

## **Submission to the House Standing Committee on the Thriving Kids Initiative**

### **Australian Primary Principals Association (APPA)**

#### **Introduction**

The Australian Primary Principals Association (APPA) welcomes the opportunity to provide input to the House Standing Committee's inquiry into the *Thriving Kids* initiative.

APPA is the national professional association representing over 7,600 government, Catholic, and independent primary school leaders across Australia. Our members see, first-hand, the daily impact of developmental delay, disability, and complexity in children's lives, and the extent to which families must navigate fragmented systems.

Primary schools are often the first universal service where developmental concerns are observed, and principals are frequently the default coordinators of multiple services, despite limited administrative support and significant workforce shortages. We therefore strongly support a national approach that strengthens early identification, provides consistent and culturally safe resources for parents, builds the workforce, and ensures a seamless interface between education, health, allied health, and the NDIS.

#### **Response to Terms of Reference**

##### **1. Evidence-based information and resources for parents**

Parents require clear, accessible, and practical guidance to identify early signs of mild–moderate developmental delay. These resources should be:

- Nationally consistent and available in multiple formats (print, digital, video, community-delivered).
- Translated and culturally adapted for priority communities, including Aboriginal and Torres Strait Islander families and those from culturally and linguistically diverse (CALD) backgrounds. This could be as simple as a QR code on the information that takes readers to a website with printed materials in a range of languages AND audio files in a range of languages including English.
- Linked to clear referral pathways, with a 'no-wrong door' approach and funded "first response" developmental check-ups and navigation support in local communities. Place-based services can provide opportunities to develop positive community relationships, build trust and reduce transport barriers.
- Comprehensive of child safe environments (including about device use) and information about developmental milestones and children's brain development in the early years.

Schools and early childhood services are critical points of contact. Embedding parent-friendly information in enrolment packs, school transition programs, and community playgroups can normalise early help-seeking. Parents also want access to reliable information about the process to access support – what is involved, wait times etc. For some parents, identifying a child as needing additional support can be stigmatising and so require broad support for the long-term interests of the child.

## **2. Effectiveness of current and previous programs**

There is strong evidence of effective practice in pockets, such as co-located allied health in schools or integrated early childhood hubs. However, these programs are inconsistent, fragmented, and often dependent on short-term or local funding.

Schools frequently become the de facto coordinators of support. Without additional administrative resourcing, this creates unsustainable workloads for principals and teachers.

APPA recommends:

- Intervening as early as possible: ensuring equitable access to baby health checks and free place-based playgroups led by a funded early childhood worker / teacher to connect and engage vulnerable families early; *Learning Together* in SA is an example of this.
- Scaling integrated models that embed allied health outreach into schools and community hubs and resource them appropriately. Place based and ‘one-stop shop’ services can build trusting relationships which are central to engaging all families.
- Establishing national guidelines, clarifying roles of child health, primary care, allied health, ECEC, schools, and NDIS.
- Trialling short-term ‘early support brokerage’ packages for children with emerging needs, reducing reliance on lengthy waiting periods or restrictive eligibility tests.

## **3. Equity and intersectional issues**

Thriving Kids must close equity gaps for Aboriginal and Torres Strait Islander children, CALD families, and those living in rural and remote communities.

Key measures include:

- Co-design of programs with First Nations communities and CALD community leaders.
- Employment of Aboriginal health and education workers, liaison officers, and bilingual navigators in schools and hubs.
- Disaggregated data collection (by First Nations status, primary language, region) to monitor access and outcomes.



- Weighted funding for rural and remote communities to support workforce attraction and retention, telehealth combined with on-country visits, and specialist outreach.
- Australia's *Common Ground* program, with its 25-year generational commitment, stands as a landmark initiative. By strengthening First Nation families' confidence through cultural resilience and spirit, it illustrates the power of long-term, culturally grounded approaches in driving meaningful and lasting change for children and families.

#### **4. Workforce support and training**

The greatest barrier to effective early identification and support is workforce capacity. Shortages of speech pathologists, occupational therapists, psychologists, and specialised teachers leave schools and families with reduced options. In addition, any increased expectations of schools must be matched with increased human resources on the school site.

APPA recommends:

- Funded administrative resourcing in schools to coordinate supports, particularly the interface with NDIS providers when appropriate or feasible for them to be on a school site.
- Funded leadership resourcing in schools to manage the increased resourcing demands and people management on the school site. (For context, the primary school leadership is very scant with as little as 2.6FTE for 600 students leading to leaders having as many as 24 direct reports.)
- Additional professional learning modules for educators on early identification, trauma-informed practice, and referral processes. Ensure this can be undertaken in worktime to reduce the after-hours impost on teachers.
- Development of multidisciplinary regional hubs to service clusters of schools and early learning centres. Ensure the MOUs are workable and sustained when staff turnover occurs.
- Workforce incentives to train teacher assistants to effectively support and respond to children's needs.
- Workforce scholarships, incentives, and supervision frameworks to attract and retain allied health professionals in under-served areas.
- Professional supervision and wellbeing support for school leaders and staff working with children with complex needs. The supervision psychologists' access is an illustration of the supported needed for educational leaders.
- Building the workforce capability to have the difficult conversations with families regarding developmental milestones and how the family can be supported to act in the long-term interests of the child.



## 5. Domestic and international best practice

Australia should draw on proven models where integrated early support systems have delivered measurable success. International experience, such as the UK's *Sure Start* with its family-led ethos, Canadian community health hubs governed by local communities, South Australia's *Children's Centres*, and Geoffrey Canada's *Harlem Children's Zone* providing 'cradle-to-career' support, demonstrates the effectiveness of co-location, family navigation, community engagement, and wrap-around services for families and children. Coupled with timely, short-term interventions, these approaches have been shown to improve outcomes at scale.

A rapid review of domestic pilots (such as early childhood integrated teams, and foundational supports initiatives) should inform national minimum standards for parental guidance, service navigation, and integrated delivery.

## 6. Seamless transition through mainstream systems

Transitions between health, NDIS, early childhood, and school systems remain fragmented. Families experience repeated assessments, duplicated paperwork, and long delays, while schools shoulder the administrative burden.

To achieve seamless pathways, APPA recommends:

- Funded **family navigator roles** to support parents from first concern through school transition and beyond.
- **Standardised interagency agreement templates** to clarify responsibilities between schools, providers, and families.
- **Standardised language** across the nation and agencies to reduce ambiguity and to support referrals and pathways.
- **National consent and data-sharing protocols**, balancing privacy with functional information sharing.
- **Transition support packages** (6–12 months) to bridge the gap between first concern and longer-term planning.

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## Key Recommendations

APPA urges the Committee to endorse:

1. **Thriving Kids Implementation Fund** to pilot:
  - School-based liaison coordinators.
  - Family navigators.
  - Multidisciplinary regional hubs.
  - Culturally adapted parent resources.
2. **National NDIS–School Interface Guidelines**, co-signed by Education and Health Ministers, with mandatory administrative resourcing for schools hosting NDIS-funded supports.
3. **Dedicated workforce strategy**: scholarships and rural incentives for allied health, plus funded professional learning, and supervision for educators.
4. **Equity measures**: co-design with First Nations and CALD communities, bilingual and cultural liaison workers, and disaggregated data reporting.
5. **Facilities in primary schools being fit for purpose**: Current building design footprints do not automatically include spaces for therapy, allied health sessions, quiet time or small group work, leaving primary school leaders to advocate for these to be available (with frequent pushback).
6. **Evaluation metrics**:
  - Parent access to timely information and navigation.
  - Wait times for allied health assessments.
  - Reduction in school administrative burden.
  - Access and outcome equity by First Nations status, language, and region.
  - Child wellbeing and engagement indicators 6–12 months after program entry.

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## Conclusion

Primary schools are where all children come together, and principals see every day the cost of fragmented or delayed support. Too often, schools carry the weight of coordinating services without the resources or workforce to do so, stretching teachers and leaders far beyond their educational mandate. The goodwill of educators cannot remain the default safety net.

Thriving Kids is a chance to shift from patchwork responses to a national, integrated system that identifies concerns early, equips parents with clear pathways, and ensures the right support at the right time. To succeed, this initiative must:

- recognise schools as a critical but not sole part of the ecosystem,
- provide them with dedicated human resources and fit-for-purpose spaces, and
- build robust interfaces with health, allied health, and NDIS systems,
- prioritise place-based approaches that enable early identification and intervention in the child's long-term best interests.

Without these measures, schools will continue to absorb the gaps at the expense of their core purpose, teaching and learning.

With them, Thriving Kids can genuinely deliver on its promise: every child ready to thrive, every family supported, and every school able to focus on learning.

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