the FrontProject



OCTOBER 2025

House Standing Committee on Health, Aged Care and Disability

About The Front Project

The Front Project is a national, philanthropy-funded organisation that puts children and families at the centre. We work with the early childhood sector, government and business leaders to ensure the early childhood system lives up to what children and families want from it.

We believe in matching the quality of our nation's early childhood system with the high expectations we hold for all children. We want all families to have the opportunity to thrive, regardless of the challenges they face.

The Front Project works systematically to develop evidence-based, meaningful, and pragmatic policy solutions that create deep, sustained, and long-term change for greater impact.

Contact

info@thefrontproject.org.au www.thefrontproject.org.au

Acknowledgement of Country

The Front Project respectfully acknowledges the Traditional Owners of the land on which we work and learn, and pay respect to Elders, past and present. Sovereignty has never been ceded.

It always was and always will be, Aboriginal land.

Contents

Introduction Terms of Reference Responses		4 5
2.	Effectiveness of current and previous programs	6
3.	Equity and intersectional access to Thriving Kids	7
4.	Workforce support and training gaps	8
5.	Domestic and international best practice	9
6.	Mechanisms for seamless transition through mainstream systems	11
Recommendations		12

Introduction

Thriving Kids reform offers the opportunity to move beyond program-by-program responses and instead focus on building a more relational system. We have an opportunity to reframe the narrative around developmental delay and how supports are provided. A well-organised and calm early learning setting, run by teachers and educators who understand a child's signals can be more therapeutic than a clinic. A child's everyday environments and their family have the biggest impact on a child's upbringing, but parents and carers also need support to build their capacity to advocate for their child to ensure their child achieves their goals.

Thriving Kids should prioritise connections between families, community, educators, allied health professionals and schools, and integrate 'foundational supports' into mainstream settings so that children and families can access help seamlessly. This approach needs to also strengthen the capability of the workforce, empower families as decision-makers, and embed inclusion as a central principle across the early childhood landscape. Policy development around Thriving Kids will need to bridge gaps between these disparate systems, be tailored, place-based, and in its rollout be provided opportunities to trial, test, and learn from.

Thriving Kids arrives at a time where inclusion, early childhood intervention and child development is a topic under discussion and reform across sectors – from the NDIS and Early Childhood Approach, universal early childhood education and care (ECEC) rollout, review of the Inclusion Support Program within ECEC, Closing the Gap targets, the design of ACECQA Inclusion Framework, the updated Early Childhood Intervention Best Practice Framework, and responses to AECD reports and targets. No child should be left behind during the rollout of these reforms, but the different sectors and systems need a unified, holistic view of the child and family's journey through these systems to create a system that works.

The Front Project supports the framing proposed by the Centre for Community Child Health¹, that Thriving Kids comes down to three core elements: Uplift of mainstream health and education, local solutions with national guardrails, and enabling parents to understand and act. Mainstream universal systems need to have proportional responses embedded in their settings. Proportionate universalism would ensure all families receive support, scaled to their need. This would replace the current system that is based on referral rather than responses that are tailored and provided within the same service. We also need responses to be place-based and communities to be empowered to design responses that reflect the needs of their children and families, stewarded by national mechanisms. Lastly and importantly, families need support to understand child development, build their capacity, seek evidence-based information, navigate services, and to build community and support networks.

Thriving Kids is an important opportunity to knit together currently fragmented systems, including ECEC, maternal and child health, primary care, allied health, and schools, to create an environment where all children can thrive. Currently, the main support for children with developmental delay or autism is the NDIS, with half of all new NDIS entrants under the age of

4

¹ Expected to be released soon.

nine, primarily entering the scheme with developmental delay or autism². However, an estimated 20 per cent of all Australian children have a developmental delay³. With a fifth of children requiring support, developmental delay or disability is a mainstream issue. At present, too many children are not flourishing by the time they begin school, as reflected in declining results from both NAPLAN and the Australian Early Development Census (AEDC). These data underscore the urgency of acting earlier to detect and respond to developmental vulnerabilities, so that support is provided before developmental differences hinder a child's outcome.

The Front Project and Centre for Policy Development's previous work on *Foundational Supports* and *Inclusion in Early Childhood Education and Care*⁴ outlines in more depth policy recommendations, and offers a supplementary consultation report of 23 peak bodies and stakeholders on ensuring Foundational Supports for children are integrated into universal settings. These reports are attached to this submission.

We encourage the Committee to consider design propositions that provide policymakers with options rather than prescriptive program models. Effective reform will not look the same everywhere. Instead, it must be place-based, tailored to the needs of different communities, and flexible enough to be trialled, tested, and adapted over time. By taking this approach, Thriving Kids can drive meaningful change across systems and ensure every child is supported to reach their full potential.

Terms of Reference Responses

1. Evidence-based information, resources, and support for parents

Parents are a child's first teacher, and the most important people in a child's life. Parents may be the first to notice emerging developmental concerns, yet they frequently lack the resources and confidence to know how to support their child's development. There should be a 'no wrong door' approach to accessing support for a family. Evidence-based information must be readily available in plain language, be culturally appropriate, and accessible through trusted universal settings such as: maternal and child health, GPs, playgroups, and ECEC. Resources should provide clear guidance on developmental milestones, potential signs of developmental difference or delay, and the practical steps families can take to seek support.

Equally important is the way systems and services work with families. Strong and seamless partnerships between ECEC services, early childhood intervention providers, allied health professionals, GPs, maternal and child health nurses, and schools are essential to ensure children experience continuity of learning, development, and health outcomes. Currently, many of these systems and services do not overlap, causing a need for parents to re-explain their

² Minister Mark Butler (22 August 2025) National Press Club Address <u>Securing the Future of the NDIS</u>.

 ³ Professor Bruce Bonyhady, (22 August 2023) Speech 'A Magic Pudding Dilemma' as part of the NDIS Review https://www.ndisreview.gov.au/sites/default/files/resource/download/magic-pudding-dilemma-speech.pdf
 Data taken from the Nationally Consistently Collected Dataset on children in Australian schools with disability.
 ⁴ The Front Project and Centre for Policy Development (2024) https://www.ndisreview.gov.au/sites/default/files/resource/download/magic-pudding-dilemma-speech.pdf
 Childhood Education and Care.

child's needs, and a lack of support in the child's everyday environments. A system navigator may be an accessible way for families to understand the human support systems available to them, tailored to their specific needs and community. This system navigator should be equipped to help identify the goals of the child and family being supported, provide advice on eligibility requirements and referrals for relevant service systems, and community networks and peer support.⁵

Investment is required in time and structures that allow professionals to meet, share information, and coordinate strategies. Families should be engaged from the outset through early and ongoing communication, family capacity building and peer support, and joint planning meetings where they can voice what has worked and what has not in their child's learning and care routines. This is particularly critical during transition points in the child's life. Shared documentation and handover processes between ECEC and schools – with consultation with families – would ensure that children's needs and strengths are clearly understood in their next setting.

These practices must help ensure continuity of relationships, reduce stress for families, and increase the likelihood that children will thrive through each stage of their life, staying connected to their communities and universal systems.

2. Effectiveness of current and previous programs

Reform must be underpinned by a shift in perspective. Rather than viewing disability through a medical, purely diagnostic lens that frames the child as needing to be "fixed," policy and practice should adopt a social perspective that recognises the responsibility of environments, systems, and people to adapt in ways that enable children to participate and thrive. Within ECEC, this means embedding inclusion as a core principle within the National Quality Framework to ensure services are held accountable for how well they support children with developmental needs. ECEC curriculum decision-making processes must be explicitly grounded in each child's strengths, interests, cultural and linguistic background, and developmental needs. Inclusion should be embedded in everyday routines and play-based pedagogy, with adaptations and scaffolds designed into the learning environment. Importantly, this should not be contingent on separate referrals or interventions delivered outside of the child's natural setting.

The current Service Delivery Price (SDP) work in Commonwealth's Department of Education provides a critical opportunity to design a funding model that properly accounts for inclusion, and this project is well timed to inform Thriving Kids reform. Thriving Kids support within ECEC should be aligned with the SDP project findings. This alignment would ensure early responses to emerging needs without requiring a formal diagnosis and would strengthen the integration of inclusion within mainstream service delivery.

Embedding flexibility and responsiveness in practice is also key. Services should be resourced, and the workforces supported to provide differentiated routines, sensory supports, communication adaptations, and scaffolded peer interactions. These approaches not only

⁵ Brotherhood of St Lawrence (July 2025) System Navigation Discussion Paper (publication forthcoming).

benefit children with developmental concerns but also strengthen the inclusiveness and quality of learning for all children. Taken together, these reforms would ensure that mainstream services, particularly ECEC, are better equipped to identify, respond to, and support children with mild-to-moderate developmental needs in a timely, equitable, and effective manner.

Programs such as the Inclusion Support Program (ISP) have provided valuable assistance in ECEC, but its effectiveness is constrained by burdensome application processes per-child, lack of effective capacity building for teachers and educators, and limited coordination with other supports⁶. Reform of the ISP within ECEC is therefore essential and should be considered in parallel with Thriving Kids. The Productivity Commission⁷ provided a detailed and nuanced structure for reform, that positioned the ISP as support not only for children with developmental delay, but also for children with other inclusion needs such as those who have experienced trauma, from CALD backgrounds, and with other vulnerabilities. A more flexible, needs-based model would allow timely responses and allow services to adequately adapt their practice for inclusion. Critically, the ISP must be better aligned with foundational supports such as allied health, intervention services, and early childhood partners to reduce fragmentation and duplication.

3. Equity and intersectional access to Thriving Kids

Children who are Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD) backgrounds, low socio-economic, or rural or remote backgrounds face significant barriers to accessing timely developmental supports. Addressing these inequities requires more than generic services; it demands approaches that are culturally safe, community-led, and responsive to local realities.

To meet the diverse needs of children and families, especially in geographically isolated or socio-economically disadvantaged communities, adaptable service delivery models are vital. Aboriginal Community Controlled Organisations (ACCOs) and other locally embedded organisations are particularly well placed to deliver services that reflect the unique cultural and developmental needs of their communities⁸. Telehealth, mobile outreach, and integrated service hubs can reduce geographical disparities, while community-led approaches often bring strong partnerships between services and families, further empowering families to play an active role in key decisions about their child's development and provide welcoming environments. For these initiatives to be effective, they require long-term funding and investment in local workforce upskill, ensuring they are not limited to short-term pilots but become enduring parts of the service landscape.

Families from CALD backgrounds face intersectional barriers to accessing early childhood intervention supports, diagnosis, and access to universal health and systems such as Medicare and the NDIS, and social service systems such as CCS, and Centrelink payments. The Australian migration health requirement specifies that a visa applicant must be free of a

⁶ Deloitte Access Economics & Australian Department of Education. (2023) <u>Review of the Inclusion Support Program – Final report 2023</u>.

⁷ Productivity Commission (2024) A path to universal early childhood education and care: Inquiry report (Vol. 1).

⁸ SNAICC (2024) Funding model options for ACCO Integrated Early Years Services Final report (D24/2127347).

'disease or condition', which would cost the Australian community a 'significant' amount, or prevent access to health and community care and/or scarce resources for Australian citizens⁹. This can lead to CALD families applying for visa to not seek support for their child who may be displaying signs of developmental delay or disability. Assessing the AEDC results, children from CALD backgrounds' attendance in early intervention programs such as professional support such as speech therapy, occupational therapy, or disability support is almost half that compared to non-CALD children¹⁰. This significant gap that has persisted since 2009. As mentioned in Section 1 - 'Evidence-based Information, Resources, and Support for Parents', information on supports needs to be accessible, in multiple languages, and tailored for these communities.

Families engage with many systems and have intersecting needs. Thriving Kids needs to be built for those who may struggle the most with navigating these systems and be responsive to individual needs.

4. Workforce support and training gaps

The early childhood workforce is central to creating inclusive environments, yet educators and practitioners often feel under-prepared and under-supported to work confidently with children who have developmental concerns or mild-to-moderate support needs. Strengthening the skills, confidence and professional capability of the workforce requires a comprehensive approach that begins with pre-service training through TAFE or university and extends across inservice training and ongoing professional development.

Qualifications should include explicit units on supporting children with developmental concerns, inclusive pedagogy, and strategies for partnering effectively with families and allied health professionals. Dedicated training, combined with professional development opportunities and peer-support models would help build a culture of reflective practice and ensure that inclusion is embedded in everyday pedagogy. Embedding roles such as an Inclusion Leader and inclusion peer support within services to provide mentoring and coaching to colleagues, supporting continuous improvement and building workforce confidence at the service level.

Workplace conditions are equally important to ensure the workforce can implement inclusive practices effectively. Educators require protected time within their paid working hours to plan, collaborate, and consult with families, specialists, and other professionals. This work cannot rely on people's goodwill or unfunded hours if inclusion is to be sustained and equitable. The creation of the *ACECQA Inclusion Framework* is a positive step, but it must be backed by ongoing funding to ensure the workforce receives the necessary training and support to implement inclusive practice consistently across the sector. ECEC providers need secure funding to deliver the conditions - such as protected off-the-floor time allocation - so the work of inclusion is core to the work of ECEC leaders, teachers and educators.

⁹ National Ethnic Disability Alliance (2023) Factsheet: <u>An overview of Australia's migration health requirements and how they impact on people with disability and/or health conditions</u>.

¹⁰ Benjamin Lam, Tadgh McMahon, Toni Beauchamp, Eric Badu, Sally Brinkman (May 2024) <u>Stronger Starts Brighter</u> Futures II Exploring trends to promote the early development of children from culturally and linguistically diverse <u>backgrounds in Australia</u>, SSI and Uni SA.

The best workforce – particularly for those families in vulnerable communities – is a local workforce. Recruitment and retention strategies to strengthen and sustain local workforce capacity should be prioritised. In-person relationships are ideal, but where there are gaps in service availability, telehealth and other online services and access to key workers should be utilised to ensure no community is left behind.

There are existing opportunities to connect the Thriving Kids initiative to the national policy environment currently shaping the ECEC workforce. The *ECEC Workforce Strategy 2021–2030*¹¹ provides a framework for building a sustainable, skilled, and professionally recognised workforce. The Department of Education is also progressing work on the successor to the Workforce Retention Payment and implementing the Fair Work Commission's gender pay rise decision, both of which have significant implications for recruitment and retention. By explicitly linking Thriving Kids to these reforms, government can ensure that the workforce component of the program is aligned with broader strategies to build capacity, improve conditions, and value the profession. This would not only strengthen policy coherence but also avoid duplication and ensure resources are directed where they can have the most impact.

Finally, the effectiveness of Thriving Kids will depend on whether educators are supported to embed inclusive practices into daily pedagogy. This requires more than one-off training: it requires a system that gives educators access to high-quality professional learning, ongoing mentoring and coaching, and paid time away from the floor to collaborate with colleagues and specialists. Educators also need clear guidance on where to find help and referral pathways when they are supporting children with developmental concerns. Thriving Kids should be designed to sit alongside, and build upon, existing workforce reforms by investing in capability, time, and support structures so that inclusive practice is not aspirational, but achievable in every service across Australia.

5. Domestic and international best practice

When considering best practice in supporting children with mild-to-moderate developmental needs, it is important to recognise that the Australian context is markedly different from international systems. Our federated structure and the diversity of state and territory approaches create significant variation in service delivery and governance. For this reason, while international models offer valuable lessons, the starting point for reform should be the considerable thought-work and best practice examples already developed within Australia.

The Early Childhood Intervention Best Practice National Guidelines 12 (2016) sets out clear principles for supporting children and families, including family-centred practice, inclusion, evidence-based intervention, and collaboration across services. Embedding these principles in mainstream ECEC and school settings ensures that children are supported holistically and that families remain at the centre of decision-making. A concern with so much reform occurring separately across Thriving Kids, Universal ECEC, ACECQA Inclusion Framework, etc, and the

¹¹ ACECQA, <u>National Workforce Strategy 2022-2031</u>.

¹² Early Childhood Intervention Australia, <u>National Guidelines</u>, <u>Best Practice in Early Childhood Intervention</u>.

development of parallel 'frameworks' for different sectors, is that the foundational understanding of best practice and inclusion will look different across sectors that should be working together to support the child. The updated *Best Practice Early Intervention*Framework¹³ could provide a foundation for frameworks under Thriving Kids, ensuring the language is consistent, the aims of inclusion align across sectors, and that the support the child receives across sectors is harmonious, holistic and embedded in the child's everyday settings.

Professor Bruce Bonyhady's work on relational contracting¹⁴ highlights the need for funding and commissioning arrangements that prioritise relationships, trust, and collaboration over compliance and transactional metrics. Relational contracting creates the conditions for long-term partnerships between government, services, and communities, supporting innovation and stability rather than short-term program cycles.

Eddie Bartnik's work on Local Area Coordination (as outlined in Power and Connection¹⁵) provides a compelling example of the value of community-led and relational approaches, and the value in connection and reducing barriers through having conversations in families' living rooms, rather than in therapists' offices. Bartnik's work on Local Area Coordination emphasises the importance of building strong, trusting relationships with families and communities, working alongside them to identify strengths and solutions rather than relying on top-down, programmatic interventions. Local Area Coordinators (or System Navigators) should be funded to work across systems, rather than being limited, as in the NDIS model, to supporting participants only within the NDIS ecosystem at the expense of community-based and mainstream services. This relational approach supports families to navigate complex systems, breaks down silos, and strengthens community capability over time.

Examples of best practice are already evident in Aboriginal Community Controlled Organisations (ACCOs) such as Baya Gawiy Buga Yani Jandu Yani U Centre in Fitzroy Valley, and AbSec Learning and Development Centre in NSW, amongst many others. They provide culturally safe, community-led models of service delivery. ACCOs demonstrate how local leadership and deep knowledge of community can deliver services that are both trusted and effective, offering lessons that could be applied more broadly across the Thriving Kids initiative. Ensuring these community-lead services are funded appropriately is vital for their ongoing success and growth.

Internationally, approaches such as key worker models in New Zealand and Canada, and place-based initiatives such as Sure Start in the United Kingdom, provide useful insights. However, Australia must adapt such lessons with care. Our systems and contexts are different, and imported models will only succeed if they are re-designed to fit our local conditions. Thriving Kids should therefore focus on enabling local responses that draw on existing Australian expertise and experience. Thriving Kids should be a Commonwealth-stewarded

 ¹³ Tim Moore, Christine Imms, Denise Luscombe, SNAICC authors, Bruce Bonyhady, Karen Dimmock, Kirsten Deane, Anita D'Aprano, & Skye Kakoschke-Moore (2025) National Best Practice Framework for Early Childhood Intervention.
 The University of Melbourne, Commissioned by the Commonwealth of Australia's Department of Social Services.
 ¹⁴ Mark Considine, Bruce Bonyhady, Sue Olney, Kirsten Deane (October 2024) Contracts and the Commissioning of Complex Public Services, Position Paper.

¹⁵ Eddie Bartnik, Ralph Broad (2021) <u>Power and Connection</u>, Citizen Network Research.

system, adapted to the different processes and responsibilities of each state and territory, and run at a local level. This will ensure each jurisdiction's and community's support systems are utilised to their highest ability, rather than a 'one-size-fits-all' model. A review of Australian policy work, frameworks, and practice examples should be the Committee's starting point, ensuring that reforms are grounded in the evidence of what already works in our context.

6. Mechanisms for seamless transition through mainstream systems

Ensuring smooth and effective transitions for children with mild-to-moderate developmental needs requires an overarching framework that brings together all sectors and services engaging with a child and family. Such a framework should provide shared practice guidelines that can be applied across maternal and child health, ECEC, schools, allied health, and community services – even extending to child protection, out-of-home-care, housing, immigration services, and other service and policy areas the child and family may interact with. This would ensure continuity of practice, shared language, and a common understanding of inclusion, so that families experience a seamless journey through systems rather than having to navigate multiple, fragmented approaches.

Commissioning processes must be aligned across Commonwealth and state and territory governments to ensure inclusion supports, foundational supports, and early interventions are coordinated rather than siloed. At the service level, this coordination should be reinforced by in-service referral, consultation, and co-delivery models. For example, therapists should work alongside educators within ECEC and school settings to co-plan and co-deliver scaffolded learning in the child's everyday environment, rather than only delivering separate interventions externally. This integration enables earlier identification of emerging concerns, more responsive adjustments to daily pedagogy, and stronger partnerships with families.

Early identification and continuity of supports are central to effective transitions.

Developmental monitoring should be a routine part of mainstream ECEC practice, with allied health professionals embedded in or connected to services to provide consultation and support. As children move into school, continuity should be prioritised by maintaining consistent key workers, familiar routines, or clear and documented handover plans, giving families confidence that support will not be disrupted.

Transitions should also be underpinned by a strong culture of evidence and continuous improvement. Services should collect and analyse data not just on attendance, but on participation, retention, engagement, and outcomes. Feedback from children and families must form part of this process, ensuring their voices shape practice. This data would assist in ensuring the child and family's journey is holistic, that there are no gaps in support and inclusion, and transitions between life-stages and systems are smooth.

Together, these mechanisms would create the conditions for transitions that are predictable, equitable, and responsive, ensuring children can continue to thrive as they move through mainstream systems.

Recommendations

1. Adopt a Social Model of Disability in Practice

- a. Shift the language and culture to one that recognises and builds on children's strengths, interests, and perspectives and focus on addressing barriers within the environments where children live, work, and play, rather than "fixing" the child.
- b. Embed inclusive practice into daily routines and play-based learning, supported by flexible grouping, sensory supports, and scaffolded peer interactions.

2. Strengthen Family Partnerships

- a. View the child as part of their family and community unit, and the child's biggest advocate and support system. Capacity building for families is paramount.
- b. Resource services to engage families in early and ongoing communication, joint planning meetings, and co-designed transition plans.
- c. Provide plain-language resources guiding families through the support systems such as early childhood intervention, inclusion funding, NDIS, school readiness programs, and mainstream ECEC.
- d. Implement warm handover practices at key transition points, such as from ECEC to school.

3. Embed Inclusion as a Principle

 Ensure inclusion is embedded in everyday ECEC practice by strengthening workforce capability and aligning with existing Best Practice Frameworks, Disability Standards and anti-discrimination laws.

4. Integrate Thriving Kids into Mainstream Settings

- Ensure allied health professionals and early childhood intervention supports are connected to and working together with ECEC and schools to provide timely, insitu assistance.
- b. Facilitate developmental screening and monitoring within mainstream services.
- c. Transition the ISP to a flexible, needs-based model that supports children with emerging and mild-to-moderate needs without requiring a formal diagnosis, ensuring the ISP works alongside Thriving Kids.

5. Support Community-led and Culturally Responsive Models

- a. Invest in Aboriginal Community Controlled Organisations and culturally and linguistically diverse organisations to deliver culturally safe supports.
- b. Sustain adaptable delivery models including telehealth, mobile outreach, and integrated service hubs, particularly in rural, remote, and disadvantaged communities.

6. Build Workforce Capability

a. Require pre-service and in-service training to include inclusive pedagogy, developmental difference and concerns, and family-centred practice.

- b. Fund professional development, peer coaching, and inclusion capability leaders within services.
- c. Allocate dedicated, funded time for educators to collaborate with families and specialists as part of normal practice.

7. Adaptable and Sustainable Funding Models

- a. Ensure funding is timely, scalable, and predictable, and better coordinated with foundational supports and allied health services.
- b. Develop and fund a flexible, needs-based inclusion funding model at the Commonwealth and state/territory levels, which can respond to mild-to-moderate needs early, without requiring a formal diagnosis.
- c. Utilise current projects such as the Australian Government's Early Education Service Delivery Price work to inform funding reforms not only for ECEC, but by extension Thriving Kids.

8. Ensure Seamless Transitions Across Systems

- a. Develop shared transition documentation and formal handover processes between ECEC, schools, and other services.
- b. Maintain continuity of supports and key relationships wherever possible to reduce disruption for children and families.

9. Monitor, Evaluate, and Improve

- a. Collect and report on participation, engagement, and family experience, not just attendance data.
- b. Support reflective practice and continuous improvement through tools such as the Inclusive Practice Framework.