Occupational Therapy Australia

House of Representatives Standing Committee on Health, Aged Care and Disability:

Inquiry into Thriving Kids

October 2025



Occupational Therapy Australia

Introduction

Occupational Therapy Australia

OTA is the professional association and peak representative body for occupational therapists in Australia. There are more than 34,000 registered Occupational therapists working across the government, non-government, private and community sectors in Australia[1]. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

About Occupational Therapy

Occupational therapy is a person-centred health profession concerned with promoting health and wellbeing through participation in occupation (activities). Occupational therapists achieve this by working with people with disability, including children with developmental delays and/or disability, to enhance their ability to engage in the occupations they want, need, or are expected to do; or by modifying the occupation or the environment to better support their occupational participation. Occupational therapists provide services across both clinical and non-clinical settings across the lifespan and have a valuable role in supporting children with developmental disorders including physical, intellectual, chronic and/or progressive disability.

Occupational therapists work in a diverse range of settings including small, medium and large private practice, rehabilitation settings, paediatric services, and community services.

Overview of OTA Submission

OTA welcomes the opportunity to provide input to the House of Representatives Standing Committee on Health, Aged Care and Disability Inquiry into Thriving Kids (the Inquiry).

OTA supports the development of a national system of foundational supports for children, through Thriving Kids. A national approach will ensure consistency and drive the design and implementation of a crucial system of supports for children and their families. Success will be contingent on the ability of states and territories to implement a national approach in a place-based way, that integrates well with other local service systems.

If well designed and implemented, Thriving Kids is an exciting opportunity to transform the early childhood service system for the better. In so doing, we can give children the best possible start in life and create greater efficiencies across the entire health and disability ecosystem. Below, we identify some crucial elements that must be included in the design and implementation of Thriving Kids to ensure that it meets its aims. We also

[1] Occupational Therapy Board of Australia (Australian Health Practitioner Regulation Agency), 2024; https://www.occupationaltherapyboard.gov.au/News/Annual-report.aspx

speak to the importance of language and communication regarding Thriving Kids, and the need to adequately define key terminology.

Occupational therapists are a key workforce who already provide support services to children and their families. They have significant expertise and a unique scope of practice and skillset, which can be leveraged to elevate the quality and efficacy of a new Thriving Kids supports system. We provide guidance on how to maximise the value of this core workforce below.

In addition to addressing the specific Terms of Reference, we outline some additional considerations for the Standing Committee. These considerations are vital to ensuring that the risks identified are mitigated and that Thriving Kids has the best chance of success.

It is also important to note at the outset that the proposed start date for Thriving Kids of 1 July 2026 is highly ambitious. It is important to ensure that programs and services are established, evaluated and found to be meeting the needs of children and families, and the aims of Thriving Kids, prior to removing NDIS supports. If not, children are at risk losing access to supports in the interim.

OTA's consultation with occupational therapists working in the early childhood sector

To ensure that the information provided to the Inquiry is rich, meaningful and current, OTA proactively initiated a consultation process with members.

During September 2025, OTA held a roundtable with leading academics and targeted consultation sessions with occupational therapists working across early childhood, schools, and community and other settings. OTA also collected information from members via an online survey. The information gathered during this consultation process has been incorporated into the submission below.

OTA's Advice to Governments paper

OTA has also invested significant resources into the development of an Advice to Governments[2] paper for the development of foundational supports for children and their families (Advice to Governments). This paper was co-designed with an Expert Advisory Group, convened specifically for this task. As the peak body for occupational therapists in Australia, OTA has taken this proactive approach to:

- support and guide the profession
- provide clear principles and policy guidance to assist with the roll out of foundational supports, and

[2] Occupational Therapy Australia. (2025). *Advice to governments on the development of foundational supports for children with developmental delay and disability*. Occupational Therapy Australia.

- provide guidance on how to best incorporate OT roles in a new system of supports
- The paper has been incorporated into OTA's response below and provides further detail regarding the key elements outlined. We encourage Standing Committee members to refer to the Advice to Governments paper in addition to OTA's submission.

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Recommendations

Recommendation 1: Clear definitions must be developed for Thriving Kids, including for the term "mild to moderate".

Recommendation 2: Language utilised in the design and implementation of Thriving Kids should be inclusive, evidence-based, and person- & identity-first language grounded in a social model of disability.

Recommendation 3: Public communications regarding the Thriving Kids program 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.

Recommendation 4: Language should be focused on children's functional and support needs, and whether they are able to meet the demands or expectations of the environment or situation - rather than on diagnosis alone.

Recommendation 5: Thriving Kids should specifically acknowledge the United Nations Conventions on the Rights of Persons with Disabilities and ensure that design and implementation align with the Convention's goals.

Recommendation 6: The cohort who is eligible for Thriving Kids needs to be clearly defined to ensure that children with disabilities who are not eligible for the NDIS can access Thriving Kids. In particular but not exclusively, children with ADHD, vision and hearing impairments, FASD, Down Syndrome, DCD and Cerebral Palsy.

Recommendation 7: Develop an early identification and access process for early childhood supports based on best practice that ensures streamlined and coordinated access to all appropriate mainstream and foundational supports, and NDIS supports if required.

Recommendation 8: Occupational therapists and other allied health professionals must be involved in the design and delivery of early identification, and delivery of tiered, interdisciplinary assessments that support access to programs and supports.

Recommendation 9: Supports should be delivered by occupational therapists and other allied health professionals as part of an embedded, interdisciplinary team approach that emphasises working closely with educators, caregivers and students.

Recommendation 10: Supports in educational settings should be made available in an equitable manner regardless of whether they are in government, religious or independent systems.

Recommendation 11: Services should be designed in collaboration with CALD communities to ensure they are accessible, culturally safe and respond to diverse family and community needs.

Recommendation 12: Funding must be provided to enable access to culturally appropriate and responsive programs and services. For example, enabling access to interpreters, translation of materials, etc.

Recommendation 13: OTA recommends the adoption of IAHA's recommendations to this Inquiry 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.

Recommendation 14: The design, delivery and funding of Thriving Kids must deliver equitable access for children and families in regional and remote communities through place based and commissioned services that meet children and families' needs in everyday settings and their communities.

Recommendation 15: Services provided under Thriving Kids must be designed, delivered, commissioned and funded in a way that enables flexible and responsive access for families that experience barriers to engagement in health, education and community settings.

This should include provision of tailored support for families to understand, access and navigate services.

Recommendation 16: Minimum capabilities in key areas such as developmental science, relationship-based approaches, reflective practice and parent and caregiver engagement must be mandated for Thriving Kids to meet the needs of families.

Recommendation 17: Establish the skills, scope and experience required by the early childhood workforce to deliver early childhood supports across a range of settings, and identify how they relate to evidence-based practice and the ability to successfully deliver different services and supports.

Recommendation 18: Adopt and actively implement the National Best Practice Framework for Early Childhood Intervention as the National Framework for Thriving Kids.

Recommendation 19: The Government should draw on the range of Strategies and Frameworks already in place to ensure that Thriving Kids provides evidence-based best practice supports for children with developmental delay and disability and their families.

Recommendation 20: Coordination of services and collaboration should be a key area of focus under Thriving Kids. This requires a commitment to supporting collaboration between different providers and services working across different funding programs and settings.

Recommendation 21: Funding must be available across all programs to support collaboration and coordination and must be flexible enough to accommodate for different combinations of service delivery; funding individual coordination roles will not create collaboration without enabling participation by all providers.

Recommendation 22 : Implement evidence-based best practice as identified in the Best Practice Framework, to ensure effective early identification and assessment is provided under Thriving Kids.

Recommendation 23: Skilled and qualified health professionals such as occupational therapists, should be recruited for assessment roles to ensure Thriving Kids effectively meets the needs of the children and families who require its services.

Recommendation 24: Ensure health professionals and other key workers including early childhood educators, teachers, and maternal and child health nurses are trained and supported to monitor for potential signs of developmental delay or disability and have access to more specialised occupational therapy expertise to support verification and assessment.

Recommendation 25: Thriving Kids should be incorporated into the National Early Years Strategy ensuring a coordinated and strategic approach across Disability, Health, Education and Social Services.

Recommendation 26: The Committee should recommend that the Thriving Kids Advisory Group consider how Thriving Kids contributes and connects to an eco-system of supports for children, that incorporates Thriving Kids, general and other targeted foundational supports and the NDIS.

Recommendation 27: Thriving Kids should include funding for assistive technology and home modifications.

Recommendation 28: Lead Practitioner or key worker models should be recognised as a means of providing coordinated supports for children and families that is sometimes appropriate but may not best align with evidence and needs. This model of delivery should be an option available for practitioners and families to consider rather than a default approach.

Recommendation 29 : Evidence-based decision-making (such as the guide developed under the National Best Practice Framework) should be utilised to support collaborative processes and team development.

Recommendation 30: Fund Thriving Kids and other targeted foundational supports for children with developmental delay and disability at a level that reflects evidence and supports access to an appropriately skilled and trained workforce.

Recommendation 31: Undertake formal, ongoing engagement with occupational therapists and other key allied health and early childhood professions to design and implement commissioning models for Thriving Kids. These models should enable participation by private sector allied health organisations of all sizes with demonstrated early childhood expertise, as well as public sector organisations.

Recommendation 32: New early childhood intervention service models, such as Thriving Kids, should allow for a range of different employment and contracting models, in order to:

- account for the differences in how individual states and territories, as well as rural and regional localities, provide support in mainstream settings;
- recognise that the workforce with the necessary skills and experience are spread across both public and private sectors, with the higher percentage now predominantly situated in private practice.

Recommendation 33: The design of new allied health Medicare items, including for Thriving Kids, should be based on the real cost of services, and not limited by arbitrary annual limits or inefficient referral requirements, and support collaborative team-based approaches.

Recommendation 34: Robust monitoring and evaluation processes be developed and funded, for the Thriving Kids system of supports, and for individual programs that will be delivered at State and Territory levels. to support continuous improvement of Thriving Kids.

OTA's Response to the Inquiry into the Thriving Kids Initiative

Background

In late 2023 the NDIS Review Panel released its final report, in which it outlined its proposals for a more integrated, multi-tiered system of early childhood services focused on meeting the needs of children and young people with developmental delay and disability, and their families. OTA supported the recommendations of the Panel for the development of supports for children outside the NDIS. OTA endorsed the Panel's position that for those who cannot access the NDIS, there are very limited options for support. This means that many families must resort to funding private therapies, or cannot accessing any services at all.

In 2024 the Department of Social Services commissioned a formal review of best practice in early childhood intervention and the development of a National Best Practice Framework for Early Childhood Intervention (Best Practice Framework) and supplementary resources and tools. This work was developed by a consortium of partners led by researchers at the University of Melbourne. It aims to guide practitioners, professionals and families to work together to make sure children with developmental concerns, delay or disability have the best possible start in life. The evidence review and consultation process for this work was extensive and robust. OTA welcomes the Government's recent release and endorsement of the National Best Practice Framework [3] and urges its adoption as the National Framework for Thriving Kids.

OTA supports, in principle, the development of Thriving Kids as a national system of supports for children aged eight years and under with mild to moderate developmental delay and autism, and their families, outside the NDIS. We particularly welcome the focus on early identification, and scaling and building on existing mainstream and community services that can better support families and children in settings they already are connected to.

[3] Australian Government Department of Health. (2025, September 29). *About the National Best Practice Framework for Early Childhood Intervention*. https://www.health.gov.au/our-work/national-best-practice-framework-for-early-childhood-intervention/about

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However, the lack of clarity and detail about what Thriving Kids will deliver and how it will be implemented makes it difficult to provide a robust response to the program and its concepts.

Therefore, the focus of our submission is to identify the key components that should be included in the transformational program that Thriving Kids could be; and the expertise that occupational therapists bring to working with children and families, and how they can contribute to the effectiveness of Thriving Kids.

The role of occupational therapists in Thriving Kids

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,[4] 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.

[4] Health Trajectories (2025). *ECI Framework.* https://healthy-trajectories.com.au/eci-review/ (Accessed on 29 Sept 2025)

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, where occupations represent everyday activities and routines.[5] [6] Occupational therapists draw on these models to work with children and families. This work includes developing collaborative goals, developing contextualised 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.

Key considerations for framing the development of Thriving Kids

The importance of language and definitions

Careful consideration must be given to the language used in both how Thriving Kids is described and defined, and in any public communication or information relating to Thriving Kids, and children with disabilities more broadly. This is for two reasons. First, to align with Australia's goals under the United Nations Conventions on the Rights of Persons with Disabilities (the Convention), and the NDIS Review's aims, inclusive, evidence-based, and person & identity-first is vital. Second, when language is not evidence-based and definitions are not clear, policy may not translate into practice well enough to achieve the outcomes and goals of the Thriving Kids program.

When incorrect or misused, language and communication can increase stigma and exclusion for children with disability and their families. This is because how we describe and talk about things in society directly shapes public perception, and policy, which has practical implications for how service systems are designed and implemented, and who has access to those service systems. This then impacts on health and disability outcomes for service users. How we talk about disability and people with disabilities also directly impacts on the experience and wellbeing of those people.

Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities and has therefore committed to the goal to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent

[5] Taylor, R. and Kielhofner, G. (2017). *Kielhofner's model of human occupation theory and application*. 5th ed. Philadelphia Wolters Kluwer

[6] Polatajko, H.J., Townsend, E.A. & Craik, J. (2007). *Canadian Model of Occupational Performance and Engagement (CMOP-E). In Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Wellbeing, & Justice through Occupation.* E.A. Townsend & H.J. Polatajko, Eds. Ottawa, ON: CAOT Publications ACE. 22-36.

dignity".[7] Inclusive, evidence-based, and person & identity-first language grounded in a social model of disability supports these aims and must therefore be central to Thriving Kids, and any public communications relating to it[8]. There is an opportunity in Thriving Kids to draw on the social model of disability and take a non-categorical approach, which will shape the development of Thriving Kids in a way that focuses on how best to set children up for success.

The current terminology being used in relation to Thriving Kids is imprecise and potentially harmful. Feedback from OTA's consultation to inform this submission was that the term 'mild to moderate' is causing confusion for families and the health professionals who work with them. It is unclear whether 'mild to moderate' refers exclusively to developmental delay and autism, or whether it also applies to mild to moderate disability more broadly. Further, it is unclear whether 'mild' and 'moderate' delay or disability will be equated with mild or moderate functional or support needs. If so, this is highly problematic as diagnosis does not equate to functional or support need. A focus on diagnosis alone can detract from a best practice, strengths-based and person-centred approach. The consequence of this is that services and supports provided will not well align to individual and family needs when Thriving Kids is implemented, compromising outcomes.

Further, the language used in relation to autism, particularly the implication that autism can be 'cured' or resolved with a defined program of support or intervention, is harmful. This narrative fails to acknowledge the broad and diverse presentation of autism as a lifelong neurodevelopmental condition and overlooks the importance of affirming each individual autistic experience as central to any intervention or support that may be considered. Contemporary best practice does not seek to 'fix' or normalize autistic traits.

Clarification is also required about whether the focus on autism and developmental delay excludes other conditions and disabilities from accessing Thriving Kids as the current language suggests an autism-centric program. If so, this overlooks many children and families who may not have access to NDIS supports now, or in the future. This potential failure to meet the needs of all children with disability and developmental delay risks leaving children and families without adequate support. In particular OTA members raised concerns about the exclusion of children with ADHD, vision and hearing impairments, FASD, Down Syndrome, DCD and Cerebral Palsy who do not meet NDIS eligibility criteria. It is vital that Thriving Kids adopts an inclusive approach that recognises and addresses the diverse needs of all children with disability and developmental delay.

Consultation participants were also concerned that terminology will impact on access to services and supports for those who need them, as eligibility will be unclear, and referral and assessment will be difficult. The

[7] Productivity Commission. (2004, July 14). *Chapter 2: Disability and human rights – Review of the Disability Discrimination Act 1992* [Review of the Disability Discrimination Act 1992]. Productivity Commission. https://www.pc.gov.au/inquiries/completed/disability-discrimination/report

[8] Shamsabadipour, A. (2025, February 13). *Disability models: Societal impacts and policy implications*. Springer. https://link.springer.com/rwe/10.1007/978-3-031-40858-8_409-1

assessment process that is adopted will be critical to ensure that a non-categorical approach can be taken and enable appropriate therapies be provided to children and families aligned with functional and family goals. Getting this right improves outcomes, and system efficiency.

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Underpinning Principles and Components for Thriving Kids

Through analysis of key programs, asking targeted questions, and drawing on OTA's Advice to Governments paper, we have extracted key principles and components that can inform potential models, for programs and the broader system design of Thriving Kids. We encourage the Standing Committee to include these components and principles in their final report.

The principles below should shape the design, delivery, and evaluation of services.

- **Co-design** – Services are developed with the involvement of those who use them, which in this case are children with developmental delay and disability and their families, as well as service providers.
- **Equity** – Services should be available to all families equally regardless of location, capacity to pay, or cultural, linguistic background
- **Inclusion and participation** – Services should be inclusive of all families, and enable them to be meaningfully involved in activities. Additional supports and adaptations may be needed to make

sure this happens. It is vital that Thriving Kids adopts an inclusive approach that recognises respects the diverse needs of all children with disability and developmental delay and their families and caregivers.

- **Universal and accessible services** – Services should be available to all children and families, not just those with a diagnosis, and accessible when and where they need them. Universal services should be supported by targeted services for at-risk children and families, and specialist services for those with complex needs.
- **Social model of disability**– Thriving Kids should be underpinned by the social model of disability, incorporating the active involvement of families, children and communities in identifying, planning, designing and implementing solutions to health issues and unjust health inequalities. It should not be based on the medical model which focuses on illness, diagnosis and deficits-based approach to disability and developmental delay.
- **Commitment to cultural safety** – Services that recognise and accommodate cultural preferences and practices and that respond to community needs and concerns. See further discussion of this under OTA's response to Term of Reference 3 below.
- **Commitment to a capable and sustainable workforce** – Workforce planning will be critical to ensure that new models of service delivery provide access to experienced providers with the scope and experience to deliver outcomes associated with their roles. Service models must ensure that private allied health practices of all sizes are able to participate in delivering supports.

The components below provide practical features, mechanisms, and approaches that can be used to implement the above principles.

- **Place-based and community focussed** – Funding and development of services should respond to local needs and issues and bring together families, communities and early childhood workers and practitioners to develop collaborative responses.
- **Family-led practices** – Effective care not only focuses on the cause of the stressor but also identifies and builds on the family strengths to support family functioning. Thriving Kids and other supports should be guided by the needs and concerns of the family while supporting parental capacity building. This will include embedding supports into daily routines and settings while also supporting parent and caregiver wellbeing.
- **Rural and remote access** – Ensuring availability of services in geographically isolated areas.
- **Best practice and evidence-based approaches** – Best practice involves a range of approaches including working with families and caregivers, working directly with the child, and parent and

peer-based activities. The new National Best Practice Framework for Early Childhood Intervention should be actively implemented as the National Framework for Thriving Kids.

- **Access to early intervention and assessment** –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. We identify examples of effective models for early identification and in our response to ToR 2.
- **Access to supports in mainstream settings** – Embedding programs in mainstream settings will be vital for the success of Thriving Kids. OTA also stresses that occupational therapy expertise in participation focused practice, in which the emphasis is on building the capacity of everyday settings to be accommodating and acceptable for children with diverse needs, should also be a priority . Examples of programs that enable access to supports in mainstream educational settings are provided below.
- **Workforce development –** Workforce development and support should be a key consideration for the development and implementation of Thriving Kids. Attention will need to be given in particular to the support required by recent graduates and early career OTs and other AHPs**.**
- **Workforce integration –** To support integration of services across sectors and services, there will need to be consideration of the makeup of the workforce and how it will be supported to work in a collaborative and consistent way across these settings.
- **System integration** – Thriving Kids services and practitioners need to be integrated into the local or regional service system and be embedded in everyday settings. There also needs to be integration within the disability support sector, and across sectors. This will help make sure support is holistic, consistent and easy for families to navigate.
- **Support for transitions** – Recognition will need to be given to the transition points for children, and their families and caregivers, between developmental stages, educational settings, as well as between and into health, disability, education and family support sectors
- **Cross-agency collaboration** – Recognition needs to be given to the complex interplay between agencies that many children and families have to navigate to get the services and supports they need. Cross-agency collaboration should be proactive and seamless, so families do not bear the responsibility of making these systems work for them.
- **Collaborative and Interdisciplinary approaches -** Building strong trusted relationships with children, parents, carers and families as well as between all practitioners involved is essential to ensure positive developmental outcomes and improved wellbeing. Teams which include a variety of expertise and knowledge have been a consistent part of international practice in ECI since the 1980s. Teamwork is one of the principles of the Early Years Learning Framework (2024).

The Early Years Strategy, 2024-2034, also emphasises the importance of collaboration and partnerships between families, practitioners and professionals.

OTA's response to the Terms of Reference

1. Examine evidence-based information and resources that could assist parents identify if their child has mild to moderate development delay and support parents to provide support to these children.

Occupational therapists play a vital role in supporting and building the capacity of parents and significant others in a child's life to identify developmental concerns early and facilitate connections between families and interdisciplinary supports.

Products and resources that that are evidence-based and applied appropriately, avoiding a one-size-fits-all approach, can be useful to build the capacity and understanding of parents and caregivers, in conjunction with in-person supports. Resources and information must be culturally responsive, easily accessible and supported by a collaborative, interdisciplinary team working around the child and family to ensure meaningful support.

Online tools and resources are also important, especially for those in rural and remote areas, single parents, working parents, and others who for a variety of reasons find in-person access to supports difficult.

OTA members who are experts in the provision of early childhood supports and resources have recommended the following evidence-based programs as effective. The resources listed below could provide a model, or be built upon, in the design and implementation of Thriving Kids. However, it is important to avoid an overreliance on information and resources so that children and families still have access to other services and supports.

Envisage Families

The program[9] aims to empower caregivers to feel confident and competent to navigate the experience of parenting a child or children with developmental concerns. The program provides free online workshops, resources, information, and tools. It is funded by the Department of Social Services, and developed by researchers from Australian Catholic University, McMaster University, Murdoch Children's Research Institute, and University of Melbourne. It is delivered across all Australian jurisdictions in partnership with a range of organisations.

[9] Envisage. (n.d.). *About us*. Retrieved October 3, 2025, from https://envisage.community/about-us/

Healthy Mothers Healthy Families

Taking a whole of family approach, this program[10] has been in operation since 2012, and has been DSS funded since 2018. It is an example of the effectiveness of the OT contribution to supporting mothers of children with disability. The website, and the content and design of the learning modules provided, are based on research findings by the authors of the site. It also draws on the experiences of many mothers of children with disabilities who have shared their stories or participated in research.

We Care Workshops

This online program[11] is founded on strong evidence and is codesigned and peer facilitated. The program and its outcomes were presented at the WFOT Congress in Paris in 2022, ISEI conference in Lisbon in 2025, and PRECI Conference in Surfers Paradise in 2024. Bhopti, McAdam, Mohitian, and Dissanayake (2025) presented *We Care* workshops for parents of children with Autism Spectrum Disorder, providing evidence of the program's effectiveness**.**[12]

Now and Next Program

This is a fully co-designed and peer led program. An independent evaluation by Murdoch Children's Research Institute assessed the Now & Next program, highlighting its positive impact on families of children with disabilities[13].

2. Examine the effectiveness of current (and previous) programs and initiatives that identify children with development delay, autism or both, with mild to moderate support needs and support them and their families. This should focus on community and mainstream engagement, and include child and maternal health, primary care, allied health, playgroups, early childhood education and care and schools.

During OTA consultations, occupational therapists highlighted effective programs operating across a range of settings. These are listed in **Appendix 1**. Through analysis of these programs, asking targeted questions, and drawing on OTA's Advice to Governments paper, we have extracted key principles and

[10] Healthy Mothers Healthy Families. (n.d.). *About* Healthy Mothers Healthy Families. https://healthymothers-healthyfamilies.com/about

[11] Shamsabadipour, A. (2025, February 13). *Disability models: Societal impacts and policy implications*. Springer. https://link.springer.com/rwe/10.1007/978-3-031-40858-8_409-1

[12] Bhopti, A., McAdam, C., Mohitian, S., & Dissanayake, C. (2025, August 28). *"We Care" workshops for parents of children with Autism Spectrum Disorder: Supporting and building parental capacity and re-engaging in parent occupations — A repeated measures pretest-posttest study* [Short oral presentation]. 18th International Congress of the World Federation of Occupational Therapists. https://www.xcdsystem.com/wfot/program/bzxHrTN/index.cfm?pgid=2300&sid=19176&abid=98538

[13]Moore, T. G., Fong, M., & Rushton, S. (2018). *Evaluation of Plumtree Children's Services Now and Next program*. Centre for Community Child Health, Murdoch Children's Research Institute.

components as we outlined above, that can inform potential models, for programs and the broader system design of Thriving Kids. We encourage the Standing Committee to include these components and principles in their final report.

As also noted above, the Standing Committee Should ensure alignment with the Convention and the principles underpinning it.

It also is important to note that due to the scarcity of previous program evaluations, with many of them rolling into or ceasing with the introduction of NDIS, the evidence base is not as robust as it could be. To avoid this issue in future, it is essential for funding to be allocated to evaluation of the programs funded under Thriving Kids, as well as the overarching system itself. This should be complemented by clear monitoring and reporting processes established alongside design and implementation. We discuss this further below in the Additional Comments section below.

Accessible Early Identification and Assessment

There are some existing and effective programs that identify developmental delay or other markers, and provide access to assessments by qualified allied health professionals, including occupational therapists. We expand on some of these below. Ensuring access to services and supports in early childhood settings will be crucial to Thriving Kid's success. This includes access to occupational therapy, especially in programs and settings where occupational therapy can best add value and be best utilised. Critically, OT assessment should occur in everyday environments, and not be separate to those settings, to be effective in promoting participation. For example, if an occupational therapist is working with a child in a school setting but is required to do so in a separate room and outside of the educational context, this will not be conducive to achieving a useful assessment.

Children's Centres for Early Childhood and Parenting The South Australian Department for Education established these centres as a result of a recommendation the South Australian 2023 Royal Commission into Early Education and Care[14] [15] OTA members highlight the effectiveness of families receiving supports through integrated service hubs where multiple services, including occupational therapy and other allied health, are co-located and work collaboratively.Importantly this model provides an accessible and supportive environment for identification, assessment and support. In the words of an OT member who is familiar with this program:

[14] Department for Education (South Australia). (2025, April 16). *Services and programs offered at children's centres and children and family centres*. https://www.education.sa.gov.au/parents-and-families/child-care-services/childrens-centres/services-offered-childrens-centres-and-children-and-family-centres (Accessed September 29, 2025)

[15] South Australian Government (2023, August 27). *Final Report*. Royal Commission into Early Childhood Education and Care. https://www.royalcommissionecec.sa.gov.au/publications/final-report

"Supporting families to attune and connect with their children in the early years is a huge focus of our work, but we also really look for what is the skill set and how can we support our clinicians in working in those relational frameworks."

SA expansion of preschool checks and access with support available from allied health professionals.

As a result of the Royal Commission's recommendation South Australia will be the first Australian state to introduce 30 hours of 3-year-old preschool from 2026, in recognition of there being "a growing number of children who are developmentally vulnerable in families from all walks of life in South Australia, so traditional targeting of particular cohorts for assistance will not reach every child who needs it."[16]

Alongside this, the Royal Commission recommended expansion of the existing definition of preschool beyond a program of teacher-led learning to the following:

- "Each individual child receives a learning entitlement (including any adjustments required) from an early childhood teacher operating with support from allied health and other professionals as required.
- "There is early identification of a child's developmental needs on site … and organised pathways to funded interventions, including providing those on site as appropriate.
- There are organised pathways to broader parental and community supports, including those provided on site as appropriate."(p36)

A key strength of this program will be that it provides not only access to early identification and assessment but also access to allied health and other supports to support the child in that setting.

National Medicare Mental Health Kids Hubs (formerly Head to Health)

OTA members also identified this service as an effective model to on which to base Thriving Kids[17]. This model builds on the findings of the National Children's Mental Health and Wellbeing Strategy (2021) and the Mental Health: Productivity Commission: Inquiry Report .

Head to Health Kids (as still branded in Queensland)

Head to Health Kids was identified as a particularly relevant model. Head to Health Kids is a secondary level service for mild to moderate mental health in children 0-12 years and their families with co-occurring complex, multiple, social adversities. Service programs are co-designed with lived experience,

[16] South Australian Government. (2023, August 27). *Final Report. Royal Commission into Early Childhood Education and Care* (p. 36). https://www.royalcommissionecec.sa.gov.au/publications/final-report

[17] Australian Government Department of Health, Disability and Ageing. (2025) *Medicare Mental Health Kids National Service Model https://www.health.gov.au/resources/publications/medicare-mental-health-kids-national-service-model?language=en (Accessed September 29, 2025)*

identified first nations providers and stakeholders to provide a culturally safe, place-based service with access to assessment, targeted brief interventions, and parent-child focussed work in partnership with local community. Allied health professionals, including occupational therapists, and other health professionals, work collaboratively, bringing together mental health and early childhood expertise. A diagnosis, or referral, is not required to access the service, and many Aboriginal and Torres Strait Islander people, and people of Culturally and Linguistically Diverse (CALD) backgrounds feel comfortable in seeking assistance through the service.

A leading paediatric occupational therapist with mental health expertise, described the key learnings and outcomes from this service model:

> *"We found that offering brief intervention focused on the families' goals and values aligned to certain functional areas and in an intersectoral way - health staff seeing kids at school, working along and with NGOS supporting DFV or Child safety issues, supporting GP appointments - resulted in the most successful outcomes. We found it stopped the "blocks" and allowed many more children and families to be seen. It was a much more sustainable model. Families were given time limited treatment to address a specific goal or concern at that point in time, but could return as much as they wanted, as long as it was aligned to a specific goal. Families responded well to this and any families that were significantly more complex were supported to "step up" into more tertiary orientated services, although our finding were that it was the families that often needed the connection (due to various adverse experience), not the children."*

Family and Child Wellbeing Locals (Victoria)

These services were established as a result of the Victorian Royal Commission into Mental Health, and were identified by Occupational therapists we consulted with as another example of an effective a model providing access to multi-disciplinary team to support families and children[18]. These services are free for children up to the age of 11 and their families, and no referral is required.

An evaluation of the South Melbourne service was undertaken in 2024[19] which assessed the service as providing a strengths-based, child-centred and family-focused service with flexible and tailored care for each family.

Good Start in Life for Young Children

[18] Department of Health, State Government of Victoria. (n.d.). *Children's Health and Wellbeing Locals*. Better Health Channel. Retrieved September 29, 2025, from https://www.betterhealth.vic.gov.au/childrens-health-and-wellbeing-locals

[19] Moore, T. G., Fong, M., & Rushton, S. (2025). The co-design of a children's health and wellbeing Local model of care in Southern Melbourne. *Journal of Paediatrics and Child Health*, 61(3), 345–351. https://doi.org/10.1016/j.jpeds.2025.01.007

This program provides an example of the importance of early identification in early childhood programs and supporting readiness for school, and shows the value of the involvement of occupational therapists across a range of programs[20]. It is a research project being undertaken by the University of Canberra and funded through the Medical Research Future Fund (MRFF).

Examples provided by OTA members also include programs that are in line with the Early Childhood Targeted Action Plan[21], which forms part of the implementation of Australia's Disability Strategy 2021-2031, such as:

Brighter Beginnings

This program is delivered through a New South Wales Health and Department of Education partnership to provide a 4-year-old health and development screening program to check progress across a range of domains[22]. The program is delivered in Early Childhood Education Centres (ECEC) settings across all NSW Health local health districts. Senior early childhood practitioners advise, however, that despite a number of positives, there are several issues with the current approach, with at least in some areas, checks are being carried out by early career staff with limited knowledge and experience leading to potential misdiagnosis and over-referral. This causes stress for families and places additional demand on services without increasing outcomes. This points to the importance of having workforce capability building supports in place, such as supervision.

North West First 1000 Days

This project is led by the University of Tasmania in conjunction with community-based stakeholders and is an important example of the importance of co-design and engagement with community members for successful outcomes[23]. It is focused on co-design community-led parent education across the north-west region of Tasmania, with parents, carers and professionals involved in the creation and testing of resources focused on children's critical first two years. It is funded by the Tasmanian Government until April 2026.

An OTA member working in this area described it as:

> *"[It's a] Family learning service and they're working with the community and they're working with the Council and then they're designing a project around what's needed for*

[20] University of Canberra. (2009) *A Good St*art in Life for Young Children https://www.canberra.edu.au/research/centres/hri/research-projects/a-good-start-in-life-for-young-children

[21] Department of Social Services. (n.d.). *Early Childhood Targeted Action Plan*. Australian Government. Retrieved September 29, 2025, from https://www.dss.gov.au/early-childhood/early-childhood-targeted-action-plan

[22] NSW Department of Education (2024). *Brighter Beginnings Program. https://www.wslhd.health.nsw.gov.au/Integrated-and-Community-Health/Child-Family-Health/brighter-beginnings*

[23] Burnie Works. (2024, April 12). *Launching – North West First 1000 Days*. https://burnieworks.com.au/launching-north-west-first-1000-days/

that community to provide the best outcomes for children and I think potentially those types of models where it's like, here's the community need and this is what we need. And here's the project I think that that could be a really good solution."

Victorian Early Assessment Clinic

This service is funded by the Victorian government and run by Olga Tennison Autism Research Centre (OTARC)[24]. It provides exemplar, multidisciplinary (including occupational therapy), neurodiversity-affirming diagnosis for children under three years of age with a high likelihood of Autism. It involves a 5-step assessment program that includes a combination of telehealth and in-person multidisciplinary assessments. At the conclusion of the program, families receive a comprehensive report and a personalised pathways plan.

Access to supports in mainstream educational settings

Mainstream education settings are settings in which almost all children must engage in, including those with developmental delay and disability. As such, mainstream settings should not only be made more inclusive but be recognised for their role in supporting early identification of developmental delay and disability. When inclusive and accessible, and with the right supports imbedded, these settings can assist children to achieve positive developmental outcomes[25]. Occupational therapy is a profession that is key to achieving this.

There is emerging evidence from current mainstream education programs that embedding occupational therapists within education systems leads to positive outcomes and is the most effective way to support children with developmental delay and disability in those settings. Occupational therapists are well established in many mainstream education settings and there is significant capacity to ensure consistent access to occupational therapists across jurisdictions and settings.

Occupational therapists work successfully within education departments at a strategic level, as therapists employed by education programs to provide in-reach support to ECEC and school services, and as part of ECEC and school teams. Occupational therapy training and practice is highly relevant to mainstream education settings, as a result of training and experience in community approaches that translate well into mainstream education settings.

OTA's Advice to Governments paper draws extensively on the expertise and experience of occupational therapists working in this sector to outline how the role of occupational therapists in mainstream

[24] La Trobe University. (n.d.). *Victorian Early Assessment Clinic*. Olga Tennison Autism Research Centre. Retrieved October 2, 2025, from https://www.latrobe.edu.au/otarc/veac

[25] Bruder, M. B. (2010). Early Childhood Intervention: A Promise to Children and Families for Their Future. Exceptional Children, 76(3), 339-355. https://doi.org/10.1177/001440291007600306

educational settings could be expanded to be more inclusive and effective in meeting the needs and goals of children and teachers.[26]

A focus on better inclusive practices in schools will be essential for the success of Thriving Kids. Mainstream education is failing neurodivergent children with over-representation in suspensions and exit from mainstream schooling. Occupational therapy expertise in participation focused practice and environmental modification, will be essential in developing an environment in which children with diverse needs are accommodated.

OTA has also developed key resources to support the roles of occupational therapists working with children, including an information sheet[27] which explains the role of occupational therapists in educational settings and the ways occupational therapists can support the school community, teachers and individual students.

It is important to note, however, that if embedded in schools and employed by education, the scope of occupational therapists is often limited to a focus solely on educational outcomes. This can be a very narrow view of the support needs of children and families from an early childhood early intervention perspective. With support occurring within school hours and school terms, it may not be effective for engaging with families, particularly those who work full time.

Consideration may also need to be given to how inclusivity is provided in some educational settings. Research shows that not all parents find inclusive settings are providing the supports their children with complex needs require.[28]

Approaches that increase access to occupational therapy and allied health support to identify and accommodate different needs have been identified by occupational therapists with expertise working in the early childhood educational sector. These examples should be considered as programs to build on to provide effective ways to improve services for children across mainstream settings.

Student Support Services

SA Department of Education Student Support Service[29], provides preschools and schools with professional learning and coaching support for educators, as well as more intensive services to develop

[26] Occupational Therapy Australia. (2025). *Advice to governments on the development of foundational supports for children with developmental delay and disability*. Occupational Therapy Australia.
[27] Occupational Therapy Australia. (2025). *Understanding occupational therapy in education*. https://www.otaus.com.au/resources/ot-school-flyer
[28] Ashburner, J., Tomkins, V., Taylor, J., Saggers, B., & Bobir, N. (2025). Mainstream or special education or somewhere in-between? What do parents of autistic students want and why? *Journal of Research in Special Educational Needs*, 25(1), Article e70032. https://doi.org/10.1111/1471-3802.70032
[29] Department for Education (South Australia). (2025, 22 September) https://www.education.sa.gov.au/parents-and-families/student-health-and-disability-support/support-services-for-students/student-support-services

support strategies as part of a team around the child approach. It includes access to occupational therapy through its Self-Regulation Service and the Service's School Buy-In Service**.**

Victorian Department of Education programs also fund occupational therapy roles in Student Support Services as well as in mental health roles. Employment of Occupational therapists in specialist schools and by private schools is also common.

Queensland Education Department provides funding to approved organisations to deliver services to support students with a disability through the Specialist Disability Support in Schools (SDSS) program. Therapy teams work collaboratively with schools, therapists and other agencies to support students, and integrating therapy into the classroom.

However, other jurisdictions such as Western Australia, may have no occupational therapists employed within the Departments of Education and have only a few occupational therapists employed directly by individual schools.

These examples show the current variation in the state and territory occupational therapy programs for children. A focus on increasing consistency of access and making programs more widely available nationally and across jurisdictions is critical.

Recommendation 7: Develop an early identification and access process for early childhood supports based on best practice that ensures streamlined and coordinated access to all appropriate mainstream and foundational supports, and NDIS supports if required.

Recommendation 8: Occupational therapists and other allied health professionals must be involved in the design and delivery of early identification, and delivery of tiered, interdisciplinary assessments that support access to programs and supports.

Recommendation 9: Supports should be delivered by occupational therapists and other allied health professionals as part of an embedded, interdisciplinary team approach that emphasises working closely with educators, caregivers and students.

Recommendation 10: Supports in educational settings should be made available in an equitable manner regardless of whether they are in government, religious or independent systems.

It is important to note that some of the examples identified above provide consultancy to schools and teachers, rather than on the ground support to students and teachers in the classroom. It is vital to also consider including programs in Thriving Kids where occupational therapists work together with teachers in classrooms to support outcomes for all children.

OTA highlights a number of research projects being undertaken to investigate models that effectively work in classrooms to deliver interventions that support outcomes for the individual as well as the class.[30] [31]

3. Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse.

There is a risk that Thriving Kids may create or exacerbate inequalities by further reducing access for children and families who are already experiencing the highest barriers to accessing services and supports. This includes (CALD) communities, Aboriginal and Torres Strait Islander communities, rural and remote communities, and those with complex family dynamics. While we speak to some of these issues below, we advise the Standing Committee to seek direct input from those communities. It is crucial to co-design Thriving Kids with CALD, Aboriginal and Torres Strait Islander, and rural and remote communities.

Culturally and Linguistically Diverse Communities

It is important for Thriving Kids to appropriately identify and respond to the specific needs of 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. Recent research from Uni SA and Settlement Services International[32] 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.

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.

Recommendation 11: Services should be designed in collaboration with CALD communities to ensure they are accessible, culturally safe and respond to diverse family and community needs.

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[30] Ray, K., Dally, K., Colyvas, K., & Lane, A. E. (2021). The effects of a whole-class kindergarten handwriting intervention on early reading skills. *Reading Research Quarterly, 56*(4), 607–627. https://doi.org/10.1002/rrq.365

[31] Southall, A., Philpott-Robinson, K., Lane, A., & Leonard, C. (2025). Australian teachers' perceptions of a co-taught self-regulation program. *International Journal of Educational Research, 122*, 102242. https://doi.org/10.1016/j.ijer.2025.102242

[32] Lam, B., McMahon, T., Beauchamp, T., Badu, E. & Brinkman, S. (2024). *Stronger Starts, Brighter Futures II: Exploring trends to promote the early development of children from culturally and linguistically diverse backgrounds in Australia*. Occasional Paper – Number 5. © SSI/ Education Futures University of South Australia 2024

Recommendation 12: Funding must be provided to enable access to culturally appropriate and responsive programs and services. For example, enabling access to interpreters, translation of materials, etc.

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 this 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[33] and New Zealand[34] 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[35] 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.

Recommendation 13: OTA recommends the adoption of IAHA's recommendations to this Inquiry 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.

[33] Employment and Social Development Canada. (2018). Indigenous Early Learning and Child Care Framework. Government of Canada. Retrieved September 29, 2025, from https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html

[34] Ministry of Social Development. (2024). The Child and Youth Strategy 2024-27. New Zealand Government. Retrieved September 29, 2025, from https://www.msd.govt.nz/about-msd-and-our-work/child-wellbeing-and-poverty-reduction/child-youth-strategy/index.html

[35] Indigenous Allied Health Australia. (2020). Cultural Responsiveness in Action: An IAHA Framework. Retrieved October 30, 2025, from https://iaha.com.au/wp-content/uploads/2020/10/IAHA_Cultural-Responsiveness_2020_v6-1.pdf

- 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.

OTA draws the Committee's attention to ASQ-TRAK[36] as the only culturally tailored developmental assessment for Aboriginal and Torres Strait Islander children and communities. It is a family centred tool which highlights a child's strengths as well as catching delays early. This will be an important tool to incorporate into Thriving Kids.

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.[37] 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.

Recommendation 14: The design, delivery and funding of Thriving Kids must deliver equitable access for children and families in regional and remote communities through place based and commissioned services that meet children and families' needs in everyday settings and their communities.

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[36] Strong Kids, Strong Future. (n.d.). *About*. University of Melbourne. Retrieved September 29, 2025, from https://www.strongkidsstrongfuture.com.au/about/

[37] Early Learning: Everyone Benefits. (2019). *State of early learning in Australia 2019*. Early Childhood Australia. http://www.earlychildhoodaustralia.org.au/our-work/submissionsstatements/state-early-learning-australia-report-2019

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[38] 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.

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.

The initial consultation documents from the Department of Social Services on foundational supports outlined a potential targeted foundational supports model in which the potential need for extra support where children have concerns across several developmental areas was acknowledged.[39] The recognition that this role would involve a focus on the family, including capacity building and emotional support to facilitate parental and caregiver wellbeing, was positive. Parents can only influence positive developmental outcomes for their child when they are also supported appropriately.

However, available information about Thriving Kids does not refer to children and families with more complex needs. Minimum capabilities in key areas such as developmental science, relationship-based approaches, reflective practice and parent engagement are essential for Thriving Kids to meet the needs of families.

Recommendation 15: Services provided under Thriving Kids must be designed, delivered, commissioned and funded in a way that enables flexible and responsive access for families that experience barriers to

[38] Commonwealth of Australia. (2025, August 13). 2024 AEDC results. Australian Early Development Census. Retrieved September 29, 2025, from https://www.aedc.gov.au/data-hub/public-data/2024-aedc-results

[39] Australian Government Department of Social Services. (2024, October). Foundational supports for children with developmental concern, delay and/or disability and their families, carers and kin: Consultation paper. Retrieved September 29, 2025, from https://engage.dss.gov.au/wp-content/uploads/2024/10/Foundational-Supports-Consultation-Paper.pdf

engagement in health, education and community settings. This should include provision of tailored support for families to understand, access and navigate services.

Recommendation 16: Minimum capabilities in key areas such as developmental science, relationship-based approaches, reflective practice and parent and caregiver engagement must be mandated for Thriving Kids to meet the needs of families.

4. Identify gaps in workforce support and training required to deliver Thriving Kids.

Defined Scope and Competencies

A key issue in terms of the early childhood workforce is the divide between those with clearly defined scopes, competencies, and discipline boundaries, which is a key foundation for interdisciplinary practice. This includes differences in terms of clearly defined capabilities and experiential or training requirements associated with paediatric and early childhood practice.

Educators are a key workforce in early childhood but often have little specific training or experience in developmental delay and disability. Training and professional development will be required for early childhood educators, and other health professionals to build this capability and understanding. Occupational therapists can have a role in working with workers in mainstream settings to support this capacity building.

Work should be undertaken to determine the skills and scope of practice required to provide safe and effective interventions in different areas of early childhood intervention across early childhood workforces. This should assist in identifying where role substitution can occur and where services should only be delivered by occupational therapists or allied health professionals.

Workforce development and support should be a key consideration for the development and implementation of Thriving Kids and other foundational supports for children. Attention will need to be given in particular to the support required by recent graduates and early career OTs and other AHPs, who may be required to take up roles to meet the demand under this new initiative. Mentoring and supervision should be built into service frameworks to support this workforce.

OTA's capability framework for working with children, young people and families

OTA's *capability framework for occupational therapists working with children, young people and families* outlines the capabilities (skills, knowledge and values) required for safe, effective and ethical occupational therapy practice in the early childhood space. The framework is supported by OTA's *Practice Essentials: Working with children, young people and families*, a comprehensive, evidence-based learning and development program. The Practice Essentials were developed in collaboration between OTA and leading universities to provide the foundational knowledge and skills required to meet the paediatric occupational therapy capabilities as outlined in the framework.

Together, these initiatives provide clear guidance on the scope of practice for occupational therapists in paediatrics by setting nationally consistent expectations of what safe and competent practice entails. They guide occupational therapists to recognise the boundaries of their role, apply evidence-based approaches, and uphold professional and ethical standards in complex practice settings. In doing so, they safeguard quality of care, build professional confidence and support accountability, ensuring children and families receive occupational therapy that is both effective and aligned with contemporary best practice.

There is a clear need for other early childhood workforces to develop and maintain similar standards for their own professions when working in early childhood roles. To achieve this, the Government should work with professional bodies of these workforces to establish workforce quality standards and specific professional training requirements, including on-the-job support and supervision, as the foundation for key roles in Thriving Kids and other early childhood models of supports.

Recommendation 17: Establish the skills, scope and experience required by the early childhood workforce to deliver early childhood supports across a range of settings, and identify how they relate to evidence-based practice and the ability to successfully deliver different services and supports.

5. Draw on domestic and international policy experience and best practice.

We identify domestic and international policy experience and best practice below and encourage the Standing Committee to consider this evidence in their final report.

Australian examples

Thriving Kids can and should build on and complement current government frameworks, strategies, reviews and policy documents. The newly endorsed and released National Best Practice Framework, highlighted in the Introduction above,[40] should guide the design and delivery of future early childhood practice, services and supports.

The evidence review and consultation undertaken for the development of the Best Practice Framework endorsed and supported occupational therapy practice, referring extensively to evidence and examples from occupational therapy practice and the key principles that underpin the work of the profession.

[40] Australian Government Department of Health. (2025, September 29). National Best Practice Framework for Early Childhood Intervention. https://www.health.gov.au/our-work/national-best-practice-framework-for-early-childhood-intervention (Retrieved September 29, 2025)

Recommendation 18: Adopt and actively implement the National Best Practice Framework as the National Framework for Thriving Kids.

Other key policy documents and strategies relevant to the implementation of Thriving Kids include:

- **The National Early Years Strategy 2024-2034**[41] – This Strategy sets out the Australian Government's vision to best support Australia's children and their families in the early years, to the age of five years. It is a whole of government approach that connects major reviews and reform activities across the early years system in areas such as health, early childhood education and care, disability and family support.

  The Early Years Strategy may provide a valuable platform for the development of Thriving Kids, as it monitors and assesses key reforms and outcomes across relevant sectors. Importantly the new National Best Practice Framework for Early Intervention aligns with this strategy.
- **The National Aboriginal and Torres Strait Islander Early Childhood Strategy**[42] – this strategy will be vital for consideration in developing the services framework, goals and outcomes to be achieved by Thriving Kids. Thriving Kids should support the Close the Gap goals and contribute to their achievement.
- **The Nest Wellbeing Framework** – developed by ARACY (Australian Research Alliance for Children and Youth) is Australia's first evidence-based framework for national child and youth wellbeing with six interconnected domains that support young people to thrive[43].
- **The National Framework for assessing children's functional strengths and supports needs in Australia**[44] – This Framework provides a consistent, evidence-based and culturally responsive approach for assessing, differentiating, and reporting children's functional strengths and support needs. It focuses on professional practice when working with children aged 0-12 years and their families. It can be used across relevant health, education, disability and community services to support all children, irrespective of whether they have a diagnosed condition or may receive a diagnosis in the future.

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[41] Australian Government Department of Social Services. (2024, May 7). *Early Years Strategy 2024–2034*. Retrieved September 29, 2025, from https://www.dss.gov.au/early-years-strategy

[42] National Indigenous Australians Agency. (2021, December 7). *National Aboriginal and Torres Strait Islander Early Childhood Strategy*. Retrieved September 29, 2025, from https://www.niaa.gov.au/resource-centre/national-aboriginal-and-torres-strait-islander-early-childhood-strategy

[43] ARACY. (n.d.). *The Nest wellbeing framework*. [Review of The Nest wellbeing framework.]. Australian Research Alliance for Children and Youth. Retrieved September 29, 2025, from https://www.aracy.org.au/the-nest-wellbeing-framework/

[44] Autism CRC. (n.d.). *Strength and Supports Framework*. Retrieved September 29, 2025, from https://www.autismcrc.com.au/best-practice/strengths-and-supports

- **The National Autism Strategy 2025-2031 and First Action Plan**[45] – This Strategy focuses on improving life outcomes for Autistic Australians of all ages, genders and cultural backgrounds. To deliver on this intent, this Strategy covers key reform areas including improving social connections, and improved access to services, healthcare, education and employment. Connected to the National Strategy is the National Roadmap to Improve the Health and Mental Health of Autistic People 2025–2035[46]
- **NDIS Independent Review Final Report[47] and supplementary analysis**[48] – The NDIS Review recommended (Final Report, Action 6.5) that early intervention supports are based on best practice principles. The Commonwealth has indicated its intention to support that recommendation by requiring future early childhood services funded by government to build upon this policy foundation.

Recommendation 19 – The Government should draw on the range of Strategies and Frameworks already in place to ensure that Thriving Kids provides evidence-based best practice supports for children with developmental delay and disability and their families.

International examples

There are several good international examples of early years support and wellbeing strategies and programs, that could be considered by the Standing Committee as providing best practice approaches:

- **Partnering for Change (Canada)**[49] – Partnering for Change (PC4) was initially developed for occupational therapists working in the Ontario school system with children with motor coordination challenges. Since 2008, P4C has been developed, refined and continually evaluated through both qualitative and quantitative research involving key representatives from government, health care decision-makers, service provider organizations, clinicians, schools, and families working with the researchers.

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[45] Australian Government Department of Health. (2025, January 14). *National Autism Strategy 2025–2031*. https://www.health.gov.au/resources/publications/national-autism-strategy-2025-2031

[46] Australian Government Department of Health. (2025, February 25). *National Roadmap to Improve the Health and Mental Health of Autistic People 2025–2035*. https://www.health.gov.au/resources/publications/national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people-2025-2035

[47] Australian Government Department of Social Services. (2023, October). *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme – Final Report*. https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf

[48] Australian Government Department of Social Services. (2023, October). *Working together to deliver the NDIS: Supporting analysis*. https://www.ndisreview.gov.au/sites/default/files/resource/download/NDIS-Review-Supporting-Analysis.pdf

[49] CanChild. (n.d.). *Partnering for Change*. McMaster University. Retrieved September 29, 2025, from https://canchild.ca/discover-canchild/current-studies/partnering-for-change/

- **The Child and Youth Strategy 2024-27**[50] (NZ) – This Strategy has a focus on supporting children and their families and whānau in the first 2,000 days.
- **He Pikorua**[51] (NZ) – is the practice framework for Ministry and learning support practitioners. Both these key documents provide valuable pointers to working with indigenous communities to address early childhood support needs.
- **Getting it right for every child in Scotland**[52] – (GIRFEC) GIRFEC is both an approach and framework used by services across Scotland to improve and uphold the wellbeing of children and their families.
- **Eurlyaid.**[53] – The European Association on Early Childhood Intervention (EAECI). EAECI was implemented in Portugal under a legal framework that requires health, education and social services to collaborate in the design and delivery of best practice for young children with developmental concerns, delay or disability in the early years.
- **UNICEF Global Report on Children with Developmental Disabilities** – This report proposes priority actions to accelerate individual-, family-, community-, and society-level changes to achieve inclusion and health equity. The report makes the case for greater investment and accountability to build inclusive and responsive multisectoral care systems for children and young people with developmental disabilities.
- **Head Start**[54] (US) – Head Start programs support children's growth from birth to age of five through services centered around early learning and development, health, and family well-being. It is a free program for families that meet low- income eligibility guidelines.

6. Identify mechanisms that would allow a seamless transition through mainstream systems for all children with mild to moderate support needs.

Coordination and Collaboration

[50] Ministry of Social Development. (2024, November). *The Child and Youth Strategy 2024–27*. New Zealand Government. https://www.msd.govt.nz/about-msd-and-our-work/child-wellbeing-and-poverty-reduction/child-youth-strategy/

[51] Ministry of Education. (n.d.). *Our Story*. He Pikorua. Retrieved September 29, 2025, from https://hepikorua.education.govt.nz/our-story/

[52] Scottish Government. (2022, September 30). *Getting it right for every child (GIRFEC): Policy statement*. https://www.gov.scot/publications/getting-right-child-girfec-policy-statement/

[53] EURLYAID – European Association on Early Childhood Intervention (EAECI). (n.d.). *EURLYAID – European Association on Early Childhood Intervention*. Retrieved September 29, 2025, from https://www.eurlyaid.eu/

[54] Administration for Children and Families. (n.d.). *Head Start*. U.S. Department of Health & Human Services. Retrieved September 29, 2025, from https://www.acf.hhs.gov/ohs/about/head-start

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Collaborative, child- and family-centred practice is recognised as an important foundation for helping children and young people to thrive. Evidence shows that families benefit from professionals working together and empowering families to understand their child's developmental characteristics and their own role in supporting the child's development. This approach should be prioritised under Thriving Kids to ensure families and children to achieve the best outcomes.

To facilitate this, collaborative teams should be embedded in mainstream settings. This would have the additional benefit of uplifting the capacity of mainstream workers and communities as well as providing a continuum of care for all children with developmental concerns, delay or disability.

Collaboration is a key component of occupational therapy training and practice. Therefore, occupational therapy can help to lead the way in this area.

Recommendation 20: Coordination of services and collaboration should be a key area of focus under Thriving Kids. This requires a commitment to supporting collaboration between different providers and services working across different funding programs and settings.

Recommendation 21: Funding must be available across all programs to support collaboration and coordination and must be flexible enough to accommodate for different combinations of service delivery; funding individual coordination roles will not create collaboration without enabling participation by all providers.

Early Identification and Assessment

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 the Best Practice Framework**.**

Mainstream health services are likely to be the key point of contact for families during this early period but consideration of how to provide access to occupational therapy and allied health assessments to formalise understanding of developmental needs and support families to make decisions about accessing supports is needed.

Early intervention and how assessment is undertaken should be a priority focus for Thriving Kids. Many of the programs we have highlighted focus on a 'light touch' to assessment, with it being undertaken primarily to identify goals and concerns, and enable the right support to be provided.

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 or disability. This should be

complemented by access to more specialised occupational therapy expertise to support verification and assessment.

Recommendation 22: Implement evidence-based best practice as identified in the Best Practice Framework to ensure effective early identification and assessment is provided under Thriving Kids.

Recommendation 23: Skilled and qualified health professionals such as occupational therapists, should be recruited for assessment roles to ensure Thriving Kids effectively meets the needs of the children and families who require its services.

Recommendation 24: Ensure health professionals and other key workers including early childhood educators, teachers, and maternal and child health nurses are trained and supported to monitor for potential signs of developmental delay or disability and have access to more specialised occupational therapy expertise to support verification and assessment.

OTA's proposal for implementing Thriving Kids

To address the support needs of children with developmental delay and disability, and their families, a whole of government approach is required to ensure supports are delivered when they are needed and in line with the principles outlined above, and that access to occupational therapists and other allied health professionals is prioritised across all sectors.

Recommendation 25: Thriving Kids should be incorporated into the National Early Years Strategy ensuring a coordinated and strategic approach across Disability, Health, Education and Social Services.

Key actions to support the implementation of Thriving Kids through this mechanism should include:

1. **Address access to supports, including OTs, in educational settings** by
    - establishing senior OT roles in Departments of Education to support the provision of embedded allied health supports in early childhood settings, preschools and schools, in line with the quality improvement goals of the school, and to meet the needs of the school community and individuals;
    - develop embedded roles in educational settings which include discipline specific supervision and the possibility of career progression.
2. **Address early identification and assessment issues** by
    - ensuring early childhood workers across all sectors are trained and supported to monitor for potential signs of developmental delay or disability and have access to more specialised occupational therapy expertise to support verification and assessment;
    - defining and implementing an integrated and consistent approach to early identification and assessment of children and young people across early childhood settings and funding programs. This approach should minimise duplication, recognise the role of multidisciplinary assessments, and enable streamlined access to the most appropriate early intervention and support services and funding programs.

3. **Coordinated and collaborative approaches be implemented** by
    - making funding available to support collaboration and coordination between different providers and services working across different funding programs and settings, and
    - ensuring that funding is flexible enough to accommodate for different combinations of service delivery; funding individual coordination roles will not create collaboration without enabling participation by all providers.
    - Implement universal 3-year-old health and development screening programs across all jurisdictions to check progress across a range of domains as per the Brighter Beginnings program.
    - Implement the National Framework with flexibility at local level.

Additional Key Considerations for the Standing Committee

Regulatory Framework

A regulatory framework is required to support the implementation of Thriving Kids to ensure high quality services are delivered by an appropriately qualified and skilled workforce.

The workforce delivering foundational supports must be subject to quality standards that ensure:

- appropriate levels of experience and knowledge,
- that they are working within their scope of practice, and
- that development and support for less experienced staff is provided by all providers.

Quality standards must be developed and applied across early childhood workforces to establish clear scopes of practice, disciplinary boundaries and areas of overlap, the training and experience needed for a discipline to practice in particular models of collaborative practice, and the ongoing support and development needed to protect consumers and practitioners.

Supporting the transition to new services

Any moves to amend the NDIS Act to remove access to any cohort of children must ensure there is adequate time for Thriving Kids programs and services to be fully established, evaluated and found to be operating appropriately to meet the needs of this cohort. this must be achieved before any changes are made to NDIS legislation to remove access. Government must avoid making legislative amendments to meet budgetary constraints; doing so risks increased flow on costs if children do not receive the supports they need to access services, education and employment in future. Failure to plan for an adequate transition time may result in children experiencing delays in access OT services at crucial stages, and place families at risk of significant stress and disruption.

Preserving and supporting NDIS access

Engagement with early childhood experts, sector, families and caregivers in the design and funding a contiuum of supports that address the needs of all children in their everyday settings will be critical to ensuring that Thriving Kids and other foundational supports are integrated with NDIS. This will ensure that children who require ongoing supports during or after participation in Thriving Kids do not experience service silos, delays or roadblocks. Children with mild and moderate developmental delay may also have other forms of disability including physical disabilities and psychosocial disability. Common co-occuring disability types include Down Syndrome and Cerebral Palsy.

Thriving Kids must be established in a way that ensures that these children can continue to access reasonable and necessary supports required for non-ASD related disabilities through the NDIS, which may include Assistive Technology, Home Modifications, and capacity building supports. For those children not yet on the NDIS or Thriving Kids, that require dual access to both programs, the evidence gathering and assessments

used to establish evidence for one should be accepted by the other to ensure that families do not need to undergo dual screening and assessment pathways.

For children who are assessed as meeting the threshold for Thriving Kids, and still require ongoing disability supports once they age out of the program at the age of nine, there must be an integrated way for these children to continue to access the NDIS where their disability requires ongoing supports. Documents and evidence from Thriving Kids must be accepted by the NDIS to streamline access.

In the case of families and children who have current NDIS access revoked, and are transferred to Thriving Kids, this must be undertaken in a trauma-informed and supportive way, that enables them to have a supported transition to appropriate services in their area, with warm referrals, appropriate handover of existing information and assessments (with permission from families).

Pathways to support for children aged nine and above

Since Thriving Kids is for children aged eight and under, it is important to consider how children nine and above can access or continue to access supports.

Children over the age of nine with developmental delay and disability may continue to need supports even if they are not eligible for NDIS. These supports may be even more critical as they age and progress through school, and seek to participate in their communities. The transition to secondary school is a particularly vulnerable time for many children; and children living with developmental delay or disability may develop more significant mental health and wellbeing issues if they are unable to access timely supports.

The Thriving Kids Advisory Group will need to consider how Thriving Kids contributes and connects to an eco-system of supports for children, that incorporates Thriving Kids, general and other targeted foundational supports and NDIS.

Recommendation 26: The Committee should recommend that the Thriving Kids Advisory Group consider how Thriving Kids contributes and connects to an eco-system of supports for children, that incorporates Thriving Kids, general and other targeted foundational supports and NDIS.

Access to assistive technology and home modifications

OTA members identified that one of the benefits gained under NDIS was greater access to home modifications and assistive technology.

People with disability who are unable to access the NDIS do not have access to the assistive technology they need. They are commonly required to wait more than 12 months to access funding, self-fund some or all of the assistive technology they need or simply go without. Families of children with disability who are deemed ineligible for NDIS supports, or may be in the future, face the same difficulties.

Access to assistive technology will enable children to:

- Increase their independence and participation in everyday activities;
- Reduce reliance on families and carers, improving family relationships and reduce carer stress;

- Reduce the risk of accidents and falls.

The importance of these supports for children aged eight and under with 'mild and moderate' developmental delay must be recognised. As highlighted above, 'mild' or 'moderate' developmental delay or disability does not directly correlate to level of function.

Recommendation 27: Thriving Kids should include funding for assistive technology and home modifications.

Key Worker models and coordination of services

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 jeapordise 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.

The Desktop Review of Best Practice in Early Childhood Intervention noted the scarcity of vigorous research about collaborative practice, including key worker models[55]. The report identified that none of the randomised control trials they reviewed examined outcomes of collaborative teamwork, or specific team-based approaches including key worker models, and that this remains a gap in the evidence.

Effective teams can be established using a range of models. Evidence-based decision making should guide teams in their approach to collaborative practice. The Decision-Making Guide[56] and Practice Guidance on the Teamwork Key Principle[57] developed as part of the National Best Practice Framework will be important resources to support this.

Recommendation 28: Lead Practitioner or key worker models should be recognised as a means of providing coordinated supports for children and families that is sometimes appropriate but may not best align with

[55] Luscombe, D. (2024). *Review of best practice in early childhood intervention: Desktop review full report* (Deliverable 1). The University of Melbourne

[56] Australian Government Department of Health. (2025, May 23). *The National Best Practice Framework for Early Childhood Intervention – Decision-making guide*. https://www.health.gov.au/resources/publications/the-national-best-practice-framework-for-early-childhood-intervention-decision-making-guide?language=en

[57] Australian Government Department of Health. (2025, May 22). *The National Best Practice Framework for Early Childhood Intervention – Practice guidance – Teamwork key principle*. https://www.health.gov.au/resources/publications/the-national-best-practice-framework-for-early-childhood-intervention-practice-guidance-teamwork-key-principle?language=en

evidence and needs. This model of delivery should be an option available for practitioners and families to consider rather than a default approach.

Recommendation 29: Evidence-based decision-making (such as the guide developed under the National Best Practice Framework) should be utilised to support collaborative processes and team development.

Funding of services and programs

OTA argues that there is a need to prioritise co-design of commissioning processes with the clinical and NGO sector that ensures the involvement of allied health professionals, including occupational therapists.

Commissioning processes must be designed appropriately to ensure that services can be established that meet the goals of government and the needs of consumers. This must be based on an understanding of who will undertake commissioning and what services will be commissioned. A key priority in the design will be ensuring that commissioning processes enable and strengthen existing local service capacity rather than overlaying new services with no local footprint. Allied health professionals, including occupational therapists, must be seen as a key part of Thriving Kids and any commissioning process must recognise that a majority of occupational therapists with the necessary skill and expertise now work in the private sector.

Commissioning arrangements will be critical to workforce recruitment and retention. The scope of occupational therapy practice is not well understood by some commissioners of health services and individual clinicians, leading to their exclusion, or low utilisation, in certain settings.

Primary Health Networks (PHNs)

OTA is concerned that the governance of PHNs appears to be medically driven by the GP profession. As a result, PHN commissioning processes do not take into account the occupational therapy and allied health workforce, particularly the high proportion who are now in private practice. This results in a highly qualified and capable workforce effectively being excluded from the provision of these services, and is a missed opportunity for those who access PHN commissioned services.

Inclusion of a dedicated role for allied health representation would ensure that allied health service delivery and scope is included in the leadership of PHNs, and their commissioning processes.

There are some good examples of effective commissioning of services to respond to local community need, that could be the basis of future models. One such example is the Thriving on Track (ToTs) Initiative, which is a collaborative initiative between Children's Health Queensland, Griffith University, Logan Together, Brisbane South PHN and other community partners[58].

[58] Brisbane South PHN. (2024, July 11). *Thriving and On Track (TOTs)*. https://bsphn.org.au/community-health/child-youth-and-families/thriving-and-on-track-tots

This initiative is delivered in ECECs and community hubs across Logan and Inala, with the goal of providing early developmental support to children, families and ECEC educators.

Delivery of early childhood disability supports via Medicare

Minister Butler has identified that government will look to establish new Medicare items to enable access to allied health disability supports including those delivered by an occupational therapist.

However, without additional detail OTA is concerned that this approach will not adequately meet the needs of vulnerable families and children.

CDM items show that 100% of providers charged a gap fee due to inadequate reimbursement. This is likely to result in the cost associated with accessing services under Medicare being prohibitive for many families to access the services they require.

If the real cost of services is not included in the reimbursements available to occupational therapists and other allied health professionals this situation will be perpetuated.

In terms of disability specific Medicare supports, the Complex Neurodevelopmental Disorders and eligible disabilities program provides access to both assessment and/or treatment items provided by allied health professions including occupational therapists. While these Medicare programs recognise the importance of allied health supports they are impacted by annual and lifetime limits, as well as low rebates.

Bulk-billing incentives need to be put in place to support access for people who will be unable to access the appropriate health professional due to economic issues. Barriers to collaborative care and case conferencing, number of sessions available and ineffective referral pathways will also need to be addressed.

A range of current and recent reviews have identified access barriers and are seeking to provide advice to government to help improve the accessibility of Medicare-funded allied health services. Accessibility will be critical if Medicare-funded allied health services developed as part of Thriving Kids

Recommendation 30: Fund Thriving Kids and other targeted foundational supports for children with developmental delay and disability at a level that reflects evidence and supports access to an appropriately skilled and trained workforce.

Recommendation 31: Undertake formal, ongoing engagement with occupational therapists and other key allied health and early childhood professions to design and implement commissioning models for Thriving Kids. These models should enable participation by private sector allied health organisations of all sizes with demonstrated early childhood expertise, as well as public sector organisations.

Recommendation 32: New early childhood intervention service models, such as Thriving Kids, should allow for a range of different employment and contracting models, in order to:

- account for the differences in how individual states and territories, as well as rural and regional localities, provide support in mainstream settings;

- recognise that the workforce with the necessary skills and experience are spread across both public and private sectors, with the higher percentage now predominantly situated in private practice.

Recommendation 33: The design of new allied health Medicare items, including for Thriving Kids, should be based on the real cost of services, and not limited by arbitrary annual limits or inefficient referral requirements, and support collaborative team-based approaches.

Evaluation, data collection and reporting

Comprehensive evaluation and monitoring at program and system levels will enable refinement and expansion of the program as it matures and as future needs are identified. This means that data collection, monitoring and evaluation – done in a transparent and independent way – is integral to the design and implementation of Thriving Kids.

Research in the disability space is already inadequate, with funding prioritisation primarily going to medical research. This needs to be addressed to ensure there is capacity for development of innovative programs, implementation of trials and evaluation of outcomes.

The lack of evaluation of programs that were in place prior to NDIS is also a significant evidence gap, with evaluation not being conducted in many cases due to funding constraints or not completed as programs ceased or rolled into the NDIS. It is important that there is funding available at the program level to ensure that programs can be monitored and evaluated.

Monitoring, evaluation and reporting will also be necessary at the system level to ensure that Thriving Kids is achieving its aims and operating efficiently and effectively. This will be a complex task, and should include a focus on system integration, and coordination across jurisdictions. Sufficient resources will need to be dedicated to this.

To complement the above, clear measures of success should be developed, including identification of aims and outcomes that Thriving Kids is hoping to achieve, and related indicators. These should be co-designed with families and experts in the early childhood sector to ensure that they align with the aims of Thriving Kids and are also grounded in lived experience, expertise and community expectation. Co-design with the groups who may experience equity and intersectional issues identified under Term of Reference Three will also be important to develop indicators around equity and intersectionality.

The principles and components outlined under Term of Reference Two above will be useful in determining measures of success. Evaluation and reporting should pivot from solely clinical or impairment-based goals to prioritising participation, inclusion, and community engagement. Furthermore, the evaluation must incorporate family and child satisfaction (PROM) and the achievement of their personal goals (PREM).

Recommendation 34: Robust monitoring and evaluation processes be developed and funded, for the Thriving Kids system of supports, and for individual programs that will be delivered at State and Territory levels to support continuous improvement of Thriving Kids.

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Conclusion

OTA welcomes the opportunity to provide input to the Committee's inquiry into Thriving Kids. We look forward to working with the Government and Department of Health, Disability and Ageing to support the implementation of an effective Thriving Kids system of supports.

If you would like to discuss our submission please contact OTA on policy@otaus.com.au

Appendix 1

Exemplary models identified by OTA members

Brighter Beginnings	Brochure providing high level overview of purpose of intiative, and evidence-base. Media release on key partners and where funding is being directed.	Nursing and allied health staff (OT and SP) work with early learning centres to deliver free health and developmental checks to 4-year olds.	$376.5 million investment over four years as part of the 2022-23 NSW Budget. (In pilot stage, and risk of losing funding)	NSW	Late intervention is estimated to cost $15.2 billion/year through high-intensity and crisis services. Investing in early childhood produces a return on investment of 13% per year, per child, over a lifetime for every $1 you put in	Self-Regulation Service (SRS)	State-wide multidisciplinary service building educator and site capacity to support children's regulation needs. Offers proactive, targeted, and intensive support, aligned with trauma-informed, neuroscience, and evidence-based frameworks.- Student regulation and wellbeing	Educator capability and confidence - Inclusion and participation - Early intervention - Trauma-informed practice - Cross-agency collaboration	SRS supports whole-site, group, and individual needs. Focus on proactive and targeted strategies, as well as intensive wraparound for complex cases.
Northwest First 1000 days	Mixed-methods Study into needs of families to improve outcomes in first 1000 days. Media release on	Burnie works & Uni Tas led project focusing on co-design community-led parent	Tasmanian Govt (running until April 2026)	Tas					

	scope and purpose of project	education across Burnie, Smithton and Devonport, funded by the Tasmanian Government until April 2026. Parents, carers and professionals will help create and test resources focused on children's critical first two years, building on Burnie's earlier work around connection, nutrition, caring and movement. The project will also develop a roadmap to guide other communities in creating place-based parent resources.							

Good Start in Life	Contains Link to brochure providing proposed research study's objective and methods, and brochure on benefits of project implementation (including quotes). Study looks at role of Family and Community Liaison Coordinator in EC development. Another study looks at critical role of OT in EC settings, and importance of collaborative partnership to tailor interventions (both studies sit behind paywall)	Research project (Uni Canberra), delivering multi-sectoral service integration. Provides student-led OT/SP to support families & educators to facilitate child (0 – 5 years) development & participation in ECEC centres, pre schools and community.	MRFF grant	ACT	Data from the most recent national Australian Early Development Census (AEDC) in 2018 show significant increases in the percentages of children who are developmentally vulnerable				
SA Dept Education Student Support Services, incl School Buy in	SA DoE Brochure provides high level summary of models under which Occupational	Allied health professionals work in collaboration with educators and families,	State Department of Education –school readiness funding.	State-based scheme across Australia					

service Individual sites can buy in allied health services which deliver in line with a project with clearly identified goals and outcomes connected to site improvement plans.	therapistsdeliver services in schools Vic gov website on school readiness funding provides info on access to allied health services in schools under school readiness funding	with the goal of improving outcomes for children in one or more of the three School Readiness Funding priority areas.	Victoria: Services that receive over $10,000 over a 2-year cycle in School Readiness Funding will have a portion of their funding allocated to pre-purchased allied health sessions.						
Australian Rural Health Education Network	Not a specific program as such – links to organisation website. Contains some studies.	National association for 19 university depts. of rural health. Promotes health and wellbeing of Australians in rural/remotes areas through delivery of health education, research and advocacy.							

		Supports 15,000 nursing, midwifery, allied health students to work/study outside metro regions.							
Partnering for Change	Links to website which provides overview of project's aim, methods, implementation, findings and recommendations	Model which delivers rehabilitation services to children with special needs. Partnership between educators, health professionals, community care access centres, families. Deliver in school settings, allowing therapists to coach educators and families about the needs of children, thus increasing		Canada					

		intensity of their services.							
RCOT Unlocking Potential	Royal College of OT Website provides evidence for service design which utilises universal, targeted and specialist interventions to improve access to OT for children with additional learning and support needs.	Brochure provides examples of applying a universal approach to service desin, and the impact.		UK					
2 programs in NSW which provide examples of coordinated response and service integration: JGOS SAFESTART	These examples could be applied to strengthen and coordinate EI and coordinated response via a MD team. JGOS website provides background on Agreement, partners and agreement participants as well as objectives, guiding principals and supporting frameworks.	JGOS: Health and Housing Joint Guarantee of Service (JGOS) for People with Mental Illness Partnership to achieve access housing and mental health supports. Signatory partners inc govt and community housing providers.	JGOS: NSW Health and the Department of Communities and Justice	NSW					

	SAFESTART document outlining rationale and overview of model and strategic action plan.	SAFESTART: Implemented 2010 Hunter region. Establishes coordinated response pathway via flagging system within electronic records and enabling coordinated response planning. Universal, preventative screening for MH and PS risks and coordinated support for women and their families. Utilizes MD team based approach to develop comprehensive care plan and improve outcomes for							

		infants and families in first 1000 days.							



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