

Inquiry into the Thriving Kids Initiative

Submission – October 2025

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Acknowledgement of Country

SSI acknowledges the Aboriginal and Torres Strait Islander peoples as the First Australians and Traditional Custodians of the lands where we live, learn and work. We pay respect to Elders past and present and recognise their continuous connection to Country.

Background

SSI welcomes the opportunity to provide this submission to the Australian Parliament's House Standing Committee on Health, Aged Care and Disability's Inquiry into the Thriving Kids initiative (the Inquiry).

SSI is a national non-for-profit organisation that delivers a range of human services that connect individuals, families, and children from diverse backgrounds with opportunities – including settlement support, disability inclusion programs, community engagement initiatives and training and employment pathways. At the heart of everything we do is a drive for equality, empathy, and celebration of every individual.

SSI was founded in Sydney in 2000 with the aim of helping newly arrived refugees settle in Australia. Over time, our expertise in working with people from diverse cultural and linguistic backgrounds served as the foundation for a gradual expansion into other social services and geographical areas.

In 2018, SSI merged with the Queensland-based Access Community Services, and in 2019 opened in Victoria, providing an extensive footprint across the eastern coast of Australia. In 2023-24, SSI supported more than 60,000 people across almost 60 programs and community-based services nationally. We are also a leading provider of evidence-based insights into the social sector and are known as an organisation that can address intersectional issues and reach communities considered by many to be 'hard to reach'.

With respect to children with disability and their families, SSI partners with the National Disability Insurance Agency (NDIA) to deliver Local Area Coordination (LAC) across two areas of the greater Sydney area in New South Wales, which includes highly culturally diverse areas of outer Sydney. SSI supports over 22,000 participants, including more than 8,000 children aged 9–15. SSI also provides Out-of-Home Care services through our Multicultural Child and Family program across NSW and Queensland and delivers Community Hubs in 20 localities in regional and metropolitan Queensland and NSW.

SSI draws on this work and other initiatives in this submission to provide perspectives on how best to ensure access to supports is provided to children with developmental delay and children with disability. While SSI works with the full spectrum of individuals and communities in our work, we have deep and wide expertise in working with migrants and refugees and their communities. Consequently, our submission elaborates on this expertise and threads intersectional and equity issues into our responses to several of the Terms of Reference.

Summary of SSI Recommendations

The success of Thriving Kids for children with autism and developmental delay and their parents and families, requires active inclusion and co-design by the lived experience and voices of children with disability and their families; sustained investment, funding and commitment to place-based and targeted initiatives to complement universal early childhood programs, which embed navigation supports; a robust culturally responsive overarching framework that aims to ensure equitable access and inclusion for culturally and linguistically diverse (CALD) communities; and a trained and supported workforce with deeper capability in culturally responsive practice. To that end, the Committee is urged to make the following recommendations:

Recommendation 1:

The Thriving Kids initiative should embed robust channels of proactive, two-way communication between governments, community and parents/carers of children with developmental delay and/or autism. This could leverage jurisdictional reference groups (see Recommendation 8) focussed on different community cohorts (e.g. CALD communities). Ideally, this would also include facilitating and amplifying peer-to-peer community engagement and education so that trusted networks are engaged to disseminate essential information about the Initiative.

Recommendation 2:

Evidence-based information and resources need to be tailored, developed and delivered by organisations that have existing relationships and trust with parents and communities such as multicultural organisations and settlement services in the case of migrant and refugee parents. These organisations are best placed to apply a co-design approach that ensures such information and resources effectively inform, include and engage people with lived experience.

Recommendation 3:

State and territory governments should invest in and work with early childhood providers to co-design service models that include ‘soft entry’ points and integrated approaches for culturally diverse children. Integrated models that combine a range of child and family support are best positioned to understand the needs and engage disadvantaged families to have the greatest impact, build trust and provide ‘warm referrals’ to other services and early intervention.

Recommendation 4:

The design of Thriving Kids should examine models such as Early Links NSW to learn from previous programs that demonstrated value in addressing disability and development delay among children in ways that were locally-embedded in communities and highly valued by participants from diverse backgrounds.

Recommendation 5:

Australian, State and Territory Governments should consider all aspects of the ecosystem of supports for children so that Thriving Kids dovetails with the direction of the upcoming Navigators model recommended under the NDIS Review while being responsive to

intersectional issues for culturally and linguistically diverse (CALD) communities. Navigation support needs to be delivered locally by people who reflect the local demographics and who have genuine connections, knowledge and links to local mainstream and disability services.

Recommendation 6:

The Australian Government should prioritise and allocate sufficient resources to fully implement the NDIS Cultural and Linguistically Diverse Strategy 2024-2028¹ and Action Plan.² While the Strategy and Action Plan are not specifically child-focussed, they nonetheless provide a roadmap of short, medium and longer-term actions, developed with CALD community input, to address systemic barriers to disability support for CALD families and communities.

Recommendation 7:

Australian and state/territory governments should adopt a culturally responsive framework to provide the scaffolding for reorienting policy and programs to achieve access and equity for migrants and multicultural communities. This should include investment in culturally responsive training for government agencies and mainstream service providers, including in regional areas, to enhance their capability to meet the needs of newcomers.

Recommendation 8:

Each state and territory should establish a jurisdictional committee to assist in the design, development, implementation and monitoring of foundational supports including the Thriving Kids initiative. These committees should include people with lived experience, young people with disability from culturally and linguistically diverse (CALD) backgrounds, and CALD-specific organisations.

Recommendation 9:

Australian, state and territory governments should ensure sustained support and training for the Thriving Kids workforce. This should include investment in culturally responsive training to enhance their capability to meet the needs of migrants and multicultural communities.

Response to Terms of Reference

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

Supporting parents of children with developmental delay will require a holistic and iterative approach to communication that goes beyond providing information and resources

Providing supports to parents to assist them in identifying if their child has developmental delay demands more than the provision of evidence-based information and resources. Parents and carers play a vital role in identifying and supporting children's development. Thriving Kids should ensure parents have universal, inclusive, and responsive supports to understand child development, strengthen parenting skills, navigate services, and build social and community connections. The Thriving Kids initiative will need to resource and implement a holistic suite of communication strategies to engage parents across a range of settings and through a range of channels with specialised and targeted strategies to reach different cohorts of parents.

The COVID-19 pandemic response provides a telling example where there were significant gaps in essential communications at a national and jurisdictional level to communities. The recent Australian Government COVID-19 Response Inquiry concluded that:

Attempts to achieve a nationally cohesive approach fell short, and communications did not meet the expectations of the public, community sector or industry ... While government communications with priority populations improved over time, communications generally relied on a universal communications approach and was therefore not simple, accessible or meaningful for all audiences.³

The pandemic highlighted to the Australian Government (and indeed all governments) that communication and engagement channels have changed and that 'traditional' news coverage had declined in its reach, replaced by widespread distribution of news and information on social media and other digital platforms and that 'top-down' communication by experts has limitations.

In addition, messaging needed to be tailored to meet the needs of various groups within the population, including priority populations, people with specific risks and those with differing information needs which demanded a capability not easily met by governments. The Australian Government COVID-19 Response Inquiry acknowledged that efforts by community organisations were relied on, often without additional funding.⁴

For example, SSI's work to communicate essential information to multicultural communities during the pandemic used a range of communication channels that are appropriate and accessible to multicultural communities (e.g., Facebook and WhatsApp) alongside 'traditional' ethnic language print, radio and TV media. Provision of resources in audio, visual (e.g., pictographs, which have minimal or no text) and video formats was also crucial to reach people who are not literate in their preferred first language. In addition, SSI engaged with community leaders who were central to engagement, outreach and dissemination.

Similarly, the Australian Government COVID-19 Response Inquiry acknowledged the work undertaken by Disability Representative Organisations and the information resources they developed and tailored to people with disability, including webinars about the vaccine rollout for people with intellectual disability and their families and carers. The Inquiry also acknowledged the work undertaken by Aboriginal and Torres Strait Islander communities including First Nations community services and broadcasters.

While the lessons from the Australian Government COVID-19 Response Inquiry were focused on a future pandemic, they have relevance for the Thriving Kids initiative given that it is envisaged as a significant change in the way that Australia seeks to respond to children with developmental delay and/or disability.

The lessons for communications from the Inquiry included:⁵

- governments should tailor communication to different populations from the very beginning. This requires governments to prioritise two-way communications, use relationships and implement agile funding for community-led delivery;
- to ensure community input, partnerships must be established to ensure communities feel heard and valued and see their views reflected in the policies enacted by government;
- communication should be shared through trusted community channels; and
- governments must proactively plan for misinformation and disinformation to occur and work with health, communication and (counter) misinformation experts to strategically address these issues.

Thriving Kids information and resources will need to be tailored and developed and delivered by organisations that have existing relationships and trust with parents and communities

A recent initiative delivered by SSI, The Rights Path Project,⁶ aimed to strengthen understanding among people with disability from CALD backgrounds of their rights and the quality they should expect of NDIS service providers. It provides an insight into the tailored information and resources that will be needed in Thriving Kids.

Funded by the NDIS Quality and Safeguards Commission, The Rights Path Project worked to raise awareness among CALD people with disability drawing on their lived experiences. SSI worked closely with NDIS participants, carers and families and NDIS providers across NSW, Queensland and Victoria to consult, co-design, test and disseminate relevant and accessible in-language resources.

Some challenges identified in the consultations for The Rights Path Project which was focussed on the NDIS are also common to the information and resources needed to assist parents to identify and support children with development delay under Thriving Kids; including:

- a lack of accessible and in-language resources for CALD people with disability and carers; and
- a lack of support to access services and difficulties navigating complex service systems.

In addition, some cohorts, such as refugees with disability, face additional complexity accessing information and resources. SSI is the largest provider in NSW of the Humanitarian Settlement Program (HSP), funded by the Australian Government, to newly arrived refugees. It also delivers the Settlement Engagement and Transition Supports (SETS) program, also funded by the Australian Government, to refugees and eligible family stream migrants in Queensland.

In our settlement programs, SSI sees firsthand that refugee parents in the initial settlement period have very limited capacity to engage with services and typically face several barriers including trauma, low-English proficiency and unfamiliarity with Australian service systems. In this context, organisations and services that have existing contact and relationships of trust with refugee

families are an effective channel to ensure that parents of refugee children with development delay are more receptive to information and support.

Recommendation 1:

The Thriving Kids initiative should embed robust channels of proactive, two-way communication between governments, community and parents/carers of children with developmental delay and/or autism. This could leverage jurisdictional reference groups (see Recommendation 8) focussed on different community cohorts (e.g. CALD communities). Ideally, this would also include facilitating and amplifying peer-to-peer community engagement and education so that trusted networks are engaged to disseminate essential information about the Initiative.

Recommendation 2:

Evidence-based information and resources need to be tailored, developed and delivered by organisations that have existing relationships and trust with parents and communities such as multicultural organisations and settlement services in the case of migrant and refugee parents. These organisations are best placed to apply a co-design approach that ensures such information and resources effectively inform, include and engage people with lived experience.

Examine the effectiveness of current (and previous) programs and initiatives that identify children with development delay, autism, or both, with mild to moderate support needs and support them and their families.

SSI's response to this Term of Reference outlines examples that focus on:

- locally-delivered, targeted initiatives in early childhood education; and
- previous approaches to navigation support across disability and mainstream services in Ability Links NSW and Early Links NSW (from 2013-2018).

Locally-delivered, targeted initiatives can complement universal approaches in early childhood education to address gaps in early intervention for children with disability and/or developmental delay

There are gaps in access to early childhood education and care in Australia. Recent joint research, Stronger Starts Brighter Futures, undertaken by SSI and researchers at Education Futures, University of South Australia examined the Australian Early Development Census from 2009 to 2021 which revealed higher rates of developmental vulnerability among multicultural children in the early years and lower rates of attendance at all forms of early childhood education.⁷ Crucially, children from CALD backgrounds are half as likely to access early intervention support (e.g., speech therapy, occupational therapy, or disability support) compared to other children.

From the existing evidence base, common themes around 'what works?' indicate that a mix of targeted and place-based interventions are needed to complement universal approaches to

increase the participation of CALD children in early childhood education. Participation in early childhood education provides a foundation to enable access to early intervention in the pre-school years and identify and respond to development delay, autism, or both, among children. Services should be locally-delivered and embedded in settings such as playgroups and early learning environments, normalising help-seeking by parents and supporting children's social and emotional development.

Targeted 'soft entry' initiatives support children and families from culturally diverse backgrounds

An example of a targeted 'soft entry' initiative for migrant and refugee families is the National Community Hubs program funded by a partnership between all tiers of government, the education and community sectors and the Scanlon Foundation.⁸ National Community Hubs bring local education, health, community, and settlement services together in a familiar and welcoming environment to make it easier for families with young children to access the services and assistance they need.

Hubs are co-located with primary schools and connect families from culturally and linguistically diverse backgrounds with each other, with their school and with local services and support, including early childhood education. SSI delivers the National Community Hubs program in NSW and Queensland, using a relationship-based approach to understand the needs of families, build trust and provide 'warm referrals' to other services such as parenting support or child health nurses.⁹ SSI delivers 10 Hubs in regional and metropolitan NSW and 10 Hubs in regional and metropolitan Queensland.

Related initiatives delivered in Logan, Queensland, alongside the Hubs are the Health Impact Project¹⁰ and Thriving and on Track¹¹ funded by the Brisbane South Primary Health Network and Queensland Health. The Health Impact Project supports children under 8 years of age and their parents and includes access to occupational and speech therapy, and information and workshops on a range of areas, including service navigation, parenting, child health, oral health, nutrition, hygiene and fitness. Allied health practitioners are embedded in the model and work within community and alongside families of children with developmental delay and/or disability to meet their needs through a cultural lens; linking families to mainstream and disability services and supports. In FY24, 220 caregivers and 287 children participated in the project.¹²

SSI's experience in the delivery of Hubs accords with the findings of our Stronger Starts Brighter Futures research where we see CALD children and families having less engagement with mainstream early childhood education settings and therefore miss out on early intervention for concerns such as developmental delay and/or autism. Rather, CALD families are more likely to attend Hubs because of their relational and non-clinical approach to integrating allied health interventions such as occupational therapy and speech therapy which builds stronger trust and engagement. In these environments functional support needs can be assessed where children live and play, and, where necessary, be linked to diagnostic assessments with low or no fees, delivered locally.

Providing these targeted, 'soft entry' points align with the Australian Government's Early Years Strategy 2024-2034¹³ which recognises that integrating early childhood education with other services such as health services and community services fosters opportunities to work together. This also aligns with the Productivity Commission's 2024 early childhood education and care Inquiry recommendation that governments consider greater investment in supporting early childhood and education services that operate as integrated services.¹⁴

Case study - Health Impact Project and Child Health Pathways Connector (Queensland)

The Health Impact Project and Child Health Pathways Connector delivered a broad range of coordinated, mainstream and disability supports to a refugee family facing complex challenges, including language barriers, trauma, health issues, and financial hardship.

As trust developed and deepened between the family and workers, more individual needs were identified and could be addressed. For the child, the occupational therapist and Connector secured access to early childhood education, arranged developmental assessments, and resolved documentation issues to enable participation in the Early Childhood Approach and National Disability Insurance Scheme (NDIS).

The mother received initial transport to essential services, connections to social and wellbeing groups, information about NDIS, and referrals for domestic violence support and citizenship applications. Other family members also benefited: the husband was referred to Work Cover and a GP after an alleged workplace assault, and the daughter was linked to youth and employment programs, as well as mental health support. The wrap-around support and capacity building helped the family navigate the complex systems and provided additional cultural supports e.g. language, trauma, resettlement.

Overall, the programs provided holistic, culturally responsive support across a range of areas including health, education, disability, social connections, legal rights, and safety. The mother reported increased confidence and empowerment, demonstrating the programs' positive impact on the entire family's wellbeing and integration.

Place-based initiatives can address intersecting disadvantage and support the goals of the Thriving Kids initiative

The knowledge that neighbourhoods and communities play a vital role in child development, safety and wellbeing has spawned numerous place-based initiatives to complement universal policies and programs that are centrally designed ('top-down') at national, state or territory levels. Place-based initiatives typically address intersecting disadvantage concentrated in suburbs, towns and communities. These are often places of low socio-economic status, which in the Australian context can often include high populations of newly arrived migrant and refugee families.

Place-based approaches that explicitly address early childhood are reasonably mature and there is emerging evidence of positive outcomes to address entrenched disadvantage. Stronger Places, Stronger People¹⁵ is an example of a place-based initiative, which is being implemented in 10 communities across Australia to address intersecting drivers of disadvantage using a collective impact model overseen by the Australian Government in partnership with state and territory governments.

SSI is a partner in Logan Together in Queensland under Stronger Places, Stronger People,¹⁶ which was established in 2015. This long-standing initiative has generated evidence of a 3.4 per cent reduction between 2015 and 2021 in developmental vulnerability in one or more domains among children in Logan.¹⁷ The collective impact model has a strong equity lens with a focus on First Nations First, Children at the Heart and Community Led.

Place-based initiatives that work with communities (from the 'ground-up') to identify and address intersecting disadvantage should form part of the roll out and implementation of Thriving Kids initiative in specific locations across Australia.

Recommendation 3:

State and territory governments should invest in and work with early childhood providers to co-design service models that include ‘soft entry’ points and integrated approaches for culturally diverse children. Integrated models that combine a range of child and family support are best positioned to understand the needs and engage disadvantaged families to have the greatest impact, build trust and provide ‘warm referrals’ to other services and early intervention.

A previous approach to navigation support across disability and mainstream services – Ability Links NSW and Early Links NSW programs

The intent of Thriving Kids is to ensure that foundational supports are available to children with development delay, autism, or both and therefore this Inquiry can learn from the role that effective navigation support has had in the past in facilitating access to foundational supports across disability and mainstream services.

From 2013 until 2018 the then NSW Department of Family and Community Services, Ageing, Disability and Home Care funded a range of non-government organisations to deliver Ability Links NSW (ALNSW) through a mix of generalist and Aboriginal staff called Linkers and generalist and Aboriginal Early Linkers (ELNSW) for children aged 0–8 years. The ALNSW and ELNSW was an interim response by the NSW Government to provide navigation support while the NDIS pilot sites were operating, in the lead-up to the full roll out of the NDIS nationally.

ALNSW Linkers supported people with disability aged 9–64 years (with or without a diagnosis), their families and carers to identify their goals and connect with their community and mainstream services. Linkers also supported community organisations, mainstream services and businesses to become more inclusive of people with disability (referred to as linked organisations in the ALNSW program).

Of particular relevance to Thriving Kids, the ELNSW program worked with families of children aged 0 to 8 years with disability around the time of diagnosis or identification of a developmental delay. ELNSW funded Early Linkers who provide time-limited, individually-tailored support to families of children with disability or development delay during the time of, or while awaiting, diagnosis. Early Linkers provided families with person-centred and family-centred support, information and assistance to access services and supports to meet the family’s goals within their local communities.

Linkers - generalist, Aboriginal and Early - played a key role in improving access to mainstream options and linking families to services. A three-year state-wide evaluation of Ability Links in 2016 established that the program was generating positive individual outcomes for participants and was increasingly generating positive community outcomes with a 2.4 ratio of benefits to costs for Ability Links, not including community and intangible social benefits.¹⁸

Key features of the ALNSW model arising from the evaluation of relevance to Thriving Kids include that it:

- was a facilitator of change at an individual and community level: it was not a ‘service provider’ in the traditional sense;
- aimed to empower people with disability to determine their own goals, make their own decisions and work towards achieving what is important for them;
- was staffed by Linkers who work alongside a person with disability or a carer to help them plan for the future and link them to allied and community health services,

community organisations, or businesses in their local community that could assist them achieve their goals; and

- included a community engagement and community capacity building component involving networking, partnerships and community development activities – to support organisations and communities to become more welcoming and inclusive of people with disability.

The evaluation estimated that that over 43,000 people in NSW were being supported annually by Ability Links NSW and Early Links NSW and that about 30,000 had been provided with information only, and about 10,000 had been provided with facilitated support and had achieved one or more program outcomes. Almost 4,000 people had been provided with facilitated support and were working towards an outcome. In line with the objectives of ALNSW and ELNSW:

*“the majority of the outcomes achieved by individuals and families relate to connection to community organisations and groups, and to mainstream, rather than to disability services”.*¹⁹

Key elements valued by ALNSW program participants of relevance to Thriving Kids included:

- the non-bureaucratic, flexible approach to support people in a myriad of ways, depending upon their individual needs and goals. A formal diagnosis of disability was not required and families could self-refer alleviating the barriers that formal referral processes often entail;
- the strengths-based approach which focuses on people’s interests, aspirations, and abilities as the key to change;
- the community-driven and embedded nature of the program;
- the independence from government and from the disability services sector.
- the dual aspects whereby linking people with disability, their families and carers to the community, and linking community to people with disability is resulting in mutual benefits and outcomes; and
- the culturally-appropriate program design, funding and delivery mechanisms.

The NDIS Review made recommendations to strengthen navigation support and make it available to all people with disability within and outside of the NDIS, with specialist navigators available for people with more complex needs and from different communities.²⁰ It emphasised navigation support being delivered locally by people who reflect the local demographics and who have genuine connections, knowledge and links to local services, as was evident in the Ability Links NSW model.

Recommendation 4:

The design of Thriving Kids should examine models such as Early Links NSW to learn from previous programs that demonstrated value in addressing disability and development delay among children in ways that were locally-embedded in communities and highly valued by participants from diverse backgrounds.

Recommendation 5:

Australian, State and Territory Governments should consider all aspects of the ecosystem of supports for children so that Thriving Kids dovetails with the direction of the upcoming Navigators model recommended under the NDIS Review while being responsive to intersectional issues for culturally and linguistically diverse

communities. Navigation support needs to be delivered locally by people who reflect the local demographics and who have genuine connections, knowledge and links to local mainstream and disability services.

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

Australia is now more diverse – ethnically, linguistically, culturally – than ever before. The 2021 Census found that just under half of Australia’s residents are migrants themselves or have a parent born overseas (48 per cent).²¹ The number of people who use a language other than English in the home grew to more than 5.5 million people, 1 in 4 households, an increase of almost 800,000 people on the 2016 census.²²

Despite this demographic shift, significant disparities in access and outcomes for adults and children from CALD backgrounds persist.

For example, 10 years after its establishment, the uptake of the NDIS by people from CALD backgrounds continues to be much lower than the rest of the Australian population, despite having similar rates of profound or severe disability.²³ The NDIA projected that by 2019, around 20% of NDIS participants would be from CALD backgrounds;²⁴ however, as of 30 June 2025, the proportion of CALD participants entering and receiving an NDIS plan was only 8.7 per cent.²⁵

Lower levels of access are not related to lower levels of need but rather due to difficulties in navigating and accessing services that are culturally responsive. People with disability from CALD backgrounds may experience multiple barriers to access such as lack of accessible information in their preferred language; disability services not being culturally responsive; social isolation; lack of knowledge about complex service systems and lack of comparable systems in their home country; cultural stigma surrounding disability; and distrust of government agencies due to negative experiences in other countries.²⁶ These issues are mirrored in part in research with children from CALD backgrounds.

Children from CALD backgrounds are more likely to be developmentally vulnerable and more likely to miss out on early intervention for developmental concerns

Our current systems to improve child health and wellbeing are falling short, including for CALD children. Indeed, systemic and structural inequities disproportionately disadvantage First Nations children and children from migrant and refugee backgrounds, placing them at greater risk of developmental vulnerability.

As noted earlier, joint research undertaken by SSI and researchers at Education Futures, University of South Australia found that children from CALD backgrounds in Australia are accessing early childhood education at lower rates than other children and are also more likely to miss out on critical early intervention for children with developmental concerns.

The Stronger Starts Brighter Futures II research analysed data from the Australian Early Development Census (AEDC), a nationwide census conducted every three years since 2009 by educators, who assess children in their first year of full-time schooling based on their professional observations and insights. The AEDC measures child development across five domains, assessing whether children are developmentally vulnerable, at risk, or on track.

The research found that in 2021 overall, 82% of children from CALD backgrounds attended some form of early childhood education, compared to 90% of other children – a gap that is seen across national cohorts of the AEDC from 2009 to 2021.²⁷

Further, the research found that children from culturally diverse backgrounds:

- now make up more than 1 in 4 of children starting school in 2021 as measured by the AEDC, compared to less than 1 in 5 in 2009;
- are more likely to be developmentally vulnerable at school entry than other children, though this gap has been narrowing over time;
- are half as likely to access early intervention support (e.g., speech therapy, occupational therapy, or disability support) compared to other children. In particular, nationally, 5.6% of children from a CALD background were reported to have attended an early intervention program, nearly half compared to children from non-CALD backgrounds (10.2%); and
- socio-economic disadvantage was found to be the largest driver of developmental vulnerability for all children, including CALD children, along with limited English language proficiency which was much more common among CALD children.

Sub-analyses for New South Wales, Queensland and Victoria revealed similar patterns of unequal access to early childhood education and early intervention among children from CALD backgrounds across these three jurisdictions.

The 2024 AEDC shows that in 1 in 8 children start school developmentally vulnerable in two or more development key domains, the highest rate since 2009.²⁸

There are multiple drivers of developmental vulnerability and barriers to early childhood education and early intervention

While socio-economic disadvantage and limited English language proficiency were the largest drivers of developmental vulnerability for CALD children, the Stronger Starts Brighter Futures II research also identified additional barriers to culturally diverse families accessing early intervention services. These included a lack of trust in government services, language barriers, limited knowledge of available services, and insufficient community-based supports. Other common barriers included limited awareness and recognition of the value of early childhood play-based learning; limited digital literacy in navigating enrolment processes and Centrelink requirements; affordability issues; transport barriers; and a perceived lack of culturally responsive early childhood education services.²⁹

While each of these barriers hinders access to early childhood learning, the research found that socio-economic disadvantage was the largest driver of developmental vulnerability for all children along with English language proficiency. Accordingly, the design of Thriving Kids should account for these major barriers, and draw on targeted, soft entry approaches to early childhood education and previous approaches to navigation support (e.g. Early Links NSW), to address inequities for CALD children and ensure that these are not repeated or exacerbated in the implementation of this new approach to foundational supports.

Embedding culturally responsive practice across Thriving Kids

The Disability Royal Commission highlighted that people with disability from CALD backgrounds are less likely to access disability services **and** mainstream services such as health, education and social support. The stumbling block identified by the Commission's review is that:

many organisations have policies or programs to support inclusion of people with disability and also people from culturally and linguistically diverse backgrounds, but these policies often do not intersect, nor do they intersect with other initiatives around inclusion.³⁰

To ensure meaningful and effective inclusion of CALD children and their families, specialist disability and mainstream services must be culturally responsive. Investment, resourcing and commitment to applying a culturally responsive *framework* at all levels alongside staff training and development, such as government policy; professional standards; and organisational policies is required.³¹

The NDIS Cultural and Linguistically Diverse Strategy 2024-2028,³² is a roadmap to improve outcomes for people with disability from CALD backgrounds in the NDIS and includes some actions that embed a culturally responsive approach. However, it is unclear if there is sufficient resourcing to ensure the full implementation of its Action Plan. While ostensibly focused on providing better access, utilisation of plans, and overall experience with the NDIS, the Strategy and Action Plan envisage work with NDIS partners, government and non-government agencies and relevant communities.

Similarly, Thriving Kids has the opportunity to embed culturally responsive approaches from the outset to address the equity and intersectional issues for children from CALD backgrounds across states and territories drawing on the NDIS CALD strategy, were it to receive due resources.

Accordingly, to give effect to these priorities, state-wide commissioning bodies should be established to co-design, commission and oversee the delivery of Thriving Kids in each jurisdiction.

There are ways to address equity and intersectional issues for CALD communities in Thriving Kids

A previous example addressing equity and intersectional issues

As previously noted, Ability Links NSW which included Early Links NSW was a previous disability inclusion program delivered from 2014 to 2018. SSI was funded to deliver Ability Links NSW through almost 60 generalist Linkers, working in across metropolitan, regional and rural NSW in partnership with Uniting and St Vincent de Paul. The state-wide wide evaluation of the delivery of Ability Links and Early Links found that the program was successful in reaching diverse communities with almost one in five (18%) of all individuals who achieved an outcome identifying as being from CALD backgrounds. It identified that Linkers from CALD organisations (such as SSI) as being a key factor in engaging effectively with people from CALD backgrounds, despite the stigma or shame that is often associated with disability in these communities.

SSI also commissioned an independent evaluation of its own delivery of Ability Links NSW which found that SSI contributed about 20 per cent of individual outcomes and 26 per cent of community outcomes to the NSW state-wide program. There were no major differences between SSI and the overall program in terms of age or disability categories of participants.³³

However, a key difference was in SSI's performance with CALD communities.³⁴ In the evaluation period, SSI accounted for a substantial proportion (75%) of ALNSW state-wide outcomes achieved for CALD participants, demonstrating the way that SSI was able to effectively work with and

support CALD participants who have historically been under-represented and underserved in disability service systems.³⁵

A current example addressing equity and intersectional issues

SSI is currently funded to deliver Local Area Coordination (LAC) and has supported over 22,000 participants, over a third of which (8,000) are children aged 9–15. A large majority (more than 6,000) of the children we support are autistic and a further 1,000 have an intellectual disability.

Community engagement is an important element to build on SSI's strengths in culturally responsive practice to address equity and intersectional issues, especially as SSI's two LAC regions in NSW are highly culturally diverse. In FY24 alone, SSI's LAC engaged over 3,000 people through hosting 51 community engagement initiatives in Sydney and Southwestern Sydney. In doing so, SSI's LAC draws upon its deep connections with CALD communities that harnesses their experience and knowledge. For instance, members of SSI's community reference groups include people with lived experience of disability who collaborate on designing projects related to CALD community development.

In the five years since SSI has delivered LAC in its two Sydney regions, participation in the NDIS from CALD people with disability has increased from 21 per cent in 2019 to 27 per cent in 2024. A significant factor towards this success is SSI's unique understanding and capability to provide culturally safe and responsive services. In FY24:

- Over one in five (21%) of LAC staff identified as living with disability and/or chronic health condition;
- Almost two in five (38%) of LAC staff identified as caring for someone living with disability;
- Over half (51%) of LAC staff were born outside Australia;
- Almost one in 20 (4.7%) of LAC staff identify as First Nations;
- Almost two in five (37%) of LAC staff speak a primary language other than English; and
- SSI LAC staff speak over 25 different community languages.

While the scope of SSI's delivery of LAC services in NSW is for people with disability aged 9 – 64, to identify and navigate to their goals, connect to supports in their local area and access the NDIS, our community engagement approach encompasses co-designed activities and staffing that reflects the local communities we work in. This approach provides learnings for Thriving Kids to effectively support children aged 0-8 years with autism and developmental delay and their families while addressing equity and intersectional issues for children from CALD backgrounds.

Recommendation 6:

The Australian Government should prioritise and allocate sufficient resources to fully implement the NDIS Cultural and Linguistically Diverse Strategy 2024-2028³⁶ and Action Plan. While the Strategy and Action Plan are not specifically child-focussed, they nonetheless provide a roadmap of short, medium and longer-term actions, developed with CALD community input, to address systemic barriers to disability support for CALD families and communities.

Recommendation 7:

Australian and state/territory governments should adopt a culturally responsive framework to provide the scaffolding for reorienting policy and programs to achieve access and equity for migrants and multicultural communities. This should include investment in culturally responsive training for government agencies and mainstream service providers, including in regional areas, to enhance their capability to meet the needs of newcomers.

Recommendation 8:

Each state and territory should establish a jurisdictional committee to assist in the design, development, implementation and monitoring of foundational supports including the Thriving Kids initiative. These committees should include people with lived experience, young people with disability from culturally and linguistically diverse (CALD) backgrounds, and CALD-specific organisations.

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

Sustained investment in culturally responsive practice is required to deliver Thriving Kids

Professional development in culturally responsive practice is necessary but not sufficient to ensure that Thriving Kids is accessible and responsive to the needs of CALD families and children with disability. While capability building is often operationalised in terms of additional training at the individual worker level, workers are often limited in their ability to effect change in the organisation where they are employed or in the service system in which they are based. An effective cultural competency framework requires changes at multiple levels such as government policy; professional standards; organisational policies and practice; and staff training and development.³⁷ Furthermore, training must be accompanied by sufficient resourcing and modalities that are appropriate to worker types and service types, e.g. casually employed educators in early childhood education services.

SSI has a track record in supporting the disability sector workforce to meet this challenge, by implementing programs such as CultureReady that trained over 2,500 NDIS workers to strengthen their culturally responsive practice³⁸ and provides an example that could address workforce training gaps in Thriving Kids.

CultureReady delivered four live online modules on: fundamentals of culturally responsive practice in a disability context; working with interpreters; engaging CALD communities; and recruiting and retaining a culturally diverse workforce.

The evaluation of CultureReady found that:

- the module, Fundamentals of culturally responsive practice in a disability context, was by far the most attended session with 66% of individual training participants attending;
- NDIS workers reported increased understanding and awareness of issues to consider when supporting people with disability from CALD backgrounds; and
- increased confidence in working with people with disability from CALD backgrounds across all modules, along with high levels of motivation to change practice.

This confidence to change was sustained in the 3-month follow-up surveys for Modules 1, 2 and 3 – which all rated above 80%. Examples of changes to practices reported included providing access to translated documents such as service information and reports, increased use of Translating and Interpreting Services (TIS National), and revising processes and policies.

The evaluation identified the following opportunities for improvement that Thriving Kids could learn from:

- limited government and public investment in community engagement constrained the ability of the NDIS sector workers to raise awareness and support CALD communities' access to the NDIS; and
- lack of consistent coordination in knowledge sharing and capacity building of culturally responsive practice within and between the NDIA, Local Area Coordination/Partners in Community and Disability Registered services.

Embedding culturally responsive practice initiatives should be a key pillar of the design of Thriving Kids in light of the increasing cultural and linguistic diversity of Australia's children.

Recommendation 9:

Australian, state and territory governments should ensure sustained support and training for the Thriving Kids workforce. This should include investment in culturally responsive training to enhance their capability to meet the needs of migrants and multicultural communities.

Authorised by: Eric Harper, Executive General Manager, Service Delivery

Contact: Tri Nguyen, Social Policy Lead, tringuyen@ssi.org.au

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