Thriving Kids:

A response to the Australian Parliamentary Inquiry into the Thriving Kids Initiative

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About Noah's Ark Inc

In 1971, following the end of routine institutionalisation, Noah's Ark Inc was founded by parents of children with disabilities, united by a mission to support families like their own. For over 50 years, Noah's Ark has focused on young children, playing an increasingly significant role in early childhood intervention and inclusion within early childhood services. The organisation has been a sector leader, notably introducing the Key Worker model in Early Childhood Intervention in Australia.

Noah's Ark has been actively involved in the National Disability Insurance Scheme (NDIS) since the initial trial phase and currently supports over 3,500 children (birth to 14 years) and their families. Operating across Victoria, the ACT and in parts of NSW, Noah's Ark is a registered NDIS provider delivering a range of programs, including Kindergarten Inclusion Support (KIS), Pre-School Field Officer (PSFO), the Strengthening Parent Support Program (SPSP), and Communities for Children. The organisation is engaged in research focused on early childhood intervention and inclusion and employs over 350 staff.

The purpose of Noah's Ark is to build better futures for children with disabilities and additional needs. Our vision is that every child develops meaningful relationships, and participates and learns, with the encouragement and understanding of their families, carers, educators, and communities.

The response has been prepared by John Forster, Dr Stacey Alexander and Lauren Falconer. John Forster has served as CEO of Noah's Ark for the past 25 years, is a former National President of Early Childhood Intervention Australia and has been a member of the Victorian Disability Advisory Council and the Victorian Government's NDIS Implementation Taskforce. John is also the parent of a child with a disability.

Dr Stacey Alexander, a psychologist, has worked with Noah's Ark for the past 18 years as a manager and consultant. Together, John and Stacey co-authored *The Key Worker: Resources for ECI Professionals* (Alexander & Forster, 2012). Stacey also designed the Key Worker Online Course: Working as a Lead Practitioner, which has now been completed by over 3,000 professionals nationally and internationally.

Lauren Falconer is an occupational therapist and manager at Noah's Ark who uses her deep commitment to the use of coaching and capacity-building approaches to support teams to deliver quality, responsive and evidence-based services to children, families and educators. Thanks also go to Lou Ambrosy, Sarah Denholm, Michelle Kenny, Sue Reynolds, and Jane Tinkler.

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Executive Summary

Children and families are not faring well under the current system in States and Territories across Australia and the NDIS has become unsustainable. Thriving Kids represents an incredible opportunity to make changes that will help children with developmental concerns and their families thrive, benefiting all Australians. Noah's Ark recommends the following in the design and implementation of Thriving Kids:

- An overarching and unifying policy across education, disability and social services
- The National Best Practice Framework for Early Intervention (Moore T., 2025) is integral to design, shared widely, and supported by policy, regulation and funding models.
- A developmental/social/ecological approach is taken
- Desired outcomes are clear and measured
- Supporting families so that they can support their children to thrive is the key focus.
- Supports focus on children and families successfully participating in everyday activities where they live, learn and play.
- Families are supported through evidence-based information, emotional support, assistance to identify and address needs, advocacy and service coordination.
- The transdisciplinary Key Worker model is available for families with developmental concerns about their child.
- Consideration is given to the implications of the funding model chosen, on families, providers, and for best practice.
- Workforce Planning is undertaken regarding workforce availability, skills and knowledge and capacity to deliver Thriving Kids
- Planning is undertaken regarding the embedding of Thriving Kids within the broader early years sector and service system.

Introduction

Noah's Ark welcomes the opportunity to contribute to the Parliamentary Inquiry on the Thriving Kids Initiative.

One principle that government, service providers, NDIS participants, and their families can all agree on is the need for a sustainable National Disability Insurance Scheme. The scheme represents a significant investment by the Australian community in individuals with disability, their families, and the broader community. Investing in best-practice supports during the early years of childhood development is not only the right thing to do – it is also a sound investment for Australia. Early intervention is both easier and more effective, with every dollar spent in early childhood yielding long-term savings through improved developmental outcomes, reduced educational costs, and decreased reliance on the service system overall (Heckman & Masterov, 2007; Shonkoff & Fisher, 2013). The design and implementation of the Thriving Kids Initiative is crucial to building better futures for children, families and communities across the nation.

This submission will cover:

1. What does a developmental/social approach look like compared to a medical model?
2. What do children and families need?
3. What is the current situation?
4. What is Best Practice in Early Childhood Intervention?
5. Why is Best Practice Important?
6. Considerations in the design of Thriving Kids
7. Initiatives to consider
8. What outcomes are we seeking and how do we measure success?
9. What needs to be considered regarding funding Thriving Kids?
10. What needs to be considered about workforce?
11. What should the future sustainable NDIS for children look like?
12. Summary
13. Recommendations

1. What does a developmental/social approach look like compared to a medical model?

Over the past 40 years there has been an evolution from a focus on treating the child with a disability to a focus on supporting the context in which the child is developing, most notably the family. This has been based on a growing body of scientific evidence (Institute of Medicine, 2000). Guralnick (2005) proposed that the fundamental principle for early intervention is a developmental orientation, of which the most critical factor is the need to centre interventions on the family. This principle "includes concepts related to parent empowerment, the establishment of parent‐professional partnerships, and recognition of the significance of family patterns of interaction to the child's development and wellbeing" (Guralnick, 2005, p. 7).

An early intervention approach based on a developmental orientation puts the focus on:

- the child, not the disability
- the family, not professional services
- high developmental expectations, not treatment or care
- participation and inclusion, not addressing functioning in isolation.

One of the lessons from the period of institutionalisation is the importance of seeing children with a disability holistically, as individuals who have a range of strengths and needs, a right to be part of the community, and not to be defined by their disability.

A developmental approach means that it is important to see services as a support to families raising their child with a disability, not services as an end in themselves.

A second principle for supporting children with a disability is inclusion. There needs to be an emphasis on building the capacity of the child and family to participate, both as a right and as a fundamental support to all children's learning and development.

Under the medical model prospering in the NDIS, children tend to be allocated packages for multiple therapists and families are required to transport children to multiple appointments. Therapists each focus on one aspect of the child's disability and can do so with little or no understanding of the child's family, broader context or everyday life or other services being provided. Services remain unconnected meaning there is no real service coordination or 'system'. Individual therapists approach a child through the prism of their own discipline and families have to manage the competing priorities and advice from professionals. The medical approach to children with disability or developmental delay is:

- not evidence-based
- stressful for the families who have the means to physically and financially access
- inaccessible to families with limited means, and
- unsustainably expensive, and
- removes children from opportunities to participate meaningfully in their education and community settings.

2. What do children and families need?

The primary needs of children are to be in safe, secure, and nurturing child-caregiver relationships (Moore, 2024). Children's basic needs for health, nutrition and sleep need to be met, and they need positive learning experiences, at home and in the community, playing and learning with their peers (Moore, 2024). Children with a disability or developmental delay need to be supported to flourish in their everyday activities and settings.

To meet the core needs of children, parents and caregivers also need to have their basic needs met (Moore, 2024). The overarching needs of parents and caregivers are relational. They need to feel connected and supported by others in their families and communities, and to have access to support services that are relationally delivered, trusted, and family-centred (Moore, 2024).

It is within the context of nurturing and responsive relationships with their caregivers that children develop their social, emotional and self-regulatory capacities (Moore, 2024). In addition, children need support to develop health and sleep routines; and to be protected from toxic stress (Moore, 2024). Children and their parents also have shared needs for safe and secure housing, sufficient income to prevent the toxic stress of poverty, access to healthy food, safe neighbourhoods, family-friendly work conditions, and the time and space to bond with each other and connect with their communities (Moore, 2024).

Families are the main facilitators of child development, wellbeing and participation and their capacity to provide care can be challenged. When a child is very ill, requires extended hospitalisation or home care or other intensive treatments, family resources can be severely challenged. Some parents find that having a child with a disability challenges their confidence in parenting their child. Stress can arise from the uncertainty of the child's condition. Receiving a diagnosis of disability is not always straight forward. The term developmental delay is used to describe the uncertainty about a child's condition. It can be evident that a child is not developing well without it being clear why. Many families are hopeful that issues will resolve themselves and, in some instances, this does occur.

As children with a disability or developmental delay require more intensive support from their families to flourish, the support of families of children with a disability or developmental delay is even more imperative (Innocenti et al., 2013). However, having a child with a disability or developmental delay can place additional stress upon families (Buckner & Yeandle, 2017; Guralnick, 2005). Families of children with a disability also have an increased likelihood of experiencing a range of other contextual risk factors (Daniels et al., 2008; Leonard et al., 2005), and children with a disability or developmental delay have been found less likely than other children to receive the warm and responsive parenting they need (Eshbaugh et al., 2011).

The potential stressors arising from having a child with a disability or developmental delay can begin very early, and include a need for information and advice, decision-making regarding services, a need for additional resources, and the efforts of needing to advocate to access those resources (Guralnick, 2005). Parents of children with a disability are more likely to experience parenting stress arising from disrupted sleep (Bourke-Taylor et al., 2013; Jacquier & Newman, 2017) and behaviours of concern

(Baker et al., 2003; Keller & Sterling Honig, 2004). The emotional impact of coming to terms with a diagnosis can be varied, impactful and long lasting (Beeber et al., 2017; Bourke-Taylor et al., 2010; Bourke-Taylor et al., 2012; Feniger-Schaal & Oppenheim, 2013; Totsika et al., 2011). Social stigma and isolation can be experienced by parents of children with developmental disability, impacting their physical and mental health (Song et al., 2018). Associations have been found between disability related parenting stress and accelerated shortening of telomeres (Epel et al., 2004) and an increased likelihood of premature parental death (Fairthorne et al., 2014).

Contextual factors can exacerbate these disability-specific risks. Children born into the bottom 10% of socio-economic disadvantage have five times the risk of a mild to moderate intellectual disability than the children in the top ten percent of socio-economic advantage (Leonard et al., 2005). Children with a disability are twice as likely to experience family and domestic violence (Octoman et al., 2022). Mothers with a pre-existing psychiatric diagnosis have an increased likelihood of having a child with cognitive difficulties (Collins et al., 2017) and are twice as likely to have a child with Autism Spectrum Disorder (ASD) (Daniels et al., 2008). Diabetes triples the risk of having a child with ASD while there is a four-fold risk from maternal epilepsy (Fairthorne et al., 2014). This convergence of risk factors means that the families of children with a disability or developmental delay are more likely to be contending with a range of challenges in addition to their child's developmental concerns.

Considering this array of potential stressors parents may be contending with and the negative impact of parental stress on attachment security (Booth et al., 2018), it is perhaps unsurprising that children with a disability or developmental delay are significantly less likely to develop a secure parent-child attachment relationship (Alexander et al., 2023a). The quality of parent-child attachment is significantly associated with a wide range of developmental outcomes including but not limited to behaviour (Fearon & Belsky, 2011), communication (Belsky & Fearon, 2002), learning (Geddes, 2018), mental health (Rapoza et al., 2016; Sroufe, 2005), physical health (Puig et al., 2013; Rapoza et al., 2016), social skills (Groh et al., 2014) and socio-emotional regulation (Pallini et al., 2018). Attachment quality forms largely over the first year of life and tends to remain steady, barring major life events (McConnell & Moss, 2011). Early Childhood Intervention (ECI) professionals are well positioned to support the development of secure parent-child relationships when families are able to access ECI early (Alexander et al., 2019).

In this context of disruption and uncertainty, it is important families are supported to seek assistance for their young child. Highly impersonal or bureaucratic gateways to services are neither helpful nor encouraging. A responsive ECI approach is necessary to make Thriving Kids accessible to families seeking support. It is also essential for effective early intervention. Early intervention for young children is based on the principles of early childhood development. Humans learn more rapidly in the early years than at any other stage in life (Moore et al., 2017). During this time, the basic architecture for future development is established. If a child is not developing well, the sooner the situation can be addressed then the greater benefit for future development. The economic imperative for early intervention is based on the importance of intervening early (Heckman & Masterov, 2007). The costs of intervening later are greater, because early developmental opportunities have been lost, poor adaptations have occurred, and it requires greater intervention to bring about change.

Overarchingly, children and families need for there to be a unified policy foundation across health, education, family and social services to ensure that all services in the early years (birth to nine years) are speaking the same language.

3. What is the current situation?

We currently have an ‘early years system’ that operates as a series of siloed services rather than a designed, cohesive system (Moore, 2024). There is a high level of variability across State and Territory jurisdictions and within jurisdictions. Consequently, it can be challenging for any family with a new child to know where to go to connect with other families, information, or general child and family support services. This complexity is exacerbated for families of children experiencing socio-economic challenges and/or developmental risks, concerns, delays or disabilities.

There are many mainstream parenting services available in the community that are beneficial to many families. These include playgroups, maternal & child health care, early childhood education and care, parenting groups, and parenting centres. The shortcoming of these supports can be that they were not designed for children with disability or developmental delay and therefore not underpinned by ECI best practice principles. Children with disabilities were predominantly either within institutions or segregated services for the first ninety years of the twentieth century. This was the period in which community-based children services were developed. These services were not designed with children with developmental delays and disabilities in mind. Additionally, these mainstream services are often limited, fragmented, and inequitably accessible and do not have sufficient funding, expertise, or resources to inclusively provide all families with the level of support they need when they need it. Families experiencing complexity often report frustration at the multiple professionals they currently engage with to access supports for their family.

Many parents and carers access information through online sources, such as AI, Google and social media platforms, including Facebook, Instagram and TikTok. Social media can be an unreliable source. Parents and carers will often utilise social media platforms to seek recommendations for supports and services from other parents and carers, which is not always evidence-based or objective.

The market approach of the NDIS has created what can be an indecipherable sea of marketing to families with many competing claims and offers being made. Some families will seek advice from their GP. While this sounds like an eminently wise option, some medical practices are now operating within the NDIS and are not independent. Approaching GPs often leads to a medical model of service. The GP makes a referral to an allied health professional in a clinic. That allied health professional goes on to identify another ‘deficit’ to treat and refers to a colleague to attend to that part of the child’s disability. Currently 15 out of 16 providers under the NDIS are unregistered and may not have any training in early childhood intervention or inclusion supports. There is a long-standing disconnection between services based on medical or health models and services developed based on early childhood development, with its emphasis on developing support through families, communities and learning places.

In the medical model the emphasis is only on the person or child with a developmental delay or disability adapting. Local initiatives will be unsuccessful without systems support. Unfortunately, the NDIS may have inadvertently reinforced the medical model through its emphasis on therapy. Unlike earlier ECI programs, it has not emphasised the need for support for families through community connections.

By far, the most common environment children can be found in outside of the family home is in education settings, with around 30% of Australian infants aged from birth to one-years olds enrolled in early childhood education, 62% of one-year olds and up to 90% of children in the year before almost 100% go off to school (Australian Institute of Health and Welfare, 2022). Building the capacity of educators to include children with a disability or developmental delay in their programs and enhancing consistency for children across all environments was historically a core focus of Key Workers employing best practice in ECI. Under the NDIS this capacity-building of educators and support of inclusive learning settings has become complicated by a range of factors. Firstly, the increased number of professionals working with children with a disability has diluted expertise in ECI. Many professionals offering services under the NDIS have no specialist knowledge of disability or child development, nor any grounding in best practice training. Secondly, there has been an increase in clinic-based service provision. Thirdly, there is the structural issue of the NDIS being a Commonwealth responsibility and while long day care (LDC) is federally funded, early childhood education and schools are run by State and Territory governments. The NDIA leaves interactions between schools and NDIS service providers to market forces and ultimately individual schools all make their own decisions around access and coordination.

The fourth complication involves the sheer number of service providers now working with children with a disability. Where once a classroom teacher may have received holistic support from one Key Worker with specialist knowledge and training, regarding a child in their class, they may now be inundated with multiple professionals talking to them about narrow aspects of the development of multiple children in their class. Some schools only allow professionals to withdraw children from class for therapy, and some have banned NDIS professionals from visiting altogether. Consequently, some children are left with disconnected strategies with different approaches, and equipment, being used at school than at home. While around 85% of children with a disability attend mainstream school, more than 75% of school principals report they do not have enough resources to meet the needs of students with a disability (Australian Government, 2019). NDIS data has indicated that participation in mainstream education has declined for children in the scheme (National Disability Insurance Agency, 2021).

Children and families are not doing well under the present system. The latest data from the Australian Early Development Census (Australian Government, 2025) shows a significant increase in the percentage of children (n=288,483) who are deemed developmentally vulnerable across all five measured domains. Only 52.9% of children overall, and only 33.9% of Aboriginal and Torres Strait Islander (ATSI) children, were found to be developmentally 'on track'. Geographic location also has an effect with only 43.1% of children in rural and remote areas on track. Furthermore, the impact of socio-economic status has significantly widened, with the developmental gap widening, since the census began in 2009.

The NDIA publishes little data on outcomes, but what is available paints a concerning picture for families (NDIA, 2024):

- Over half of families report barriers to access or advocacy
- Fewer than half feel services are listening to, or meeting their needs
- Only half know how to support their child's learning
- One third have someone to ask for practical help
- Parent self-rated health has declined over time in the scheme by nearly 10%
- Only one-quarter can participate socially as much as they would like.

In contrast, families receiving best practice ECI report significantly higher family quality of life, especially where supports are strengths-based, family-centred, and informative (Bhopti et al., 2020). Our 2024/25 Family Outcomes Survey data showed that 75% of respondents were satisfied with their child's access and participation in the community, 73% were satisfied with their family life and 92% were happy with the services they were receiving from Noah's Ark.

On a positive note, the Australian Federal Government, has recently released a draft Early Years Strategy articulating a vision for all Australian children to thrive and reach their potential supported by strong and connected families and communities (Australian Government, 2024). This vision supports children with a disability to achieve their rights under the Convention of the Rights of the Child and to be provided with the care and support they need to develop, participate and live a full and decent life (UNICEF, 2014). A vision such as this for all children can support the framing of a design for Thriving Kids.

4. What is Best Practice in Early Childhood Intervention?

Prior to the full rollout of the NDIS, the NDIA commissioned work on best practices in early intervention for young children from Early Childhood Intervention Australia. The resulting guidelines (Early Childhood Intervention Australia, 2016) were based on national consultations and drew on the available evidence. The key quality areas identified in the best practice guidelines included:

- Family-centred and strengths-based practice
- Culturally responsive practice
- Inclusive and participatory practice
- Engaging the child in natural environments
- Collaborative teamwork
- Capacity-building practice
- Evidence base, standards, accountability practice
- Outcomes-based approach

We support the NDIA's guidelines regarding their approach to best practice for supporting children with disability or developmental delay:

> *'Best practice recognises that children learn and develop in natural, everyday settings. This includes their own home, and other places, such as childcare, playgroup or preschool, where they play with family or friends. This means the adults they are with need information, tools, and support to help the child's development and participation."*
>
> (National Disability Insurance Agency, 2023, p. 3)

One of the foundation principles of best practice in early childhood early intervention is collaborative teamwork, including the development of transdisciplinary teams of therapists and educators with different professional backgrounds who can support families and each other to develop a more holistic understanding of a child's developmental needs. Generally referred to as the Key Worker or Lead Practitioner model (Bonyhady & Paul, 30 June, 2023), this collaboration supports a family-centred approach to improving outcomes for children with a disability or developmental delay (Early Childhood Intervention Australia, 2016).

Primary components of the Key Worker model include supports to families that recognise the complexity of having a child with a disability. These include emotional support, information and advice, identifying and addressing needs, advocacy, and service coordination. These components form the basics of a family-centred approach and enable services to be individualised to unique family circumstances.

Key Workers are educational and allied health professionals with specialist knowledge of child development; they are family-focused, strengths-based and work in a child's natural environments and routines to build the capacity of parents, educators, and other important people in the child's life (Alexander & Forster, 2012). While the NDIA recommend the Key Worker model (National Disability Insurance Agency, 2023), there is an absence of education, incentive, or regulation to support the implementation of the model.

In May 2024, a consortium was appointed to review the Best Practice Framework. Regulation and reform are required to ensure that the new guidelines are used to shape the future of service delivery available for all children with a disability or developmental delay and their families in Australia. Otherwise, the efforts of the consortium will merely be in service to an expensive academic exercise, and nothing will change for children and families. The consortium completed the guidelines earlier this year however the release has been delayed, with the Framework and associated resources released on 30 September 2025. The key principles of these new guidelines are:

- Rights based
- Relationship based
- Strengths based
- Ecologically based
- Child centred
- Family centred
- Cultural safety
- Diversity affirming
- Participation
- Everyday settings
- Teamwork
- Community focused
- Outcome focused
- Evidence informed

It is urgent that these guidelines be widely circulated and promoted, and that investment is made to build workforce capacity to use these approaches and quality assurance to ensure they are implemented effectively. Universal implementation of Best Practice in ECI has not, and will not, arise naturally from market forces. Furthermore, implementation of the guidelines will require appropriate training, coaching and support to ensure they are truly applied in practice with children and families.

5. Why is Best Practice Important?

Early childhood intervention serves a dual purpose – it supports the development and well-being of the child, and the family as a whole. At the child level, the focus is on fostering the development of functional skills that enable meaningful participation in family and community life.

In some instances, early intervention can effectively address emerging developmental concerns to the extent that the child no longer requires intensive support. Without timely intervention, however, these issues may escalate, becoming more complex and costly to manage, and potentially leading to ongoing financial claims upon the NDIS.

When the child's developmental disability is persistent and severe, early intervention aims to reduce its impact on the child's development and participation. This in turn, helps to ease the demands on families and other services, thereby minimising long term costs and improving overall outcomes.

Early childhood intervention services also seek to support family functioning and build parent capabilities. When this is not provided, then there are likely to be worse outcomes with associated costs for the family and the wider society. These can take a number of forms:

- In a two-parent family, the demands of parenting a young child with developmental disabilities often prevents one of the parents from working, thereby reducing both the family income and the contribution that the family makes to social productivity as workers and taxpayers. This is often even more acutely felt in single parent families.
- Having a young child with developmental disabilities increases the level of stress on parents, leading to higher incidence of depression and other stress-related conditions, all of which have additional treatment costs that society has to bear.
- Children with developmental disabilities are at their most vulnerable when they are very young, which is when their relationship with their caregivers is just developing and most likely to be compromised. Children with a disability or developmental delay are significantly less likely to develop a secure parent/caregiver relationship and this has implications for their development, wellbeing and participation (Alexander et al., 2023b).
- Children with developmental disabilities are more likely to be neglected or abused (Maclean et al., 2017), causing adverse effects upon their development and well-being, but also resulting in higher societal costs in the form of child protection and other services (Mathews, 2023; Moore et al., 2015)

Overall, the failure to provide appropriate and effective support to families can lead to poorer outcomes for parents and families as a whole. These incur additional costs that must be borne not only by the family, but also by the wider society in the form of support and treatment services to address mental health and family dysfunction. These personal and social problems also reduce the capacity of family members to contribute productively to society as active citizens, workers and taxpayers.

6. Considerations in the design of Thriving Kids

6.1 Cohesive blueprint for the early years

Both general and targeted foundational supports offered under Thriving Kids should be a part of an early year's landscape which is designed to support all children and families to thrive. While there has always been scope for improvement, the early years sector was much better connected in many areas prior to the roll-out of the NDIS. Early Years professionals tended to have a good understanding of the importance of a connected system, both at an individual child and family level – where everyone involved in the child's life is collaborating and communicating, working alongside the family on shared goals and understandings; but also, at an organisational and sector-wide level.

For example, under the Victorian state-based system of ECI, these connections were deliberately strengthened by the State Government through Early Years networks. Consequently, there was a basic understanding of what each of the services were designed to achieve and connections between personnel. The Early Childhood Intervention (ECI) services for children with developmental delays and disabilities were part of these networks and services were allocated time to connect with each other. The development of the Early Years Framework, and in Victoria the Early Years Learning and Development Framework, provided common principles and language. While Early Years networks continue to exist, ECI and disability service providers are no longer as engaged since the roll out of the NDIS, due to the system constraints that have limited opportunities for networking and the introduction of a competitive market. To rebuild the advantage of a more integrated approach that can benefit children and families, the following needs to be considered:

- A funding model that supports collaborative relationships between services and provides the capacity to connect to the local early childhood policy context and its funded services
- A commitment to Thriving Kids providing best practice services that are trusted by local communities
- Capacity to outreach to provide support to and coach key professionals in the lives of children, including early childhood educators.
- Opportunities for Thriving Kids initiatives to be co-located with mainstream early years services such as education, maternal and child health etc.

The absence of an Australian blueprint or strategy for children with disabilities and their families has had a significant impact on both the design of the NDIS and its implementation. The draft Australian National Early Years Strategy (2024-2034) articulates a vision of all Australian children thriving and reaching their full potential through the nurturing of their empowered and connected families, who in turn are being supported by strong communities (Australian Government, 2024). The NDIA and Thriving Kids could align their vision and blueprint for achieving this vision for children with a disability or developmental delay. An evidence-informed blueprint for children would ensure a focus on prevention and the earliest possible intervention with a best practice approach supported by a new funding model and regulations, and a viable workforce plan. It is vital that supports integrate all contexts of a child's life, including family, community, and learning environments.

Making best practice principles applicable to both general and targeted foundational supports under Thriving Kids would be helpful. It is essential that all people working with young children have a consistent understanding of what best works for children with developmental delays and disabilities and best practice in ECI and are implementing this in their work

6.2 Diversity in levels of needs and family preferences

Children develop on diverse and individual trajectories. Intervening early for children with or at risk of developmental delay is a preventative measure. There is the potential for children with significant delays in early childhood to make up ground, with the support of high-quality early childhood intervention. The National Best Practice Framework for Early Childhood Intervention includes principles related to culture and diversity (Moore T., 2025). Consideration needs to be given to how supports or services can be tailored to meet the needs of families who identify as First Nations, culturally and linguistically diverse, or other diverse groups; have a range of complex needs; live in regional, rural and remote areas; or have more than one child with support needs. There is no one-size-fits-all approach so it is important to have multiple evidence-informed options available for families to choose from, delivered in a variety of modalities. It is essential that this is designed from the perspective of a customer focused model that strives to eliminate the barriers to participation. This includes a design that prioritises family engagement, with time given to support relationship building, rather than being driven by the demands of funding models or administrative requirements.

6.3 Information

Many families identify developmental concerns or questions early but are unsure of where to seek additional information or advice. Access to a trusted central 'first port of call' may allow families to seek additional advice around their child's development to understand if additional supports may be beneficial. This information source could also support families to access high-quality, evidence-based services, overcoming many of the current challenges highlighted above.

It is important that families can access a trusted professional such as a Key Worker who can provide unbiased evidence-based information. It is often only through conversation with a trusted professional that families can come to identify the range of the issues they face, their priorities and the options. Particularly in the early stages of exploring developmental concerns, it can be very difficult to comprehend what is involved. This needs to be unpacked with someone who understands the family's situation, helps the family identify their priorities and can advise about what is available in their community and more broadly.

New investments need to be made in ensuring parents, caregivers and kin can readily access high quality, evidence-based information about what constitutes best practices in supporting their child and what local supports and services can provide.

In the absence of a central point of contact (online/phone) for parents with developmental questions or concerns which can provide expert independent advice about best practices, families access information using a range of sources including Facebook groups or local connections. While these online networks can provide important connections, they can also lead to information being shared that is not evidence-based.

The challenges families face when developmental questions or concerns are first raised such as trying to negotiate service fragmentation and early access to local evidence-based services, could be eased if they had access to a trusted first port of call such as a local Integrated Child and Family Hub. It is important that any first port of call is well publicised and promoted through a range of channels. In the ACT there are three child and family centres, but many families we work with are not aware of them as an information source or are unable to access them during opening hours due to work and other commitments. For families to also have access to similar information online or via phone, at times when they are most likely to be seeking this, which is often in the evening, would be very beneficial.

6.4 Connection

As discussed in Section 2, children and family's needs are primarily relational. Connection with other families is an important source of emotional support and information for new families. These connections do not always occur naturally in modern society, and many families can benefit from supported opportunities to form meaningful and ongoing connections. Families with infants or young children experiencing developmental risks, concerns, delays or disabilities, can benefit from connecting with other families who are, or have had, similar experience (Canary, 2008; Commerford & Robinson, 2016). While some families may be able to seek out these family connections or professional advice in their local communities, other families will require a more proactive approach, such as a home visiting service. Having easy access to a known, trusted, and knowledgeable professional can also facilitate early identification of needs, proactive early support, and warm referrals to connect families to other best practice supports when needed.

6.5 Observation

Moore et al. (2017) informs us that "...the first 1000 days (of a child's life) is the period of maximum developmental plasticity, and therefore the period with the greatest potential to affect health and wellbeing over the life course". Offering best practice ECI within this timeframe has the potential to optimise child development, wellbeing and participation and reduce costs to government systems, including the NDIS, over time, enhancing both the sustainability of the scheme and the ecological system in which children develop. ECI needs to be available for families as early as possible. The only way we can ensure this happens is if there are opportunities for the child to be observed by professionals in natural environments (rather than artificial clinic settings) with strong knowledge of child development. This can be addressed through increasing the knowledge of the broader early years sector and through initiatives such as the Key Worker Playgroup mentioned in section 7.

6.6 Transdisciplinary Key Worker

One of the many benefits of the transdisciplinary Key Worker model is that it can flexibly adapt to the needs of the family. Some families may just need to connect with one trusted, knowledgeable professional supported by a multidisciplinary team as a once off, others occasionally, some at key transition points such as moving to childcare of kindergarten, with others may need more substantial or ongoing support.

Utilising a transdisciplinary Key Worker model simplifies the relationship for the family by focusing on working closely with one trusted professional who can support linkages to other members of the team as required, rather than having to navigate multiple relationships and appointments. Similarly, families who have more than one child with support needs will benefit from a holistic approach that focuses on the whole family, through the effective implementation of a transdisciplinary Key Worker model. Levels of family complexity need to be considered rather than just levels of disability for individual children within a family.

The use of a transdisciplinary Key Worker model is also an effective way to better meet the needs of families living in rural, regional and remote areas. It may be that local key workers access the support of a wider transdisciplinary team in other locations, to ensure that families are receiving timely access to relevant supports. It is also possible that outreach models of service are considered where no local supports are available.

6.7 Co-design

Flexibility to have community-led, co-designed services in local communities would help to meet the needs of all. Announcements related to Thriving Kids have included reference to multiple practice solutions including co-design, flexibility, outreaching, Best Practice, community education or a no wrong door approach. These practices need to be resourced. They will fail if they do not have local support. Local support requires both a level of shared knowledge within the community and a commitment to act on that knowledge. Greater consideration needs to be given to building broader community understanding of the social model of disability in which both the person with a disability and the environment need to adapt. The importance of community level response and support needs to be built into larger program design and funding if the practices are to be successful.

Communities need the opportunity to choose how to build their capacity and to be able to work with trusted organisations, such as not-for-profit providers of best practice. Noah's Ark has had long established relationships with various First Nations early years services, to enable coaching and capacity building around support for children with disabilities or developmental delays.

7. Initiatives to consider

There are a number of initiatives, supported by evidence and outcome measure data that would be effective in supporting the goals of Thriving Kids. Some examples of these initiatives are provided below.

7.1 Key Worker supported playgroups

There are a wide variety of playgroups available for families. Benefits of playgroups are well understood and include social connection for children and parents, increased knowledge and confidence of parents, easing access to other supports and child development benefits, and stronger, more connected communities (Commerford & Robinson, 2016; Edwards et al., 2022; McLean et al., 2022; McShane et al., 2016). Funding to playgroups or other community-based supports to be supported by qualified Key Workers could entail group information sessions regarding child development, coaching for playgroup facilitators regarding inclusive practices, and opportunities for parents to have an individual session with the Key Worker to discuss their concerns or to seek information and advice, emotional support, assistance in identifying their needs, or advice on advocacy or service coordination. A Key Worker supported playgroup would have the benefits of a regular playgroup with the addition of building the knowledge and skills of the parents and playgroup facilitator regarding how to proactively support child development. Additionally, a Key Worker supported playgroup offers the opportunity for early identification and addressing of need before problems escalate and require more intensive and expensive responses.

7.2 Home-visting Key Worker support for family's experiencing developmental risks or for children with developmental concerns or delays

A key plank to early identification and amelioration of developmental delays is to provide best practice Key Worker ECI for families experiencing developmental risks. Some family's needs may be addressed by information shared at play group or an individual conversation at the play group site with a Key Worker whereas other families may need a slightly higher dose of support, a one-off home visit, or even a fortnightly or monthly home visit over a period of time. Ideally, this could be a service that people could return to at a future time when and if new concerns arose. Investment in provision of home visiting supports for children with developmental concerns or delays, through a transdisciplinary Key Worker model, will reduce the need for support over time by addressing developmental concerns and building parental confidence and competence. Home visiting is also an important support for families who are unable to or choose not to access playgroups. Some families will have varying needs for support, including increased support needs during times of transition.

The NDIA does not appear to report on average plan sizes anymore, but the last NDIA report on children five years ago stated that the average annualised plan size was around $24,000 (National Disability Insurance Agency, 2020). Five years later, we are providing a best practice Key Worker model of service delivery for children ineligible for the NDIS, through the Victorian Government's Continuity of Support Program (CoSP), at less than $14,000 per child. We believe the CoSP would be an excellent model for foundational supports because it is delivered in alignment with best practice and is also financially efficient for funding bodies and may be a better option for many of the children currently receiving services through the NDIS.

7.3 Inclusion Coaching

Supporting early childhood services to access Key Worker support to build the capacity of educators to meet the needs of children with developmental delays or concerns will strengthen the eco-system of support available. These Key Workers can support the implementation of strategies to support the child's development in the context of everyday routines and activities. This role should link the environments that children spend time in and not replace inclusion supports within early childhood services.

Providing support to early childhood education services and schools used to be a core element of the Key Worker role prior to the NDIS. The introduction of the NDIS has led to many education settings denying access altogether or limiting access to removing the child from class, which can be detrimental for the child both socially and academically. The primary role of Key Workers in this context is to link the contexts in which the child is developing, not replacing the inclusion support provided by the early childhood service or school.

Noah's Ark now has separate contracts with a number of schools to provide coaching, mentoring, and advice regarding inclusive practices for classrooms rather than for individual children. The service is provided by a transdisciplinary Key Worker who is based at the school a day a week. This model could be effectively scaled across early childhood and education settings. Please contact us if you would like more information about this.

7.4 Training

> *"Best practice recognises that children learn and develop in natural, everyday settings. This includes their own home, and other places, such as childcare, playgroup or preschool, where they play with family or friends. This means the adults they are with need information, tools, and support to help the child's development and participation." (National Disability Insurance Agency, 2023, p. 3).*

These adults include parents, other family members, caregivers, early years educators, maternal and child health nurses, G.P.s and paediatricians, adults leading community sports and other activities. Information and training should be made available to enhance the capacity of adults across children's environments. Noah's Ark for example, provides training on the Key Worker model, best practice, routines-based intervention, child agency and more. Under NDIS funding, professional development has been in decline as providers grapple with decreasing profit margins. In addition, Noah's Ark is unable to offer all the free training we did previously under block funding arrangements.

7.5 Integrated child and family hubs (hubs)

Hubs are a key feature in the early years landscape for families in most Nordic countries (Kekkonen et al., 2012). While they also feature in many parts of Europe, the UK, USA and across Australia, they are not available in every community (Moore, 2021). Integrated child and family hubs also provide safe spaces and opportunities for families to meet each other, and forge meaningful and lasting connections (Moore, 2021). Benefits of hubs include improvements in child health, development, and academic outcomes, more knowledgeable, confident, and socially supported parents, and earlier and easier access to additional supports when needed (Honisett S., 2023). The development of these hubs throughout Australia could be an excellent means of connecting the early years' service system for families and providing General Foundational Supports. Ideally hubs are co-designed in local communities with families and service providers (Moore, 2021). General and targeted foundational supports through Thriving Kids could be connected to integrated child and family hubs, benefiting families responding to a child's developmental risks, concerns, delays, or disabilities.

Regardless of access to hubs, capacity for outreaching to families where they live, play, and learn, is essential to provide families with a range of ways to engage with supports, in environments that are comfortable for them. Children develop through their engagement with the key adults within the environments they spend their time on an everyday basis. Support needs to be provided in context to ensure maximum developmental benefit. Furthermore, both general and targeted foundational supports under Thriving Kids must be designed to align with the National Best Practice Framework for Early Childhood Intervention which highlight the importance of participation in everyday settings.

7.6 Support for healthy, secure, parent-child relationships

Secure parent-child relationships provide a positive foundation for child development, wellbeing, and participation (Cassidy & Shaver, 2016). Insecure and disorganised attachment on the other hand, is associated with problems in socio-emotional regulation, behaviour, interactions with peers, and mental and physical health (Cassidy & Shaver, 2016). Children with insecure or disorganised attachment and poor self-regulation capacity are more likely to have difficulty sleeping (Bordeleau et al., 2012), and to exhibit behaviours of concern (Fearon & Belsky, 2011). Child sleep disturbance and behavioural problems are stressful for parents (Bourke-Taylor et al., 2013; Hastings, 2002). Parental stress increases the likelihood of negative parenting behaviour which mutually escalates with negative child behaviour (Baker et al., 2003).

Children with a disability or developmental delay are significantly less likely to develop a secure parent-child relationship and are almost twice as likely to develop a disorganised attachment (Alexander et al., 2023b). Children with a disability are roughly three times as likely to gain a clinical behaviour diagnosis (Baker et al., 2003) and to experience maltreatment (Maclean et al., 2017), and they are overrepresented in out-of-home care (CREATE Foundation, 2012). Maltreatment increases the likelihood of behavioural problems, speech and language disorders, and mental health problems (Mathews, 2023; Sullivan & Knutson, 2000). Children with a disability are seven times as likely to have a psychiatric diagnosis (Emerson & Hatton, 2007). Looking further into the future, adolescents and adults with a disability are overrepresented in juvenile justice and the adult prison system (Shandra & Hogan, 2012).

Early support to build healthy, secure, parent-child relationships is not readily available to most families and could be provided economically through group programs and through educating professionals in the early years sector about why and how they can support parent-child relationships (Alexander et al., 2022). These supports could be embedded within models of Key Worker Supported Playgroups and Key Worker home-visiting services, if delivered in accordance with the National Best Practice Framework.

7.7 Key Worker Coaches™ for rural remote areas

Due to the specific challenges faced in the rural remote areas, a creative approach is needed to support the families and communities spread far and wide. We propose a multi-faceted role of Key Worker Coaches™. The Key Worker Coaches™ would be allied health professionals or early years educators with additional training and experience in child development and in using a coaching/capacity building approach. The Key Worker Coaches™ would work in a transdisciplinary manner with the support of their team to:

- Provide information and advice to families, emotional support, assist families in identifying and addressing needs, advocacy and service coordination. This support could include email, telephone and telehealth support with some capacity for outreach face-to-face support.
- Provide support/ coaching to early years services to enhance capacity in early identification, inclusion and support of children with additional needs. These early years services would include playgroup facilitators, maternal and child health, Early childhood education and care settings (including sessional kindergartens and long day care facilities), schools and early years services provided by Aboriginal Community Controlled Organisations. Support could be provided to networks, organisations and individual professionals through email, telephone and telehealth support, with some capacity for outreach face-to-face support.

The broad scope of the Key Worker Coach™ role means greater (more efficient) utilisation of skilled professionals across vast geographical areas. The skills and experience required in the role would need to be reflected in the remuneration offered but the variety and satisfaction likely to arise from a role enabling both family support and the inclusive capacity building of communities could make these highly sought after positions with excellent prospects for staff retention. It is important that the Key Worker Coaches™ are part of a broader organisational team, experienced in early childhood intervention, the Key Worker role and in using a coaching approach, to enable the support necessary for those undertaking these complex roles in rural communities.

7.8 Peer support models

Peer support models may be helpful as part of a range of strategies to share information. Family advocacy organisations are an important source of high-quality information. Families may engage differently with peer supports. at various stages on their journey. It is important that peer support is one of many options available for families. Depending on their journey and preferences, families may have varying degrees of readiness for this type of engagement.

7.9 Connectors

There are some successful models of the role of connectors. These are charged with the task of connecting families and services in a local area. Communities That Care® may serve as an example for this - https://www.communitiesthatcare.org.au/publications-and-research

A skilled and effective transdisciplinary Key Worker can also provide connection to appropriate resources and supports, as part of the implementation of their role. This is an effective approach as it streamlines contact for the family and ensures effective co-ordination, based on the Key Worker's knowledge of the child and family needs. Taking this approach also reduces duplication of support.

8. What outcomes are we seeking and how do we measure success?

Success looks like the vision for the National Early Years Strategy (2024-2034) is achieved (Australian Government, 2024). Children and families are thriving and connected to each other and have a sense of belonging and the early years workforce is skilled, connected, and capable to support this. Additionally, "there are appropriate and longstanding governance arrangements in place that facilitate cohesive and coordinated funding and the delivery of services and supports to families" (Australian Government, 2024, p. 16)

Measurement of these outcomes is an essential consideration. As listed in the Consultation Paper, early identification of developmental concerns is important. Currently NDIA reporting bundles the data for children together from age birth to nine or even birth to 14 years, obscuring age of entry to the scheme. Our own organisational data indicates that in 2023/24 the average age of the 572 new children who started service with us, was five years and two months – nearly double the crucial first thousand days of brain development (Moore et al., 2017). Future reporting across Thriving Kids and the NDIS should monitor the ages of children who are first seeking support as one measure of early identification. In the development of an outcome measurement framework for Targeted Foundational Supports, it will be essential that it is robust and allows for analysis of outcomes across a range of key demographic criteria.

The Australian Early Development Census (AEDC) is an existing measure with benefits and some challenges. Benefits include that it is a population-based measure that has already been rolled out and can provide considerable comparative data to measure national impact. Challenges include that it is only conducted once every three years and that children who go to special school are not included. If all children were included, we would hope to see an impact from Foundational Supports on AECD data over time. Annual data collection for a ten-year period may also be helpful.

The Family Outcomes Survey is an 18-question validated quantitative survey that was developed by the Early Childhood Outcomes Centre in the U.S.A. https://ectacenter.org/eco/pages/familysurveys.asp. This is a tool which could be used easily at a population level to gather data on family level outcomes resulting from Foundational Supports. Noah's Ark has been using this survey electronically each year with families for the past seven years and manually for several years prior to that. Results are collated across the organisation to inform ongoing service improvement. It was noted in our report on the results this year that despite the term Key Worker not being in any of the questions, many families reported that this was the most important part of the service they receive at Noah's Ark.

Another evidence-based outcome tool we use at Noah's Ark is the Canadian Occupational Performance Measure (COPM)(Mathews et al., 2020). We have consistently gathered data using the COPM since 2011. The tool helps families measure from their perspective the progress being made on the goals they are working on with their Key Worker. Our fourteen years of data show clearly that our evidence-based approach to ECI is working. In 2024 we measured 6,704 individual goals across 1,784 service plans. On average families saw a score change of 3.13 for performance and 3.05 for satisfaction. A change of two or more is seen as clinically significant and over two thirds of all goals reached this level indicating that our evidence-based approach to ECI is effective.

9. What needs to be considered regarding funding Thriving Kids?

There have been many lessons from the NDIS regarding the importance of getting the funding model right. The impacts of funding model chosen are considerable and must be heeded in light of the outcomes the government is hoping to achieve through Thriving Kids. The unintended consequences of any funding model should also be explored before an agreement is made. This would help to avoid replication of some of the current challenges faced by the NDIS in the context of children.

First let us consider first who Thriving Kids will be supporting. A large-scale study (n= 239,835) conducted in Western Australia investigated sociodemographic correlates of disability and found that the risk of intellectual disability with unknown cause is more than five times higher for those in the most socially economically disadvantaged 10% than the least disadvantaged 10% of the population (Leonard 2005). This means that a disproportionate number of families requiring support through Thriving Kids will be experiencing a range of sociodemographic disadvantages in addition to having a child with a developmental delay or disability. Children experiencing such disadvantage may benefit most from early intervention, both in a general sense and specifically in relation to their developmental delay or disability.

Families experiencing socio-economic disadvantage tend not fit into a market model very easily. The more of these disadvantages a family experience, the more challenging they may be for professionals to engage and there may be higher numbers of cancellations (McArthur et al 2010). Families experiencing disadvantage may have limited access to information and support and experience challenges in accessing resources to meet their needs. While provision of support to families experiencing disadvantage is a key focus for not-for-profit providers of best practice in ECI, under the NDIS families experiencing additional complexities are seen by some providers as less desirable, requiring increased time, much of which is not chargeable under the NDIS. For example, non-billable work around child safety, involvement with child protection and family violence services, and a higher rate of non-billable cancellations due to complex family circumstances. In a commercial sense, they are not good customers. On the other hand, if families experiencing disadvantage are not engaged, then the costs associated with the child's disability may escalate through the school system and other forms of family intervention.

Second, let us consider the pros and cons of an individualised free market approach to funding compared to a block funding approach. Currently under the NDIS vast amounts of money are spent on creating individual plans with families, who are often not aware of what best practice early intervention should involve. As a result of this, and a largely unregulated market with a very high number of unregistered providers, plans often focus on the intervention of single disciplines within a medical model. While choice and control are important, the nuance and importance of informed choice should also be acknowledged. A block funding approach supports the engagement of high-quality providers and ensures equity and consistency of service delivery for all families.

Noah’s Ark commenced providing services through the NDIS in 2013, through the management of a team of Key Workers in the Geelong region. This trial site involved

Transdisciplinary Key Worker packages of three sizes, depending on the level of need of the child and family. The advantages of this funding method were that:

- all families selected best practice services because that was all that was funded
- packages were able to be used flexibly over the year of the plan according to the changing needs of the child and family
- travel expenses were rolled into the mix rather than singled out as a potential (and misguided) area of savings
- family-professional relationships were not strained with financial negotiations
- parents and ECI professionals were not stressed out and wasting time on the financial arrangements of every hour of service delivery
- finances were easier to manage in under-resourced not-for-profit service provider agencies.

No formal review of the various merits and deficiencies of the various trials has been made publicly available nor were participating providers consulted before this trial financial model was abandoned for the national NDIS roll-out. The current NDIS funding model does not actively encourage best practice, due to the highly individualised and variable packages, low value placed on travel and a focus on funding for individual disciplines.

The needs of children and families vary greatly over time. Under previous block funding arrangements for ECI in Victoria, not-for-profit providers were funded to see a certain number of children. This enabled providers to flex up and down in their role with families, providing high levels of support to families experiencing a crisis and scaling down for families who were embedding new strategies more independently. Organisations also made time to work engaging and capacity building in their local communities and supporting students on placement. If students do not have the opportunities to experience a student placement in ECI they may be less likely to make it a career choice once they have graduated.

Unfortunately, the current funding model of the NDIS does not actively encourage provision of support within everyday activities and environment for either parents or professionals. It is financially advantageous for professionals to provide appointments back-to-back in a clinic (Whitehouse et al., 2024). All services need to generate sufficient revenue to sustain their operations. In the current model, many providers must choose between financial sustainability and the implementation of best practice approaches. This is more acutely felt in rural and remote areas, where travel is greater and resources are often sparse.

Another declining outcome for the families of children under the NDIS is that each year they report in greater numbers that they would like their child to be participating more in community activities (National Disability Insurance Agency, 2021). Support for community participation is not something that can be achieved in a clinic. The individualised funding model of the NDIS does not support collective action to improve children's participation at the community level. The responsibility to negotiate access to activities, whether they be sport, art or games, rests with individual parents or workers making representations on behalf of an individual child.

A child's opportunities are influenced by their parent's networks and capacity to undertake such negotiations leaving the children already experiencing disadvantage to be even further disadvantaged.

The current funding model under the NDIS creates a transactional layer over parent-professional relationships. It puts pressure on families to make purchasing decisions often in the absence of evidence-based information about best practice. It is stressful for families and stressful for staff working under pressure to meet billable hours targets as their key measure of success This has resulted in an increase in staff turnover. Allied Health and education professionals have other employment options outside of NDIS and many are making this choice. Where once the field of ECI was dominated by experienced and specialised professionals, there is now a predominance of new graduates. In a system where new staff have no income while they are being trained and a limited income while they build the skills, knowledge and confidence to take on a full caseload, the financial brunt of this aspect of the NDIS' funding model is borne unfairly in not-for-profits and rural regions.

Many families in the current NDIS system do not have access to information about evidence-based, best practice supports. Instead, they may access allied health services in a medical model that focus on the delivery of therapy directly to the child, without a focus on parental capacity building or implementation of strategies into everyday routines or activities. Providing funding only to providers working in best practice frameworks will ensure that all families are accessing high quality services that take a capacity building focus.

The funding model for Thriving Kids should clearly be linked to the achievement of outcomes, for children and families and on a broader level in relation to communities. This will incentivise the provision of high-quality services that are aligned with the National Best Practice Framework and encourage service providers to prioritise and invest in networking and community capability-building. If outcomes for children, families and communities are expected as part of Thriving Kids, it is essential that any funding models adequately support this. A block funding approach would support this effectively, by allowing services to allocate resources efficiently based on local knowledge. Pairing this with a clear approach for outcome measurement would ensure that services are accountable for funding they receive.

10. What needs to be considered about workforce?

Provision of best practice under Thriving Kids requires a stable, sustainable, knowledgeable and skilled workforce; knowledgeable about, and aligned to, a best practice approach in ECI. Early Childhood Intervention professionals come to ECI with qualifications in their profession – Early Childhood Special Education, Occupational Therapy, Physiotherapy, Psychology, Social Work, or Speech Pathology. To employ the full range of therapists to enable a transdisciplinary team to be as holistic as possible, a team would need to work with 100 or more children. NDIA data indicates that only 10% of allied health providers worked with 100 or more NDIS participants while 65% of providers work with less than 20 participants.

Undergraduate courses in allied health do not currently prepare graduates adequately for ECI. There is little focus on child development in these courses and little to nothing on best practice in ECI. This means that when graduates go to work in ECI they require training, mentoring and coaching not only in their own discipline, but in the Key Worker role, child development, and using a coaching approach with parents and caregivers. Prior to the NDIS rolling out, block funding and state government subsidies enabled this training to occur once professionals began work in ECI. In addition, the loss of skilled and experienced workers who have chosen to exit the NDIS has only increased the need to provide training and support to staff if quality services are to be provided.

Funding staff training under the NDIS is far more challenging as best practice organisations are experiencing financial strain and staff do not earn any money while they are being trained so the loss of income in addition to the expense of the training is borne by the organisation. New graduates are recruited and trained by struggling not-for-profit organisations then poached by private ‘for-profit’ providers. Professionals are faced with increased costs of living and are lured by a higher hourly rate but not provided with training, supervision, or the time for the teamwork required for best practice service delivery. The consequences of failing to tend to the small and specialised nature of working with young children with disability or developmental delay and their families has resulted in agencies expanding the age range of participants they service and diluting their specialist skills and knowledge.

Additionally, there are considerable challenges regarding recruitment and retention of therapy staff in the NDIS with over 80% of surveyed agencies reporting difficulty recruiting therapists and over 60% reported difficulty retaining them (National Disability Services, 2023). The NDIS workforce plan, despite having a child on the cover, does not specifically mention workforce issues for ECI (Australian Government, 2021). While these workforce issues remain unresolved, children and families sit on waiting lists, and the viability of services, and the sustainability of families, communities and the NDIS itself is placed under threat. There needs to be investment in building the workforce capacity to use be practice approaches and quality assurance to ensure they are implemented effectively.

Finally, there needs to be a big investment in building the capacity of the mainstream early years sector. Meaningful inclusion and participation in everyday activities everyday settings needs to be a priority focus of Thriving Kids. While we need professionals with specialist skills and knowledge to deliver some aspects of direct service delivery, we also need to build the capacity of communities to be inclusive through information sharing and best practice ECI. This will not be achieved through single sessions of therapy under a Medicare approach.

11. What should the future sustainable NDIS for children look like?

Once Thriving Kids is up and running and the NDIS is focused only upon children and adults with permanent and significant disabilities consideration will need to be given to what that should look like. The NDIS Review has reported that the NDIS is an "oasis in the desert" which operates in isolation from other services. This is not good for children nor the NDIS. The Review has noted the concentration of funding for people with disabilities within the NDIS. In 2021-22, 93% of all disability funding went to the NDIS. This equation will shift for children with the introduction of Thriving Kids offering tiered support for children and families embedded in children's everyday environments and routines and building the capacity of the important people in children's lives leaving a need to consider the following:

- Will NDIS be a top up service? Multi-tiered systems of support focus resources on offering high-quality inclusive services for all; targeted interventions for those who need more support; and intensive individualised interventions for those who need support on top of the general and targeted supports, rather than instead of them.
- If the NDIS is only offering support to children with significant and permanent disabilities, will they still allow this work to be undertaken by unregistered providers who may lack expertise in disability and best practice ECI? The more manageable size of the NDIS may enable a greater opportunity to regulate to ensure that families have access to a best practice approach and that they are not disadvantaged by their location.

The NDIS was developed using the policy framework of the National Disability Strategy now Australian Disability Strategy. Unfortunately, the National Disability Strategy was not focused on children. The State and Territory Disability departments responsible for the Disability Strategy were not the departments with responsibility for children. This lies primarily with Education Departments. The current Australian Disability Strategy only refers to children in relation to inclusion in early childhood services and schools and child protection. It does not examine the factors needed to support the development and wellbeing of children with disabilities and their families.

There are now several National Strategies for children which provide models for what a national policy on children with disabilities might include. These have increasingly recognised the interconnectedness of factors impacting on and supports needed for children and families. The most recent, and comprehensive, of these is the National Children's Mental Health and Wellbeing Strategy (Australian Government, 2022). Its strategy has four focus areas:

- Family and Community
- The Service System
- Education Settings
- Evidence and Evaluation

When combined, these focus areas provide a holistic way of thinking about, and responding to, factors which impact on children's development. There is a recognition that positive action in all areas is required for good outcomes. This policy framework identifies the stakeholders who need to be engaged to successfully support children's mental health and wellbeing. The components of the model are applicable to children with disabilities. There is a significant opportunity to develop a national policy on supporting children with a disability and their families which clearly identifies both an ecological approach and how stakeholders need to be engaged to be effective. A clear policy framework and the identification of stakeholders would mean the NDIS could not operate as an "oasis in the desert." The model developed for the National Children's Mental Health and Wellbeing Strategy is below.

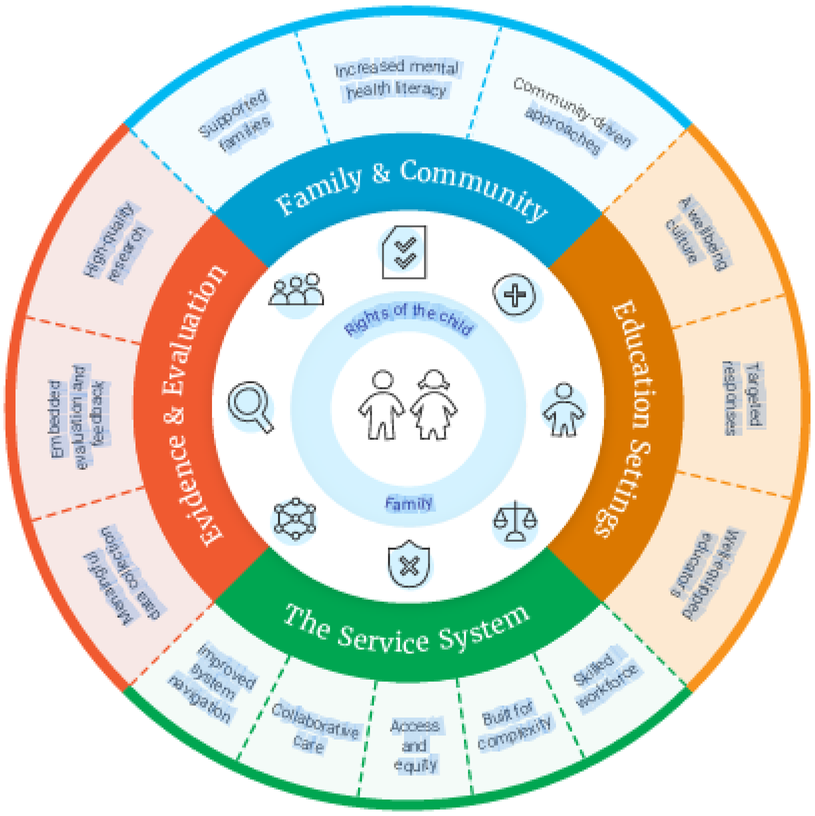

Figure 1. (Australian Government, 2022, p. 8)

The provision of best practice ECI for children and their families is an investment in better outcomes for children and their families, and a much-needed reform to improve the sustainability of the scheme overall. Primarily, services for children with a disability or developmental delay and their families need to:

- have families at the centre
- be provided as early as possible in family life, and
- support everyday activities in everyday places.

Early, easily accessible access to ECI professionals with training in the Key Worker model, coaching, and parent-child attachment is an investment which need not cost more than the present system - it may indeed cost less in the medium and long term - and has the potential to significantly reduce costs to the scheme over time. The call is not for more funding but rather for existing funds to be channelled into best practice and earlier intervention through a simpler funding model such as block funding for best practice service providers or transdisciplinary Key Worker packages. The call is also for a clear vision of what the NDIA hopes to achieve for children with a disability and a clear blueprint to make it happen. Failure to reform the NDIS to meet the early needs of families of children with a disability or developmental delay results in mutually escalating problems with parental stress, child attachment, self-regulation, behaviour, maltreatment, and mental health.

With knowledge of the importance of *early* childhood development, the vital role of parents in facilitating that development, and the likelihood of families of children with disability or developmental delay needing to provide more intensive parenting in more challenging circumstances, the call to action is clear. The introduction of Thriving Kids furthers the need for NDIS reform. Supporting the early childhood development of children with a disability or developmental delay and their family is a specialised area of disability support and requires a different approach. The funding model and the active promotion of best practice requires urgent attention. The vision of the NDIS for children needs to be clear, as does the plan for achieve to achieve the vision. We can't afford to leave the future of children with a disability, and the sustainability of their families, communities, and learning settings to the whims of the free market.

12. Summary

Children and families are not faring well under the current system in States and Territories across Australia. The NDIS has become unsustainable. Thriving Kids represents an incredible opportunity to make changes that will help children with developmental concerns and their families thrive, benefiting all Australians. The new National Best Practice Framework for Early Intervention (Moore T., 2025) has now been released in time to underpin the design of Thriving Kids. Understanding of and implementation of the best practice framework will need to be actively supported through design, regulation, education, funding models, and workforce planning. It is vital that Thriving Kids comes from a cohesive blueprint with a clear focus on outcomes and how these will be measured. At the heart of the design needs to be the understanding that to support kids to thrive you need to support families to thrive.

Families have diverse needs and preferences and so there will no one-size fits all solution. Thriving Kids needs to be free to families and easily accessible. Families need access to trusted evidence-based information. Connections between families, families and services, and across the service system should be supported to flourish. The transdisciplinary Key Worker model offers an economical best practice approach that can be scaled up and down according to varying levels of need between families and in families over time. Early identification and addressing of needs are a proactive way to meet needs while they are small and easily addressed, offering an opportunity to prevent escalation to more protracted and significant needs which require more intensive and expensive responses. Capacity for co-design to build and adapt supports to suit the needs of local communities would increase the likelihood of supports being accepted and effective.

There are lessons that can be learned from the NDIS experience to inform new ways of funding and workforce planning. Consideration needs to be given to both how the providers of supports under Thriving Kids can receive the training they need to implement a best practice approach and also how the broader early years workforce can be best supported to increase their knowledge skills, and confidence in meaningfully including all children in their programs and settings. Finally, consideration needs to be given to be given to what the NDIS for children should look like once Thriving Kids is established and the NDIS has returned to a sustainable size.

Overall, the Thriving Kids initiative is a much-needed reform in Australia, and we have welcomed the opportunity to participate in informing the design process.

13. Recommendations

Noah's Ark recommends the following in the design and implementation of Thriving Kids:

- A unifying policy across education, disability and social services overarching this reform.
- The new National Best Practice Framework for Early Intervention (Moore T., 2025) are integral to design, shared widely, and supported by policy, regulation and funding models.
- A developmental/social/ecological approach is taken
- Desired outcomes are clear and measured
- Supporting families so that they can support their children to thrive is the key focus.
- Supports should focus on children and families successfully participating in everyday activities where they live, learn and play.
- Families are supported through evidence-based information, emotional support, assistance to identify and address needs, advocacy and service coordination.
- The transdisciplinary Key Worker model is available for families with developmental concerns about their child.
- Considerations need to be made regarding the intended and potential unintended implications of the funding model chosen, for families, providers, and for best practice.
- Planning is required regarding workforce availability, skills and knowledge and capacity to deliver Thriving Kids
- Planning is required regarding the embedding of Thriving Kids within the broader early years sector and service system.

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