements, or initial set-up costs for service delivery in schools and community settings. A "funding plus workforce package" model increases provider participation and reduces administrative burden, especially for smaller or rural services.

d) Outcome Based Funding

Governments could adopt an outcomes-based funding model, where part of the payment is tied to measurable improvements such as functional gains, communication skills, or school engagement. To minimise risk for providers and ensure sustainability, an initial base payment could be provided to cover service delivery, with additional funding awarded when agreed outcomes are met. This model encourages quality while recognising the challenges of delivering services to children with complex needs or in remote communities. It also aligns well with Thriving Kids' emphasis on evidence-based, measurable intervention.

e) Medicare Items

OTA expects that a Medicare Item will be created for the health assessments under Thriving Kids Initiative; but OTA is keen to understand if other Medicare items will be created to fund either or both universal parenting supports or targeted supports under Thriving Kids.

For example, will the Medicare Benefits Schedule (MBS) fund GP Chronic Condition Management Plan or the Complex Neurodevelopmental Delay /Disorder Program under Thriving Kids.

## Early Identification & Connection to Supports

Early identification of developmental delay and disability has been clearly established in evidence and in policy reviews, frameworks and strategies as a foundation for maximising outcomes for children and families. Early identification and the approach to assessment will be critical to Thriving Kids and should incorporate best-evidence practice as identified in National Best Practice Framework for Early Intervention.[vi] Early

intervention and how assessment is undertaken should be a priority focus for Thriving Kids.

OTA welcomes a **national 3-year-old health and development** check via the MBS to provide a consistent and universal opportunity for detecting delay. OTA recommends that children have access to screenings earlier than 3-years-old, as early as possible. Checks should be deliverable by GPs, nurses, Allied Health Professionals including occupational therapists etc, as well as Aboriginal Health Workers and ACCHOs, which will increase access and cultural safety.

Early intervention, support and access to assessment should be implemented across a wide range of settings, particularly mainstream settings in an integrated and consistent approach. This needs to be supported by training health professionals, educators and other key workers to develop the skills and knowledge to monitor for potential signs of developmental delay and/or autism. This should be complemented by access to more specialised occupational therapy expertise to support verification and assessment.

OTA members have expressed feedback on the need to get the early assessment pathway right under Thriving Kids, as too many children full through the cracks, as evidence by the following case study:

> *"An example - I saw an 8 year old child for the first time recently, whose family had 'been through' what was available to them within the Country Health Connect ECI service (OT and briefly SP) in his earlier years and then discharged based on age with very little gained from that support as it was brief, infrequent and narrow in scope.*
>
> *The child had a regular and consistent Paediatrician who had diagnosed ADHD and prescribed medication, and the child had seen a psychologist locally for some time. Despite other services having provided support in earlier years, not once had this family been listened to and assessments progressed in a way that allowed better understanding what was happening for this child. The lack of thorough, skilled, and comprehensive assessment meant that what would have been glaringly obvious to an experienced OT in the earlier years, was entirely missed, left unsupported, with no targeted intervention, and the daily challenges persisted."– OTA Member and Occupational Therapist*

The Thriving Kids model appropriately recognises that access to support should not depend on diagnostic labels and that assessments should focus on understanding a child's functional support needs. However, there is limited emphasis on the training,

expertise, and professional judgement required of those conducting these assessments, as well as the selection and use of appropriate assessment tools.

Greater clarity is needed regarding who will undertake assessments, the level of training required, and the standards that will guide assessment practice. It will also be important to ensure that the tools used are validated, fit for purpose within the Australian context, and appropriate for identifying functional needs in young children across diverse communities. Without clear guidance on practitioner capability and assessment standards, there is a risk that assessment processes may be applied inconsistently.

Assessment processes should support timely access to intervention, rather than delaying support. Instead, assessment should function as a pathway to identify the best match between a child's assessed needs and the most appropriate level of support, ensuring children and families can access the "just right" supports at the right time.

Parents and caregivers should play a central role in defining goals, priorities, and outcomes throughout the assessment and intervention process. Families bring essential knowledge of their child's strengths, routines, and everyday environments, ensuring supports are meaningful, practical, and aligned with what matters most to the child and their family. Parent choice is paramount.

OTA supports the following points:

- The Thriving Kids model emphasises identification of developmental delay and neurodevelopmental differences as early as possible, recognising that supports are most effective in the early years.

- Identification is understood as an ongoing process, not a one-off event, with multiple opportunities across health, education, and community settings.

- Thriving Kids strengthens early identification across the broad network of adults who interact with children aged 0–8, including:

    - **Parents, carers and kin** who first notice concerns.
    - **Community workers**, such as playgroup facilitators and cultural liaison workers.
    - **Health professionals**—GPs, paediatricians, child and family health nurses, allied health, including occupational therapists.
    - **ECEC educators and school teachers** who observe children in everyday learning environments.

    These diverse touchpoints ensure a **"no wrong door"** entry into supports once a concern is identified.

- Access to supports **does not require a diagnosis** to avoid delays.
- Assessments should focus on **functional needs, goals, and strengths**, not rigid diagnostic criteria.
- Ensuring **First Nations families** can choose culturally safe identification and support pathways via ACCOs and ACCHOs.
- Designing approaches responsive to **CALD families**, including interpreters and culturally relevant information.
- Ensuring connection points exist for children not enrolled in ECEC or school (e.g., home-schooled children).
- Thriving Kids emphasises clear, updated **local service mapping** so all professionals can direct families to appropriate supports.

## Universal Parenting Supports

OTA is calling on the Australian Government and State & Territory Governments to allocate around 2% of overall funding under Thriving Kids to Universal Parenting Supports, which is around $80 million from the $4 billion allocated under Thriving Kids. Universal Parenting Supports should include:

- **Information, resources, and advice.**
- **Facilitated peer support.**
- **Supported playgroups.**
- **Family capacity building.**
- **Strengthening self-advocacy skills.**
- **Thriving Kids Access Forums for families.**

OTA is ready to work with all Governments to help prepare resources that would be extremely useful as a form of universal parenting support.

### Hold Thriving Kids Access Forums for families

OTA recommends Governments hold a series of Thriving Kids Access Forums in each Federal Electorate to give families vital information so their children can thrive. OTA believes the Government should commit $3 million to hold 150 forums around Australia at $20,000 each.

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One of the most important health challenges in Australia is tackling the growing rates of early developmental delay amongst children under the age of 9. Families are keen to hear from allied health professionals such as Occupational Therapists about best practice early intervention programs, so they can make decisions that help their children thrive. Holding a series of Thriving Kids Access Forums in each Federal Electorate will allow families to hear about local services, and give parents information about best practice approaches like National Best Practice Framework for Early Intervention.[vii] The ultimate aim is for children and families to be supported and empowered about how to navigate the new service landscape, access early intervention at the right time, and ensure that young children with developmental concerns, delay or disability and their families thrive. The Thriving Kids Access Forums could provide an information session, as well as a local provider showcase with tables of local providers showcasing their services, such as occupational therapy services.

OTA supports the following points:

- Recognise parents, carers and kin as a child's first teachers, central to development.
- Equip families with knowledge, skills, and confidence to support early development.
- Help children express their identities and interests in authentic, neuro-affirming ways.
- **Provide early support that may reduce the need for more intensive services later.**
- **Universal Parenting Supports information** should be nationally consistent, evidence-informed information. Delivered via online courses, webinars, short videos, social media content, live chats and simple tools (flashcards, documents & charts). Available on-demand and in multiple formats.
- **Facilitated peer support:** Peer groups for parents, carers and siblings. Must be inclusive and evidence-based in facilitation.
- **Supported playgroups:** Play-based development and social learning opportunities. Parents connect with educators, allied health, and each other.
- **Family capacity building:** Programs teaching parents how to support communication, play, social-emotional skills, and regulation. Delivered by trained facilitators including occupational therapists and integrated with community settings.

- Occupational therapists are highly skilled in delivering **coaching-based models of practice**, which focus on building the capability and confidence of parents and caregivers to support their child's development through daily activities such as play, mealtimes, dressing, and transitions. Coaching approaches are widely used across the paediatric allied health sector and have demonstrated strong outcomes for both children and families.

- **Parent coaching** is a core occupational therapy approach grounded in supporting participation in everyday life. It is important that this expertise is recognised within the Thriving Kids framework, rather than being treated as a generic skill that can be delivered without the relevant training and professional capability. Recognising the specialised contribution of occupational therapists in this area will help ensure coaching models are implemented effectively and achieve the intended outcomes for children and families.

## Targeted Supports

OTA is calling on the Australian Government and State & Territory Governments to allocate around 98% of overall funding under Thriving Kids to Targeted Supports, which is around $3.92 billion million from the $4 billion allocated under Thriving Kids.

Targeted Supports are designed for children aged 0-8 with low to moderate support needs who need more than universal parenting supports but who do not meet NDIS eligibility. Targeted supports aim to improve developmental outcomes through time-limited, goal-based supports delivered by qualified professionals including occupational therapists.

OTA is calling for flexible pathways so families can access targeted supports—whether through a GP, Child and Family Health Nurse, Thriving Kids providers, or other professionals such as occupational therapists. It is essential that families can be directly connected to targeted supports as soon as needs are identified.

OTA is calling on State and Territory Governments to ensure that small and large private practice occupational therapy providers are explicitly recognised and included as Thriving Kids providers, as they have vital institutional knowledge and are ready to deliver Thriving Kids targeted supports now. Across Australia, many occupational therapists are deeply concerned that the proposed model may unintentionally exclude small practices, despite the fact that these practitioners are ideally placed to deliver high-quality, timely, and family-centred support to children aged 8 and under with developmental delay and/or autism who have low to moderate support needs.

OTA is also calling for a flexible list of supports available under the Thriving Kids targeted supports program, rather than a rigid or narrow set of time-limited options. OTA understands that the types of support that could be provided include single-discipline support and multi-discipline support; but OTA requests to be on Government Reference

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Groups with each State & Territory to determine the lists of supports under the Thriving Kids targeted supports program.

OTA has concerns around the key worker model and whether key workers will have the relevant expertise. Key worker models are seen by many early childhood providers as best practice, and may be utilised as a default method of providing early childhood services. However, there is evidence to suggest that overreliance on these may jeopardise outcomes. In practice, the programs being delivered do not always align with the evidence underpinning a key worker approach. This may be due to several factors. It may be that providers do not understand when and how to implement key worker models based on the needs and preferences of the child and family; or that staff working in key worker roles may lack the scope, training and professional characteristics to work effectively in interdisciplinary key worker roles, or similar roles. Perhaps most critically, key worker models may be offered as independent services rather than as part of a team; which is contrary to the intent underlying the model.

If State & Territories proceed with a key worker model that will take a lead in coordinating support then occupational therapists would be well placed to be recruited as key workers, and to train key workers under Thriving Kids. Ideally, it is vital that one suitable allied health professional, such as an occupational therapist leads the requisite coordination with children and their families under the Thriving Kids targeted supports program.

**Assistive Technology**

OTA welcomes that low-cost Assistive Technology will be accessible under Thriving Kids and include Targeted Supports access to:

- Visual schedules, communication boards.
- Sensory tools (e.g., weighted lap pads).
- Adaptive utensils, positioning support.

These forms of Assistive Technology are low-cost, low-risk, and prescribed by allied health.

Thriving Kids should also support families while waiting for any targeted supports with practical, culturally responsive online and paper-based resources, as well as activities and strategies families can use at home to support development. Families could also receive a simple development ‘care plan’ explaining goals, supports, and expected outcomes.

OTA is calling on State and Territory Governments to clearly define the requirements for becoming a Thriving Kids Provider ensuring that occupational therapists across private practice, community hubs, community-based services, and education settings can participate in the initiative. OTA is also seeking clarity on how Thriving Kids Providers will

be funded - for example, whether funding will be delivered through new Medicare items, grants, or another mechanism.

**Types of Thriving Kids Providers**

OTA recommends a flexible approach to becoming a Thriving Kids provider, so occupational therapists can play a role in multiple ways under Thriving Kids. For example:

- Employ Occupational Therapists as public servants to provide support in education settings.
- Allow small & large private practice occupational therapy providers to become Thriving Kids Providers.

**Delivery of Targeted Supports**

OTA recommends Targeted Supports under Thriving Kids be delivered in multiple ways including:

- 1:1 or in groups.
- In-person or via telehealth.
- In the home, Early Childhood Education and Care (ECEC), schools, or community hubs.
- Emerging or effective models.
- Always grounded in everyday environments where children live, learn, and play.

### *a) Targeted Supports by Small & Large Private Practice Occupational Therapy Providers*

OTA is calling on State and Territory Governments to ensure that small and large private practice occupational therapy providers are explicitly recognised and included as Thriving Kids providers. Across Australia, many occupational therapists are deeply concerned that the proposed model may unintentionally exclude small practices, despite the fact that these practitioners are ideally placed to deliver high-quality, timely, and family-centred support to children aged 8 and under with developmental delay and/or autism who have low to moderate support needs.

OTA members have expressed strong apprehension that the Thriving Kids reform risks reverting to a quasi–block-funded model, privileging large organisations at the expense of small business providers who currently form a critical part of the early childhood support ecosystem. As one member explained:

> *"There remain significant concerns in the private practice space that this is a return to block funding and if occupational therapists are involved, it will be through large organisations not small private practices or sole traders. I think*

*there's a lot of concern that Governments under Thriving Kids will not support private practices."*

The Value of Small Private Practice Occupational Therapists

Small private practice occupational therapists bring significant and unique value to children, families and communities, and their inclusion in Thriving Kids is essential for several key reasons:

1. They provide local, community-embedded services

Small and sole-practitioner clinics are often located in the very communities where families live, including regional, rural and outer-suburban areas that large providers frequently overlook. Their deep local knowledge allows them to tailor interventions to the contextual needs of families, schools, and community settings—leading to better long-term developmental outcomes.

2. They ensure faster access and reduced waiting times

Because small practices operate flexibly and are often able to scale or adjust their service mix quickly, they are critical in reducing bottlenecks in early childhood support. In many regions, small providers are the only reason families avoid long, developmentally harmful delays.

3. They deliver continuity of care

Families often develop long-term, trusted relationships with occupational therapists in private practice. Continuity of practitioner supports stronger therapeutic alliances, which are known to improve participation, family engagement, and functional outcomes for young children.

4. They are leaders in family-centred and neurodiversity-affirming practice

Small private practices frequently adopt innovative, evidence-informed models of care more rapidly than larger providers. They are often early adopters of neurodiversity-affirming frameworks, trauma-informed practice, strengths-based approaches, and parent-coaching methodologies—precisely the approaches championed in the Thriving Kids model.

5. They support workforce development and sustainability

Small practices are major employers and supervisors of early-career occupational therapists in Australia. Excluding them will:

- restrict training pathways,
- reduce clinical placement opportunities,

- shrink the local workforce pipeline, and
- heighten workforce shortages in areas already experiencing gaps.

6. They provide cost-effective, efficient, targeted support

Small providers operate with lower organisational overheads, allowing them to deliver targeted supports efficiently and often more affordably than large organisations. Their flexible service models also enable short-term, goal-oriented intervention—exactly the type of support Thriving Kids seeks to prioritise.

OTA recommends that State and Territory Governments create transparent pathways for sole, small, and medium occupational therapy providers to contribute to Thriving Kids Initiatives—particularly within the targeted supports component. A diverse provider market is essential to ensuring equitable access, reducing wait times, maintaining workforce sustainability, and delivering high-quality, child- and family-centred early intervention.

Types of Occupational Therapy Supports under Thriving Kids

OTA is also calling for a flexible list of supports available under the Thriving Kids targeted supports program, rather than a rigid or narrow set of time-limited options. OTA understands that the types of support that could be provided include single-discipline support and multi-discipline support; but OTA requests to be on Government Reference Groups with each State & Territory to determine the lists of supports under the Thriving Kids targeted supports program. OTA does not want to see a narrow group of therapy supports under Thriving Kids but instead, a flexible range of therapy supports that can be utilised, such as:

a) Skill-Building & Functional Capacity Supports

Occupational therapists provide therapy to improve functional skills across daily life, including:

- Fine motor skills (e.g., pencil grip, buttons, zippers).
- Gross motor skills (balance, strength, coordination).
- Executive functioning (memory, routines, organisation, time-management).
- Self-care skills (hygiene, toileting, dressing).
- Daily living tasks (public transport skills etc).
- Social participation skills (turn-taking, communication cues).

b) Sensory & Emotional Regulation Supports

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Many occupational therapy programs focus on helping participants manage how they experience their environment:

- Sensory regulation strategies (managing noise, textures, busy environments).
- Emotional regulation tools (e.g., calming strategies, Zones of Regulation).
- Sensory tools and consumables recommendations (often funded through Core Supports).

c) Low-Cost Assistive Technology (AT) Supports

Occupational therapists assess, trial, and recommend low-cost Assistive Technology equipment and supports needed for daily life for children.

***b) Targeted Supports in Education***

To fully tackle the rise in developmental delay or autism in Australia we need more allied health professionals such as occupational therapists working in education settings. For example, in 2025 there was an Occupational Therapist at Blue Haven Public School, and early identification facilitated children getting the supports that they needed to engage in school, which led to an 83% improvement in development.[viii]

More occupational therapists and allied health professionals are needed across ECEC and schools (across more than 13,000 early childhood services and 9,500 schools nationwide — the places where children spend most of their time), especially via 1:1 and group supports.[ix] It is vital that the model enables occupational therapists to support children across all education settings, and facilitate pathways for private occupational therapists to access education settings.

In the USA they have fully embraced an evidenced based approach of having over 30,000 occupational therapists in schools across America.[x] The American Occupational Therapy Association (AOTA) is advocating for a model of 1000 students per one occupational therapist, which would equate to over 60,000 OTs in American Schools.[xi]

In Australia there are very few occupational therapists working in schools, as the focus over the last 15 years has been the rollout of the National Disability Insurance Scheme (NDIS). The rollout of Thriving Kids presents an opportunity to mirror the approach in the USA of more occupational therapists in schools. OTA estimates that over 4,750 occupational therapists will be required to work under the Thriving Kids Initiative, which will include occupational therapists working in the over 13,000 early childhood centres and 9,500 schools in Australia.

In education settings, occupational therapists can relieve pressure on teachers and provide the necessary support to children with low to moderate developmental delay and/or autism.

**How do occupational therapists work in education?**

Occupational therapists play a vital role in helping students engage in the everyday routines and learning experiences that make up school life.

Occupational therapists support students to engage in all aspects of school life. From the classroom to the playground, from mealtimes to managing emotions, occupational therapists work to ensure every student can participate meaningfully and successfully in the everyday activities that make up school life.

Occupational therapists can support whole schools approaches, classrooms, small groups, or individual students. This may include building student skills, adapting environments, or modifying tasks to promote inclusion, access, engagement and participation.

Occupational therapists can be employed in a range of ways, and this will influence how they may work.

Occupational therapists could be employed:

- Directly as public servants by Government to work in ECEC or in schools.
- Small & large private practice occupational therapists could receive, for example, block funding to provide targeted supports both inside and outside education settings.

Regardless of employment and funding type, occupational therapists work collaboratively with teachers, families, care partners and students to support participation in learning and school life. Rather than working in isolation, occupational therapists work alongside students, educators, parents/caregivers and other supporting professions to develop solutions together to maximise student access to the curriculum. The focus is on exploring achievable and practical strategies that align with the flow and demands of the classroom and everyday school life.

Occupational therapists also work together with educators, sharing strategies, tools and insights that can be embedded into daily practices. This supports inclusive education for all students, not just those with additional needs.

Occupational therapy support is often best understood through a tiered model (such as Multi-tiered Systems of Support). In education, OTA recommends occupational therapists operate within Multi-Tiered Systems of Support (MTSS):

- Tier 1 (Universal): whole-class strategies, teacher coaching.
- Tier 2 (Targeted): small-group or short-term interventions.
- Tier 3 (Intensive): individualised, complex support.

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Examples of occupational therapy in action (non-exhaustive list:

Tier 1: Whole school/universal examples

- Conduct school-wide reviews to identify physical, sensory, attitudinal, and environmental barriers (e.g. classroom layout, acoustics, lighting, playgrounds, ramps).
- Contribute to school policies related to inclusion, participation, and accessibility.
- Deliver professional learning for teachers or parents on topics such as:
    - Regulation and emotional wellbeing
    - Motor skill development, milestones and strategies
    - Inclusive classroom strategies
    - Trauma-informed and neurodiversity affirming approaches

Tier 2: Group/targeted examples

- Programs targeting:
    - Handwriting, keyboarding and fine motor skills
    - Sensory regulation strategies
    - Emotions literacy (and interoception)

Tier 3: Individualised/intensive examples

- Provide 1:1 therapy supports.
- Create personalised programs to address specific goals (e.g. managing transitions, organising belongings).
- Recommend accommodations and adaptations (e.g. adapted tools and utensils, visual schedules, sensory tools, modified routines).
- Recommend assistive technology to enable access to school environments and the curriculum (e.g. specialised seating, adapted classroom furniture, computer access devices, mobility devices).
- Support participation in school excursions and camps by collaboratively planning with the student, school and family.

Occupational therapy is goal-oriented, practical, evidence based and student-centered, and success is measured on a student's engagement and participation in real-life tasks like:

- Using the playground safely
- Managing emotions in class

- Participating in group activities
- Recording schoolwork
- Being engaged in school routines

Occupational therapy offers a strengths-based approach, helping students, staff and families see what's possible when the right supports are in place.

OTA wants to work collaboratively with Governments to develop a national approach for occupational therapists working in education. We also wish to see the following points addressed:

1. **Increase access to occupational therapists in schools** - Increased funding; structural change; interface with NDIS.

2. **Increase awareness and understanding about the role of occupational therapists in the education sector** - parents, teachers, school leaders, health and other sectors, Education departments, public, Politicians /government.

3. **Ensure quality of occupational therapists in schools** - collaboration between occupational therapists; QA and Standards in the Sector, Training and Mentoring.

    a) networking

    b) Occupational therapist education

    c) Standards / QA

**Resources for Occupational Therapists in Schools**

OTA wishes to create an explainer for occupational therapists of T1, T2 & T3 models in schools and how each State or Territory is different. It would be helpful for OTA to develop an explainer about tiered approaches and occupational therapists in the Education sector – this could include terminology and models in various states / territories; examples and practices in all three levels.

Occupational therapists need resources to help them when they go into school settings and know about supervision, awards and other key information. Information about how occupational therapists are employed in Education; the expectations of different roles and funding models; requirement for supervision; registration; understanding about awards and agreements – an explainer for early career occupational therapists which they could take to potential or current employers. Development of a list of supervisors specific to the education sector. OTA wishes to work with Governments to ensure therapy services in schools deliver universal accessibility and inclusive individual support. Public

communications regarding occupational therapists in education should be inclusive, evidence-based, and person- & identity-first language grounded in a social model of disability. This should include a genuine focus on building trust with the disability community, including the autistic community.

OTA notes that JFA Purple Orange believes that the Thriving Kids initiative could act as a catalyst for Australia to commit to a comprehensive Inclusive Education Strategy:

> "...we strongly believe the development of the Thriving Kids initiative creates another impetus for Australia to commit to develop, fund, and implement an Inclusive Education Strategy across all education settings and to embrace the opportunities this would provide for all children to receive a high-quality inclusive education throughout their years of schooling. This is in line with the recommendations of all the Disability Royal Commission commissioners with lived experience of disability."[xii]

**Low-Cost Assistive Technology (AT) Supports**

Low-cost assistive technology (AT) plays an important role in supporting children to thrive in their everyday environments. These supports are typically simple, affordable, and practical solutions that enhance a child's ability to participate in daily routines, develop independence, and engage meaningfully at home, school, and in the community. Rather than focusing on specialised or high-tech equipment, low-cost AT often includes everyday items that can be modified or adapted to meet a child's functional needs and developmental goals.

A flexible, child-centred approach to low-cost assistive technology is essential. Children's needs, strengths, and environments vary widely, and what works for one child may not be appropriate for another. A rigid or prescriptive list of "approved" items can unintentionally limit creativity and responsiveness. Instead, low-cost AT should be viewed as a broad and evolving category that allows for individualized problem-solving, trialling, and adjustment over time. This flexibility supports therapists, families, and educators to identify solutions that are practical, sustainable, and meaningful for the child.

Low-cost assistive technology may include a wide range of items used to support fine motor skills, self-care, communication, sensory regulation, mobility, play, and participation. These items are often readily available and can be easily replaced or adapted as a child grows or their needs change. Importantly, the focus is not on the item itself, but on how it supports function, participation, and a child's ability to succeed within their everyday activities. When used thoughtfully, low-cost AT empowers children by removing barriers and enabling them to build skills, confidence, and independence in ways that feel natural and achievable.

## Occupational Therapy Workforce

Occupational therapists are university trained clinicians with a minimum of a bachelor's degree. They are regulated by the Australian Health Practitioner Regulation Agency (AHPRA) and have strict rules and guidelines regarding safe and ethical practice.

Occupational therapists work with children, their families and caregivers, and other members of interdisciplinary team, to assess support needs, identify meaningful goals and develop and deliver appropriate services and supports. These services and supports aim to promote meaningful participation, social connection, independence, and to protect and sustain physical and mental health.

Occupational therapists deliver highly skilled assessments services and therapies including:

- **Functional capacity assessments.** These require an understanding of the complex interplay between an individual's current skills and developmental challenges, task and environmental barriers, and access to resources and supports.

- **Comprehensive developmental assessments.** These involve identification of the specific skill-based challenges, as well as underlying developmental challenges, that impact on developmental progress.

- **Targeted capacity building interventions.** These require clinical reasoning for the development and implementation of this type of intervention, where indicated within assessments. For example, activities of daily living (ADL), or ADL training with children with physical, neurological and behavioural concerns or disability.

- **Assessment, recommendations and implementation of task adaptation, assistive technology and/or environmental modifications.**

- **Comprehensive assessment of environmental, neurodevelopmental, relational, sensory and sensorimotor contributions to behaviour where this is deemed 'challenging or concerning'.**

- **Engagement of and intervention with the family and caregiving systems.** This is undertaken to understand and support the needs of the child.

- Emerging evidence from the Best Practice Framework, heavily endorses the role and value of occupational therapy in working with this cohort. It refers extensively to evidence and examples from occupational therapy practice and the principles that underpin the work of the profession.

- Occupational therapy practice is rooted in occupational models that emphasise need to understand the child, their environment (physical, sensory, social, cultural, relational environments), and their occupations, wherein occupations represent everyday activities and routines. Occupational therapists draw on these models to work with children and families. This work includes developing collaborative goals, developing contextualized interventions that fit into the child's everyday environments, and ensuring that areas of developmental need are practiced and reinforced where needed most. This approach and focus is unique to occupational therapy training and practice.

**Measures to assist the current Occupational Therapy workforce to deliver Thriving Kids**

- Increasing access to high-quality paediatric placements and placement opportunities would help build capacity, especially in settings that model best practice and support a multidisciplinary approach.

- Structured and funded graduate programs, mentorship, and supervision must be embedded features of workforce development, not just optional add-ons, including supervision standards and communities of practice for peer learning to reduce workforce isolation.

- Dedicated resources and incentives for supervision, coaching, supporting student placements to address capacity gaps, especially in rural and remote settings.

- Alignment of practice and funding models (e.g., integration and communication between NDIS and Thriving Kids) is important – acknowledging the same workforce will likely be working across both NDIS and Thriving Kids so will need to support career pathways for professionals in both systems.

- Targeted micro-credentialling, interprofessional learning, and ongoing professional development are needed to empower the workforce to identify and

respond to early childhood needs and families, with flexible delivery modes, especially for those in rural/remote areas.

- Soft skills and relationship-building with families are essential. This includes skills for engaging parents who may be reluctant to act on developmental concerns, trauma-informed practices, and family-centred approaches.
- Collaboration and co-location of AH, early childhood, education, and primary health professionals will enable timely identification and support, but resource constraints will be a challenge.
- Information-sharing systems and clear, plain-language communication pathways would reduce duplicative work, confusion for families, and improve service integration.

**Measures to Grow the Workforce/Sector:**

- Short-term: Build placement and supervision capacity, offer incentives for placements in rural/remote regions, and leverage flexible learning pathways for workforce entry.
- Medium-term: Establish and recognise structured new-graduate transition programs, accredited continuing education, and embed child/family-centered practice in approach; include under-recognised roles such as lived experience and peer support workers.
- Long-term: Invest in workforce data capability, support career pipeline from university to professional/assistant roles, ensure sustainable funding models for training across sectors, and promote communities of practice.
- Ensure programs are evidence-informed, culturally appropriate, co-designed with lived experience, and outcome measures assess individual and community impact.

**Overview of State & Territory Views**

Through conversations with state and territory governments, jurisdictions have shared views about workforce challenges and opportunities for Thriving Kids. Some high-level insights are that Thriving Kids should seek to:

- Grow a strong, sustainable allied health and social care workforce, with emphasis on Aboriginal and Torres Strait Islander practitioners and those from regional/remote areas.
- Provide targeted training, professional development, and upskilling opportunities, including trauma-informed and culturally safe practices.
- Strengthen graduate pathways and recruit/train local support workers, therapists, and coordinators to build a skilled pipeline.
- Leverage existing providers, strategies, and partnerships with tertiary institutions, training agencies, and professional bodies.
- Support professional supervision arrangements to ensure quality and foster workforce sustainability.
- Address structural workforce shortages to reduce turnover and prevent cannibalisation across service systems.
- Explore innovative delivery models, such as virtual allied health services and group interventions, to improve access and coverage.
- Establish a national system backbone for data, quality, evidence, and workforce supply.
- Invest in initiatives that grow and upskill foundational supports and prepare the sector for transition to new service models.
- Developing skills in working within early childhood and school contexts – understanding and developing knowledge of the occupational therapist role within these contexts and support in working effectively with a range of stakeholders including educators.
- Clarity of roles – Clear guidelines around the occupational therapists role within different environments and service delivery models, including scope of practice and expectations.
- Support in developing coaching and consultative skills - to confidently upskill and assist a range of stakeholders including families and educators.

- Support in understanding and learning about the early childhood and education sectors – these are very different settings for allied health professionals to work in, particularly coming from a health/therapy setting or background. Understanding about the education sector and the challenges allied health professionals can face in working within this sector should be considered.

The State & Territory Governments should avoid:

- Assuming that the workforce can simply shift service delivery models without additional support or training.
- Applying rigid models – without allowing flexibility to respond to individual communities, settings or local contexts.
- Overlooking key components of effective care – such as collaboration and multidisciplinary working, by implementing models that restrict or limit these practices.
- Assuming that schools and early childhood settings already have a clear understanding of allied health, including professional roles, the supports offered and how to best utilise these to support children.

**Supporting the Thriving Kids Initiative Workforce Transition**

OTA seeks $1.4 million over two years to support up to 4,750 occupational therapists, as well as the broader Thriving Kids early childhood workforce in delivering the Thriving Kids Initiative (TKI), a national framework enhancing children's participation, wellbeing, and developmental outcomes through early childhood intervention.

This investment will:

1. Establish a digital platform hosting TKI resources, training modules, and professional networks.
2. Fund a specialist support team (3 FTE) to provide individualised guidance, operate a national hotline, and manage a Community of Practice.
3. Deliver digital tools and supports to increase access to workforce development and transition tools in rural and remote areas.

The proposal aligns with Commonwealth priorities under the National Early Years Strategy, National Autism Strategy, the NDIS Independent Review recommendations, and

the National Mental Health and Wellbeing Strategy by contributing to building and retaining a skilled, connected allied health workforce capable of delivering evidence-based, equitable supports for children nationwide. By June 2028, the program will support up to 4,750 occupational therapists to deliver TKI services consistently across Australia.

Occupational therapists are central to the success of the TKI's as the largest allied health group working in early childhood, with expertise across both NDIS and mainstream systems. Retaining and transitioning this workforce is critical; OTA's 2025 NDIS Provider Survey found that 61% of early childhood occupational therapist providers working in the NDIS are considering exiting the NDIS sector in the next 1–3 years.[xiii] Without targeted support, TKI risks workforce shortages, uneven service quality, and inequitable access, especially in rural and remote regions. Occupational therapists, many currently operating as private practitioners, will need to adapt their clinical practice, service delivery models and business models to meet the requirements of the new Thriving Kids system.

This proposal ensures that occupational therapists are equipped, connected, and digitally enabled to deliver nationally consistent early intervention and inclusion goals, and will strengthen thin markets through technology and professional collaboration.

**Thriving Kids will require interprofessional practice skills**

The Thriving Kids workforce requires strong interprofessional practice skills to ensure integrated, evidence-based support, as effective early childhood support depends on coordinated input from multiple disciplines and across sectors. Targeted interprofessional learning and development initiatives provide a shared foundation for professionals to communicate, plan, and deliver support in a unified way, rather than working in isolation. Co-ordinated learning encourages mutual understanding of different roles, and builds collaborative competencies. Success depends on targeted workforce development across occupational therapy, allied health, child health, early childhood education, and primary education sectors.

### Addressing Regional and Remote Workforce Gaps

OTA's Workforce Development Project and NDIS Provider Survey highlight ongoing barriers for rural and remote communities. Flexible, digitally supported models are essential to enable collaboration across distances and deliver equitable support.

### Targeted solution – a Thriving Kids Occupational Therapy Transition Support Program

OTA can deliver a Thriving Kids Occupational Therapy Transition Support Program (transition support program). This two-year program will deliver four key components targeted towards paediatric occupational therapists, while recognising that integrated support is essential for children and families. Some of the program's resources and tools

will be designed specifically for the occupational therapy workforce, while other resources will be relevant to the broader early childhood workforce.

OTA already has a suite of Practice Essentials, e-learning courses and a Capability Framework for occupational therapists working with children, young people and families. These resources provide a strong foundation for the transition support program.

## Program Components

### 1. Workforce Support and Capacity-Building Hub

A national OTA team to support practitioners, curate resources, and coordinates professional learning across the Thriving Kids workforce. The team will operate a national hotline and helpdesk, manage a Community of Practice, co-design and evaluate tools, engage with DoDHA and stakeholders to ensure resource relevance, and conduct evaluations to guide sustainability beyond 2027–28.

Staffing:

- 1 x Subject Matter Expert
- 1 x Project Coordinator
- 1 x Digital Advisor

Deliverable: Hub established by **Q1 2026–27**, supporting up to 4,750 occupational therapists and the broader Thriving Kids workforce.

### 2. National Digital Resource Platform

A centralised, accessible online platform within OTA's broader digital system, designed to share evidence-based early childhood and TKI resources. This will host a searchable library of tools, guides, and e-learning modules, and provide a digital home for the Community of Practice with forums and peer exchange. It will offer analytics to track engagement and inform updates.

Deliverable: Operational website by **Q2 2026–27**.

### 3. Digital Access and Inclusion for Rural and Remote Practitioners

Intended to strengthen equitable access to resources and support for practitioners in rural, regional, and remote areas. This will be achieved by developing a Rural Access Toolkit and a suite of telepractice and digital service-delivery tools, as well as providing digital literacy and onboarding support to help regional practitioners use the national platform effectively.

Deliverable: Toolkit and digital access infrastructure deployed by **Q3 2027–28**.

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**4. Network Engagement and Professional Development**

This component will build workforce capability, connectedness, and knowledge exchange through structured learning and collaboration. It will facilitate quarterly online events for the Community of Practice and deliver targeted professional development sessions aligned with identified workforce needs.

Deliverable: Quarterly events and ongoing network facilitation delivered across between **Q2 2026–27 until Q4 2027–28.**

**Expected Outcomes**

By June 2028, the project will:

- Train and equip up to 4,750 occupational therapists to deliver Thriving Kids, enhancing quality, consistency, and equitable access, including in rural and remote areas via digital tools.
- Establish a sustainable national network and digital infrastructure to support ongoing workforce capability.

This strategic investment will strengthen Australia's allied health workforce, supporting equitable, high-quality early childhood intervention. Success will be measured through practitioner participation, digital platform engagement, and self-reported readiness to deliver Thriving Kids services.

The proposal can be scaled to provide broader supports for a wider range of allied health professions and multidisciplinary resources. Future developments, such as an app and expanded communities of practice, would enhance access, usability, and long-term value of government investment.

**Data assumptions**

| Variable / Assumption | Calculation | Result | Source |
|---|---|---|---|
| Total registered occupational therapists (June 2025) | | 34,423 | AHPRA |
| % working in paediatrics | 33,462 × 20.3% | ≈ **6,794** paediatric OTs | OTA Workforce Data Report |
| % of paediatric OTs working primarily with children aged | 6,794 × 70% | ≈ **4,756** OTs | OTA Estimate (see below) |

| | | | |
|---|---|---|---|
| 0–9 (Thriving Kids cohort) | | | |

**Rationale and Assumptions:**

- As of June 2025, 34,423 occupational therapists are registered in Australia.[xiv]
- Based on national workforce data, 20.3% (≈ 6,794) identify paediatrics as their principal scope of practice.[xv]
- We conservatively estimate that around 70% of these paediatric OTs (≈ 4,756) primarily work with children aged 0–9 years — the core Thriving Kids cohort — given:
    - Children aged 0–9 represent one of the largest participant groups in the NDIS.[xvi]
    - Over 346,000 children aged 0–8 and 287,000 children aged 9–14 currently receive funding under Capacity Building supports, with most funding for children allocated to Improved Daily Living (the primary source of OT services).

**Allocate funding to attract and retain rural and remote Occupational Therapists through incentives**

OTA also seeks $2.3 million over the first year of Thriving Kids to attract and retain rural and remote workers through incentives, such as:

- Relocation payments and subsidies.
- Rural practice business grants.
- Housing support.
- Student grants for rural background students/graduates who commit to return to rural/regional locations upon graduation.
- Funded clinical placements (student and supervisor funding). Comprehensive supervision is needed for graduates.
- Funded graduate programs or internships.
- Invest in telepractice infrastructure in regional/remote locations.
- Fund rotation programs that include a regional/remote rotation for typically metro based roles.

- Invest in Aboriginal and Torres Strait Islander workforce / communities.

It is important to point out that rural generalist roles are now available to deliver primary care in rural areas, so rural, regional and remote considerations need to be taken into account by TKI.

Alignment of practice and funding models (e.g., integration and communication between NDIS and Thriving Kids) is also important – acknowledging the same workforce will likely be working across both NDIS and Thriving Kids so will need to support career pathways for professionals in both systems.

Targeted micro-credentialling, interprofessional learning, and ongoing professional development are needed to empower the workforce to identify and respond to early childhood needs and families, with flexible delivery modes, especially for those in rural/remote areas.

OTA wishes to work with the Government on how best to allocate funding to attract and retain rural and remote Occupational Therapists through incentives, but one example is set out below:

- $1 million for relocation payments and subsidies for Occupational Therapists.
- $500,000 for a Housing Rental subsidy for Occupational Therapists living in regional and remote areas.
- $500,000 for clinical placements for Occupational Therapists.
- $300,000 in Telehealth initiatives for Occupational Therapists.

**OTA's Thriving Kids Workforce Data**

OTA can provide the following Thriving Kids Workforce Data to all Governments in Australia:

- AHPRA data sets - https://www.occupationaltherapyboard.gov.au/About/Health-profession-demographic-snapshot.aspx
- The occupational therapy profession is now sitting at over 34,000 registered occupational therapists - https://www.occupationaltherapyboard.gov.au/About/Statistics.aspx.

| Data Source: | Est. No. of OTs: |
|---|---|
| *OTA Bond Data 2025*<br>• OTs working in mental health | 1728 |

| | |
|---|---|
| • OTs working in paediatrics | 3594 |
| ***OTA Workforce Development Project 2021*** | |
| • OTs working in mental health (10.3%) | 3035 |
| • OTs working in paediatrics (21.3%) | 6277 |

- OTA's current and past members with an Area of Practice contains Paediatrics by State & Territory.

| Row Labels | Count of Member # |
|---|---|
| ACT | 93 |
| NSW | 1661 |
| NT | 45 |
| QLD | 1226 |
| SA | 560 |
| TAS | 62 |
| VIC | 1494 |
| WA | 469 |
| Grand Total | 5610 |

- OTA's workforce data from 2021.

Workforce data from WDP:

| Job Setting | 2021 Count | Percentage |
|---|---|---|
| Hospital | 4,171 | 15.5% |
| Group private practice | 3,009 | 11.2% |
| Community health care service | 2,990 | 11.1% |
| Disability service | 2,717 | 10.1% |
| Solo private practice | 2,438 | 9.1% |
| Not stated | 2,210 | 8.2% |
| Other private practice | 1,456 | 5.4% |
| Community mental health service | 1,405 | 5.2% |
| Residential aged care facility | 1,190 | 4.4% |
| Outpatient service | 1,151 | 4.3% |
| Rehabilitation/physical development service | 801 | 3.0% |
| Other government department or agency | 630 | 2.3% |
| School | 534 | 2.0% |
| Tertiary educational facility | 466 | 1.7% |
| Other commercial/business service | 268 | 1.0% |
| Domiciliary service | 246 | 0.9% |
| Other | 1,222 | 4.5% |
| **Total** | **26,905** | **100%** |

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# Equity, Inclusion and Community-Specific Considerations for Thriving Kids

## Culturally and Linguistically Diverse Communities

It is important for Thriving Kids to appropriately identify and respond to the specific needs of Culturally and Linguistically Diverse (CALD) children and families. Up to a quarter (26%) of all children entering their first year of schooling now come from a CALD background, according to the Australian Early Development Census.[xvii] Recent research from Uni SA and Settlement Services International has found that children from CALD backgrounds are more likely to be developmentally vulnerable at school entry than other children and much less likely to attend most types of early childhood education.[xviii]

It is essential that Thriving Kids is designed to include, and that funding is provided for, the delivery of programs and services in settings that enable or improve access for children and families experiencing these difficulties. Engagement and co-design with CALD communities will be important to ensure that services and setting are accessible, culturally safe and respond to diverse family and community needs.

Accessing NDIS services for people from culturally and linguistically diverse communities (CALD) can be challenging. More than 8 million people living in Australia were born overseas – these individuals speak 300 different languages.[xix] This language barrier can make it challenging for those families and individuals to navigate and access services and supports.

## Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander children are disproportionately affected by developmental delay, yet remain underserved by mainstream systems. This is in part due to structural racism and a lack of cultural safety in those systems. As identified by Indigenous Allied Health Australia (IAHA), in their submission to the Inquiry, Thriving Kids must commit to addressing structural racism and systemic barriers, and embedding cultural safety and anti-racism as legislative and program requirements. International models of early childhood support, such as those in Canada and New Zealand demonstrate the importance of culturally safe early intervention and community-led service design.

As stated by IAHA, to realise Thriving Kids' potential, the initiative must be grounded in cultural safety, a strong and diversified workforce, system integration, and genuine co-design with Aboriginal and Torres Strait Islander families and communities. IAHA's Cultural Responsiveness Framework provides sound guidance on cultural safety and cultural responsiveness. Equity also requires addressing rural and remote workforce

shortages and ensuring service access is not contingent on geography or socioeconomic status.

Aboriginal and Torres Strait Islander Australians experience higher rates of disability compared to Australia's general population. After factoring in age differences between the Indigenous and non-Indigenous populations, the rate of disability among Aboriginal and Torres Strait Islander Australians is almost double the rate among non-Indigenous people. However, the National Disability Insurance Scheme (NDIS) reports that the total proportion of First Nations participants in the NDIS is 8.1 per cent as of 30 June 2025.[xx] Of this, half of First Nations participants on the scheme are aged 14 and below. In addition, several stakeholders have raised that identification of disability, neurodiversity, and developmental delays can often occur later for First Nations people..

ACCHOs utilise an Aboriginal Community Controlled Model, that has been successful in achieving outcomes, and reducing costs to government.[xxi] ACCHOs are community-run primary healthcare services that provide comprehensive, culturally informed care for Aboriginal and Torres Strait Islander people. These services address not only physical health but also the social, emotional, and cultural wellbeing of individuals, families, and communities. There is an opportunity to leverage off that model and approach in the design and commissioning of Thriving Kids.

OTA recommends the adoption of IAHA's recommendations for Thriving Kids which include:

- Prioritise an interdisciplinary workforce that is culturally safe, to ensure success of Thriving Kids.
- Recruit and train Aboriginal and Torres Strait Islander allied health professionals across disciplines (speech pathology, occupational therapy, audiology, social work, psychology, etc.).
- Introduce mandatory cultural safety and anti-racism training for all Thriving Kids workforce members.
- Implement a clear national workforce strategy to avoid shortages that would undermine rollout.
- Link workforce development to government commitments in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework & Implementation Plan 2021–2031.
- Adopt international best practice by embedding First Nations co-design, leadership, and governance at every stage of Thriving Kids.
    - The provision of culturally safe case coordination and navigation services.
    - Implement strong accountability measures that include:

- Disaggregated data (including by Indigeneity, gender, geography) to monitor equity.
- Independent oversight and evaluation, with Aboriginal and Torres Strait Islander leadership.
- Outcomes frameworks that track cultural safety, workforce quality, and child and family wellbeing.

## Regional and remote needs and access

A key challenge for Thriving Kids will be to ensure there is equity regarding access to services for children located in regional and remote areas. Children in remote and very remote areas have much lower preschool enrolment rates, and when they are enrolled, they attend for fewer hours each week than children in cities or regional areas. The design, funding and delivery of Thriving Kids must recognise that, similarly to CALD communities, remote and regional communities may require additional supports to ensure that children and families can access services.

To maximise access to appropriately skilled practitioners, Thriving Kids should look to commission services in regional areas that utilise existing allied health providers. Solutions must offer face to face service options that link in with existing services and supports that families are accessing. As noted above, there cannot be an overreliance on digital or telehealth services in isolation.

There are also a broad range of sector-specific workforce challenges in rural and regional communities, such as:

- high costs and safety risks for staff driving long distances.
- people studying allied health degrees typically need to relocate to cities, and often don't move back to rural and remote areas after graduation.
- secondary teacher demand is expected to exceed supply, enrolments are rising and workloads are increasing.
- educators do not always have 'the time or the confidence' to make decisions about identifying at-risk children.
- short-term contracts do not incentivise new medical and allied health graduates to relocate or return to rural areas.
- caps on travel limits make it difficult for allied health professionals to provide services.
- pay discrepancies exist between nurses working for a local health district versus in communities.
- rural accommodation shortages.

A submission from the Regional Education Commissioner reported that only half (around 50 per cent) of children in regional areas and 43 per cent of children in remote and very remote areas are developmentally on track on all five domains measured by the Australian Early Development Census [AEDC].'[xxii]

## Complex family dynamics and needs

Thriving Kids must recognise and respond to the needs of families who are experiencing economic disadvantage and other complexities. Low socioeconomic families are less engaged in health and education services and more at risk of isolation and failure to recognise developmental needs of children. Analysis of the Australian Early Development Census has found that socio-economic disadvantage is the largest driver of developmental vulnerability for all children. Almost a third of children from CALD backgrounds living in the most disadvantaged socio-economic areas were developmentally vulnerable compared to 1 in 6 of their peers living in the most advantaged areas.[xxiii]

Parents with disabilities should also be supported in their parenting role. Consideration needs to be given to the complex interplay between children's and adult services, and the collaborative efforts required to support these families.

For these reasons, Thriving Kids must ensure that services are designed, funded and commissioned in a way that will enable flexible and responsive access to families that are experiencing a range of barriers to engagement in health, education and community settings, and ensure they provide tailored support for families to understand, access and navigate services.

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# Conclusion

OTA wants to work closely with all State & Territory Governments to make the Thriving Kids Initiative successful, and we are willing to partner and co-design the Thriving Kids Initiative with all governments. However, OTA warns that if governments rush the rollout or if they develop a narrow public service led initiative, then they could do irreversible harm to the care economy and to the occupational therapy sector that will have long lasting impacts. From the outset OTA wishes to be part of a government reference group to share our wisdom and knowledge about how to make the Thriving Kids Initiative a success.

OTA considers that occupational therapists need to play a leading and vital role in Thriving Kids, which will support a large cohort of children under nine years of age with low to moderate developmental delay or autism. In addition, all children, parents, and families could benefit indirectly through the provision of universal parenting supports and targeted supports.

However, OTA is also concerned about how the Australian Government will assess children with low to moderate support needs and believes occupational therapists must be actively involved in the assessment process.

Under the Targeted Supports stream, OTA is calling on State and Territory Governments to ensure that small and large private practice occupational therapy providers are explicitly recognised and included as Thriving Kids providers, as they have vital institutional knowledge . Targeted supports should also be accessible in community hubs and education settings, including early childhood centres and schools.

OTA is increasingly receiving reports that children are experiencing reductions to their NDIS plans or being exited from the Scheme altogether while the Thriving Kids Initiative is still in development. This raises significant concerns regarding children's access to essential early intervention supports during a critical developmental window.

The Thriving Kids Initiative has not yet been designed, resourced or implemented to a level that could safely and effectively absorb children transitioning out of the NDIS. Moving children prematurely risks:

- Loss of continuity of supports, potentially leading to regression in functional, developmental or behavioural outcomes.
- Increased pressure on families, including higher financial burden and greater reliance on mainstream systems that are not yet equipped to provide sufficient, specialised early intervention.
- Escalation of needs, which may ultimately result in higher long-term costs to government if early intervention opportunities are missed.

OTA strongly recommends that no child should have their NDIS supports reduced or be exited from the Scheme until the Thriving Kids Initiative is fully operational. This must include:

- A clearly defined service model with national consistency.
- A workforce strategy that ensures timely access to multidisciplinary supports across all regions, including rural and remote areas.
- Clear transition protocols, co-designed with clinicians, families, and sector experts.
- Assurance mechanisms to monitor safety, service quality and outcomes during transition.

Only once the new system is proven to be effective, accessible and capable of meeting children's developmental needs should the NDIA consider transitioning any child from individualised NDIS supports.

While the Thriving Kids Initiative is an important reform, its success will depend on governments meaningfully investing in a broader, robust system of Foundational Supports, as recommended by the independent NDIS Review. These supports act as the backbone of a more inclusive and sustainable system, providing targeted assistance to:

- Children with developmental delay and/or Autism
- Adults with psychosocial disability

OTA recommends that governments urgently fund nationally consistent psychosocial supports for adults outside the NDIS, including general and targeted foundational supports, while preserving NDIS access for people with complex and ongoing support needs. Foundational Supports must be developed in parallel with the Thriving Kids Initiative to ensure seamless support pathways and reduce unnecessary pressure on the NDIS. Strong Foundational Supports will:

- Provide earlier, more accessible intervention, reducing the escalation of support needs.
- Build capability within mainstream settings—including health, education, and community services—to identify and respond to developmental and functional challenges.
- Address current service gaps, particularly in mental health and psychosocial disability, where waiting lists and service access barriers are significant.
- Promote equity, ensuring that support does not depend solely on NDIS eligibility.

OTA emphasises that Foundational Supports must include:

- Multidisciplinary, community-based allied health services that are adequately funded and accessible without long waiting periods.
- Capacity-building programs for parents, carers, educators and community workers.
- A workforce plan that recognises the critical role of occupational therapists and other allied health professionals.
- Integration across government portfolios to ensure a cohesive ecosystem rather than fragmented, policy-siloed initiatives.

Investment in Foundational Supports will not only strengthen the Thriving Kids Initiative but also help create a sustainable disability and early childhood support system that meets children and families where they are, without reliance on the NDIS as the default support pathway.

Finally, OTA welcomes the opportunity to provide this submission to Governments on the Thriving Kids Initiative. We look forward to working with all Governments to support the implementation of an effective Thriving Kids system of supports.

OTA is available to brief Governments, Ministers, MPs and departmental officials on this submission. We are available at policy@otaus.com.au



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