



Thriving Kids Sector Briefing

7 May 2026

Note: Due to a technical issue, the presenter's Acknowledgement of Country was not captured in the recording. We apologise for any inconvenience.

Mhairi Cowden

Deputy Director General, Disability division

The idea of what we want to do today is to be able to give you an overview of what Thriving Kids in WA will hopefully look like. I want to start by saying that this is really the beginning of engagement with the sector and with you and that there's a lot of iterative design work that we want to be able to do, and there will be ongoing engagement after this session.

Hopefully, this is just an opportunity for you to understand what it might look like, for you to ask some initial questions and begin that conversation now that we have a bit more of an understanding of what the parameters are for Thriving Kids.

And I should have said that my co-presenter today is Ben O'Rourke, who's the Executive Director of Policy and Reform within the Disability division, and who's been leading a lot of the work to date on Thriving Kids.

As many of you will know, Thriving Kids came about out of the findings of the independent review into the NDIS; this review conceived of a vision of services that existed outside the scheme to create what they called a connected, balanced and fair system. The idea was that you would still have mainstream services and community supports that are available to all Australians.

You would still have the NDIS and that would provide individualised funded packages for children and their families. But there had been this missing 'middle' that had come about and the NDIS review advocated for the creation of what it then called foundational supports, which would fill that gap in between mainstream services and the NDIS.

Foundational supports, when it was talked about within the review, was talked about through the lens of general supports that would refer to information, advice and services and build that connection and capacity, and would support participation for all people with disability under the age of 65. Then it talked about targeted supports, so this might include targeted supports and services for individuals with a disability who needed a little bit more than just the mainstream services and supports but weren't within the NDIS.

We've been talking about these foundational supports for a long time, and as of last year, the Commonwealth Minister, Minister Butler, announced that the first cohort of supports for foundational supports would be children aged 0 to 8 years with developmental delay and or autism with low to moderate support needs, and that would be called Thriving Kids.

Since the Thriving Kids initiative was announced by Minister Butler, we've been working very closely with the Commonwealth Government to be able to understand what the parameters for Thriving Kids are and how will that be rolled out by States and Territories.

The next piece that we want to talk about is what does Thriving Kids look like? What is Thriving Kids?

We are now in that phase of planning for the rollout of Thriving Kids.

Under the agreement that we have now reached with the Commonwealth Government, Thriving Kids will start to progressively roll out in WA from 1 October this year, reaching full rollout by 1 January 2028.

We really think about that first phase as a transitional phase, because during that time, we're going to be thinking about what can we try, test and learn, what do we need to have in place, what partnerships can we develop in order to think about doing that design work around what Thriving Kids could look like in WA.

From 1 January 2028, the Commonwealth has been clear that the NDIS eligibility will change and children within that Thriving Kids cohort, 0 to 8 with developmental delay and/or autism with low to moderate support needs, will no longer be eligible for supports under the NDIS.

When we think about who Thriving Kids is for, it's for that cohort of children, but really importantly, it's also for their families, carers and kin where appropriate.

And that'll be a bit of a theme about what Ben and I are going to talk about today, is that Thriving Kids in WA is not just about individualised supports for children, it's about taking a best practice early intervention approach that is family centred and thinking about the supports that need to be in place for families, carers and kin around those children.

Who funds Thriving Kids?

Thriving Kids is jointly funded by the Commonwealth and States and Territories. There is an overall funding bucket of \$4 billion over five years. You will see within the WA State Budget that it is being read into Parliament as we speak by the Treasurer, that there has been a clear commitment now of the amount of money that will be spent by the WA Government, which includes both the Commonwealth and WA Government contributions, but will be commissioned by the WA Government for Thriving Kids Services, and that's \$360 million over 5 years.

We have a significant investment in services into WA, but we also know that it's really important that we start to think about the best way that could be spent in order to support children and their families.

Over and above that \$360 million over 5 years that will be directly invested by the WA Government, the Commonwealth Government has held back an amount of that funding on top of that in order to invest in their own initiatives. I'll talk about what some of those are in a moment; they have been in and around the speeches that Minister Butler has given and some of the indications that the Commonwealth has provided around what they will be doing is captured within the Thriving Kids Advisory Group report that was published a month or so ago.

What would it look like?

The supports that we're going to be delivering will align to the National Model for Thriving Kids. Some people might have seen that already, but I will take people through it in a

moment. They're going to primarily be delivered in natural and everyday settings where children live, learn and play.

We think that for WA, that means largely community-based settings, so this is not an overly clinical model of support for children. This is about thinking about support for children and families in natural settings. And as I said before, delivery will be progressive, so we're hoping some services will commence from 1 October 2026 with full rollout by January 2028.

This sector briefing is really the start of the engagement that we will have with the sector around what does that commissioning and contracting process look like in order to get some services up and running after 1 October and having a full rollout from 1 January 2028.

We have signed our bilateral agreement with the Commonwealth on foundational supports. The next step for us is that we're currently in the process of agreeing to an implementation plan, which needs to be signed off by both the WA Government and the Commonwealth Government by the end of May this year. Once we have that in place, that's really the first milestone under the bilateral agreement, and then things start to move quite quickly, which we're really excited about because it's taken us a long time to get to this point.

We feel like we now have some certainty to be able to start engaging and having these types of conversations.

So, the National Model – everything that we're doing is grounded in the National Model for Thriving Kids. And if you haven't seen it already, the National Model has five core elements.

The first is improved awareness of developmental delay and neurodevelopmental difference. A lot of the work that the Commonwealth is doing is in this area.

But we also know that there is a lot of support and information that needs to be provided to families to understand the types of signals that they see within children that they care for and support. The second is early identification of children with developmental delay and neurodevelopmental difference.

Within WA, we have a really robust system of routine child development and health assessments and checks, but we know that there are areas where families can be supported to utilise those checks or might not have noticed things that might trigger a check and that more integration within that would be beneficial.

The third element of the national model is information, advice and navigation. This is information on child development, on autism, and that navigation support on where and how to access relevant supports.

This will be a bit of a theme, again, in some of the things that we're going to talk about soon, and we think a really critical part of how the overall system hangs together.

The fourth element is best practice parenting supports and programs. As I said at the outset, Thriving Kids is really based around not just support individually for children, but about the support for the families and carers that sit around children. This includes programs of supports that empower families, carers and kin, providing resources and skills to assist and improve their child's learning and development.

And then the final element is targeted supports. So for some children within the Thriving Kids cohort, we know that this type of information, advice, navigation and parenting support, family capacity building won't be enough.

There will need to be some targeted supports, some more individualised understanding of what that child might need and capacity building for families with more complex needs or circumstances.

That sounds all really great in theory. What does that mean in terms of what the WA Government's going to do and what the Commonwealth Government's going to do? This slide gives you a bit of a breakdown of those elements of the national model in the middle. The pieces that the Commonwealth will do on the left-hand side and then the pieces that the State, the WA Government will lead on the right-hand side.

I don't want to speak explicitly for the Commonwealth Government and there will be more announcements that I'm sure to come out of the Commonwealth budget that's happening next week. But it has been already out there that the Commonwealth will be looking to invest within a national communications campaign, raising parental awareness, building understanding of service pathways. They have been talking and Minister Butler has indicated this within speeches around three-year-old health checks, in particular, or more comprehensive health checks that might be available for children.

There will be some investment within a digital platform, online and phone information, advice, navigation tools and resources.

The Commonwealth will be looking at best practice parenting supports, particularly around positive partnerships program and virtual peer support for children with autism.

But the Commonwealth Government, as we understand it at the moment, won't be investing directly in targeted supports. So that means if we look at the total amount of Thriving Kids funding that's available, the lion's share of that will be delivered through the WA Government or state-led approach. And if we think about that against the different elements, of the national model, we're going to be working very closely with the Commonwealth about their national communications campaign and making sure that any communications that we do aligns with that national approach. We'll be thinking about the current health checks that are provided through the WA public health system and how additional health checks and identification can supplement that.

For information, advice and navigation, we'll be looking to invest in dedicated community-based information, advice and navigation service, so we want something local that can connect to the national approach. Best practice parenting supports will be thinking about how they can be delivered through existing natural settings, led by community-based organisations and through digital and online platforms. And targeted supports, we will be looking at how we can invest in group and individual therapeutic support sessions, and that may include potential uplift to existing services in natural settings.

So, the next slide gives you a bit more detail, what that might look like for WA and where are what we're calling the five investment streams for the WA Government.

On the left-hand side, you've got the five investment streams. On the right-hand side, it shows you how that maps back to the National Model.

You can see the wonderful sort of spaghetti junction that's in the middle, and that's somewhat intentional because we want to be really clear that it's nice to be able to talk about all those individual elements of a National Model, but in reality, for many of you, the service models that you utilise and the way that you deal with people every day is not as neat as being put into little buckets to say, 'now I'm giving you information about neurodevelopmental difference', 'now I'm helping you identify that', 'now I'm giving you information' and 'now I'm doing best practice parenting'.

Often these all happen together within any interaction with parents and families.

Our investment streams try to think about the way that some of these would be a bit more integrated and how you would be potentially delivering against several elements of the National Model every time you interact with children, their families, carers or kin.

I'll talk one to five about the different investment streams, then I'm going to give you an overview of the phased implementation approach and then I'm going to hand over to Ben, who will give you some examples of what we think that might actually look like on the ground here in WA.

Information, advice and navigation – what we would really like is a dedicated WA community-based information, advice and navigation service for families and carers.

If the Commonwealth is looking to establish national phone lines or digital platforms, we think they're part of the story, but they should connect back to something that's based in WA that can offer WA families a bit more in-depth understanding about what's available to them.

That might happen virtually, it might happen a little bit in person where needed as well, but that that could also provide a channel through which people could then access other types of Thriving Kids supports within WA. And for some children, that will also mean coming in, getting that information, advice and navigation, and where it's most appropriate that they should be under the NDIS, having a very quick pathway that goes into the NDIS, that families shouldn't have to be bouncing between both.

The second investment stream for us is family-based capacity building supports. So when we were out talking to people in the lead up to doing some of this design thinking and some of the engagement that our team has done with families, lived experience and young people, with disability, the big thing we heard is that family capacity building, family supports have been a missing part of the system.

We want a dedicated... there will be a dedicated investment stream around funding and commissioning family-based capacity building supports. We would like this to be delivered largely through existing natural settings, so working with existing community hubs, working in partnership with other organisations, with playgroups, with libraries, all those wonderful places that families already go to. But we're also very keen to understand what some of the digital and online platforms could be that make this available for people who might have difficulties accessing and coming out of their homes or in regional and remote areas where a combination of in-person and of digital online would be particularly helpful.

The third investment stream for the WA Government is therapeutic group and individual supports. We do think that there needs to be an uplift in some of the availability of therapeutic group support session and individual support session settings that, as I said before, could include potential uplift to existing services. And we would also really like to see how that could be integrated with some of those family-based capacity building supports.

The fourth investment stream for us is a dedicated set of programs for children with autism families and caregivers. We know that children with autism and their families would already be accessing information, advice and navigation, they will be accessing family-based capacity building, and they will be accessing that uplift within therapeutic group and individual supports. But we think it's important within the system to call out the fact that that cohort of children with either a likely autism diagnosis, or they may already have an autism diagnosis, that there are dedicated supports and expertise within the system to be able to support those families.

We're thinking about what they might look like, how could that work, and how is that different from children who are just experiencing developmental delay.

And then finally, we think it's really important that these supports are delivered not just through traditional service providers, but by Aboriginal-led organisations, including Aboriginal community-controlled health organisations and Aboriginal medical services.

So, there's lots of wonderful service models that exist out there right now that we want to understand a bit more and to build on them. But we're very committed to a dedicated stream of investment being for Aboriginal-led organisations to develop with their communities, what a service model might look like for Aboriginal children and families, and that this would include an integrated model of allied health, parenting support and capacity building.

So, there are five investment streams. Those five investment streams are going to be the architecture through which we think about contracting and commissioning services, both in the short term and also in the long term, and how the WA Government in principle at this stage is going to be delivering against the National Model for Thriving Kids.

So, phased implementation. The next slide gives you a bit of an idea about how we're thinking this would happen. I don't think anyone is under any illusions that the time frame that has been announced by the Commonwealth Government of commencing services in some form by 1 October and then progressively introducing more before we get to 1 January 2028 doesn't come with challenges.

We're very conscious about that. And it's because of that that we've been thinking about this in two phases. As I said, phase one from 1 October 2026 is very intentionally a transitional phase. During that phase, the NDIS still exists for children and their families. And we have had commitment from the Commonwealth Government that children who enter into the NDIS before 1 January 2028 will be grandfathered. They will not be exited under the new eligibility rules.

They will, however, still be reassessed and they will age out as they do at the moment when they get close to that seven-year-old mark when they're reassessed. That means we've got a bit of time to think about anything that happens between 1 October 2026 and 1 January 2028 is in addition to the services that exist right now for children.

And I think this allows us an important opportunity to start testing different approaches against those five elements of our investment streams. Think about what works, understand where the demand might be, think about and understand what the partnerships exist and how can we build and amplify those partnerships in the community, and also understand gaps that we might need to more assertively work with the services sector to be able to fill.

In that first phase, for the information, advice and navigation, we'll be looking primarily, we think, for a not-for-profit organisation to partner with us to provide that community-based experience and infrastructure to support that potential direct commissioning. We think within that initial period of time, we would like someone to be able to help us provide that information, advice and navigation.

We might also be looking at the Department of Communities' role within our Communities Inclusion and Connection Team about how we provide that information, advice and navigation, as well. And then we would be looking to a commissioning process for phase two that would have a more comprehensive statewide approach to information, advice and navigation to be in place.

For family-based capacity building supports, because we want to move quickly with this, and procurement and commissioning takes a bit longer, the proposal has been that we would start with time limited statewide grant funding. So, hopefully a grant round that would be available relatively soon for organisations to apply to come to us with proposals about what is happening at the moment, what partnerships do you have on the ground, how could you achieve that family-based capacity building supports.

We'll be thinking about that in terms of regional footprint as well, so we would want to see a location-based approach to some of those grants so that it's not all delivered from metrocentric outwards that we've got people on the ground and we're starting to test different approaches to what that would look like.

We're also leaving open the opportunity for some direct commissioning within that space as well, subject to the market analysis, and Ben will talk a bit about the market survey that we've got out right now. And again, a real emphasis on the fact that we're looking for community-based partnerships, collaborative approaches that will likely be given preference within that time.

We will not be using grants forever, though, and the intention would be to then shift to a more strategic commissioning approach from phase two that would allow longer term contracts to be in place and more security for organisations that are delivering that family-based capacity building.

The other element that I should have mentioned within there, that's remiss of me, is peer support approaches and models of delivery. We're really interested in understanding how we can build up the capacity of the peer support sector within disability for early years, and what can we learn and what might that look like.

For therapeutic group and individual supports and programs for children with autism and families, within that first phase, we're going to be looking at some direct commissioning approaches based on market analysis. We think that that might have to be prioritised to children with the higher levels of need.

We're still working through a lot of our understanding of the numbers of children and the demand within these cohorts, and even though \$360 million over five years sounds like a lot, we know that that's going to stretch quite thin, quite quickly. So, there's some deep consideration going on at the moment of what that kind of work might look like in terms of prioritisation. Primarily looking at direct commissioning, we think we might be able to, for autism programs, supplement that with some open grants if needed.

And again, we're looking for those integrated approaches to services for the autism programs that include the other elements as well. Both of those would then move to a regional outcomes-based commissioning that would largely be delivered in partnership with Health, Mental Health and Education that we would be coming together to do a commissioning process that put in place longer contracts for those. But again, we really want to make sure we're getting that appropriate regional coverage.

And then finally, for the Aboriginal-led organisations investment stream, in the first instance, what we'll be looking to do is to partner, hopefully, with some of the peak organisations, provide some initial funding, to undertake some co-design work with Aboriginal organisations, potentially with families and communities on what that service model might look like for Aboriginal children and their families.

Based on that design work, there might be an opportunity for direct commissioning, but we really want to leave open that opportunity to design that in the right way and for it to be led

by people who work very closely with those communities. Within that, there may be some opportunity for capacity building activities.

We know that many Aboriginal organisations have not traditionally been providing NDIS services but have been providing family support style services, so we would like to see the number of Aboriginal organisations that provide Thriving Kids services be quite high within the service mix that we're looking at. And again, that would be an integrated approach to services, so thinking about how all of those elements can come together.

Hopefully that would transition then in phase two to a full coverage across WA of Aboriginal-led organisations delivering Thriving Kids across WA, and that would be complemented by the work that the Commonwealth is looking to do around First Nations sector strengthening.

I'm going to leave it there and hand over to Ben, who's going to talk a bit about some of the examples of Thriving Kids services and what that might look like, but also the next steps about what we're doing.

Ben O'Rourke

Executive Director, Policy and Reform, Disability division

Yes, thank you. Now, I think many of the things that I'm going to talk to, Mhairi's already touched upon and they'll be familiar to so many of the people online. I think some key features that will cut across all of them, that by necessity, they will be time limited. They need to have clear priorities in terms of who it is that we're aiming to support, because there will be significant demand and these services won't be able to reach everyone in some cases, and really clear objectives.

If I was to provide the services that we're talking about, there's really those two categories. When we talk about the general supports, we're talking about really low threshold entry.

We'd like to have the ability for multiple referral points and an ease of access for people to be able to reach in and get help when they need it. But as we move to more, you know, significant or intensive, more individualised supports, there's going to need to be some mechanisms by which we can help make sure that the system moves the families that need that support towards it. But that's carefully managed in terms of the demand and that we make sure that there's the right placement of, again, it's a time limited support, are we focusing on building capacity.

I'd also just make the point that the composition of the people who will be working across these settings, for this to work, again, by necessity, I think it's going to have to be, it's absolutely going to have to involve some allied health leadership and be informed by allied health. But there's a range of other early childhood professionals who also need to be involved. But critically, and I think this is both not just the cost, but the workforce issues that I'm sure will be on people's minds, we're going to need to be able to find ways to utilise paraprofessionals, therapy assistants and others who are already in situ, uplifting those skills, augmenting their ability to deliver services for this to work, and of course, look at options for the delivery of, you know, online and other types of innovative approaches.

These examples I'm using today are actually existing services in WA, and we feel that it doesn't limit what we're referring to, but I think they give a very good indication of the types of things that we've conceived of as being appropriate. Across the individual advice and navigation, really it is an opportunity for phone, email, and obviously with telehealth, it can be a face-to-face type consultation with families and carers.

That's that guidance, support, referral, but also we see a role of initial screening, being able to assess whether or not someone can maybe be referred to some of those more general supports, and that might be a venue in which someone is identified as having more needs, or if there's a very obvious and frank support need, then fast track a referral to some more high levels of supports that might be available in the system.

A really big focus across all of this is going to be able to utilise group settings to be able to deliver supports, and that is based on early intervention best practice approaches. It is going to be things like playgroups, library settings, where there's opportunities for parents and caregivers to engage with early childhood intervention professionals, potentially allied health and play leaders where their child is.

There are examples, again, of very effective models here where there are time limited support periods. I think some of the feedback that we've also received from a number of organisations we've engaged with is it's not necessarily the requirement of a full-time presence, but there might be the ability to tap into supports when required on an episodic basis is really just what's required to deliver the types of outcomes they need.

Certainly, a focus on children at that early age between three and school age is one of the key focuses for us. This does not necessarily, from what we've seen from organisations, require a very high staffing level. It's about the right resources in the right place and time to support that, and a key piece of this is parents need to be able to walk away from these interactions more capable and empowered. And that's going to be a general theme of all of these different settings, is that if we're not achieving that, then we're probably not doing the thing that we need to be doing, particularly given the limits of the funding and the fact that this program stops when children reach at the end of eight years of age, so we need to make sure we're giving families everything they can to continue on.

Also group sessions for older children in community settings, such as school aged. I think there is somewhat more of a consideration around the specific needs, developmental and behavioural needs of those children as they reach those older age groups, but there are definitely examples of you know, between 10 and 15 children in a session, and obviously those locations, some of the feedback that we've had from our consultation is we initially thought, oh, look, you know, the kids want to do it at school, so they do want to do it in various places. School was not at the top of the list of places they wanted to be.

So, we really need to think about what are the settings that young people are going to be responsive to, feel comfortable to interact with and so as you think about your responses, your ability to tap into or access those sorts of settings is going to be a key thing.

Group and family support and capacity building is absolutely central to this. It is a really important focus. I think that as we look at this, a child's needs can be a combination not just of, you know, any functional capacity or impairment they may have, but also the complexity of their life circumstances.

And so we really are looking for those family capacity supports, not just to be about working with a family with a child that might have certain developmental needs, but also where there may be organisations that are able to work with families that have other intersectional needs and complexity to get the outcome - and the intensity of support that might be involved would be driven by both those factors, remembering that what we really want to see is partnerships between existing providers that might already be in that space and have that capability. So, thinking about outside of just the disability or child development space, but to those other community support providers that are around.

Individual family capacity building is also something that I think we need to be focused on as the key message to the community that is this is not the NDIS, that the best way for us to have an enduring capacity to support a child is by enabling a family.

We're not seeking to push more burden onto them, we're recognising that they are there, they are the most important people in that child's life and that we need to give them the right skills for that child to thrive.

And so it's going to be a really important piece of how we communicate and shift people's thinking from the only way I can do this is through clinical or allied health settings, which may be necessary in some circumstances, but we really want to sort of correct the balance here and really restore some of the locus of control back to families and individuals to feel they're capable of actually supporting their child.

In terms of moving to group therapeutic support, small groups, and I think this is where probably based on the resourcing available; we would really like and be very interested in the ability to explore where group therapy, and again, evidence-based best practice approaches, can be utilised to greatest effect.

The dollars are going to be very hard to stretch to significant amounts of individualised therapy. And that's just the reality of it. So, we are very eager to understand where you think there are opportunities to do that and innovative approaches. Hybrid models are all good. But that is something that we would have a particular appetite for.

As we move through to the individualised space, that is going to be something which will be challenging. That is not the basis of this model, but we recognise that there are individuals who do have particularly complex or high needs, but it raises a fundamental question. If we start encountering individuals with those needs, maybe it may be incumbent on us to ensure that they should maybe better be supported through the NDIS.

And so part of the role that we see through service providers, information, advice and navigation, is to make sure that the right kids are in the right place. And if there are children with high levels of needs, that we work as part of this service system to help support them on their journey there and referring them into the NDIS and supporting them in that process of getting there.

Similarly, where there may be families with particularly complex needs, there's going to be a lot of issues that other parts of government can support with.

If we just want to move on to the next slide. This is the fun bit. This is where you guys get to do the, which I'm sure you've already done your homework and are ready to go, but we now have a webpage up and running. There is the Thriving Kids website, which you can see the link there. You can also use the QR code to access.

We are absolutely ready and waiting to understand the market sounding survey, we've put one out there critically, it's an entrée to really much more granular and involved discussions around how this can work, the service design and other components.

I think it's critical that we can get to the detail of how can you operationalise these sorts of high level concepts that we're applying. We can talk about the parameters; we can talk about some of the constraints and what the really keen objectives are. But we need to understand what does this look like in a real world scenario, and I'll be fascinated to see the type of feedback that comes back to us.

We will very, very soon be reaching out again for more engagement through workshops and other formats to be able to start having the conversation about what this looks like.

It's going to be important we're also engaging obviously with lived experience and we really want to be able to validate and reality check some of the approaches.

You know, the effective thing is this, we have a capped amount of funding. We want to, we have a real ambition to support families. We want to engage with you as the people delivering these services across the sector as to how can we maximise the opportunity but also recognising this is not the only piece of the puzzle. There are many other facets of the government that needs to be delivering for these families for the outcomes to be achieved, but this is a really great and critical opportunity for us now.

And I'll just make the point, the survey has just gone up to be extended to the 17th of May. Now, anyone who's already done it, or ready to go, or about to be finished, don't wait till the 17th. We're running against very tight timelines, so we would be eternally grateful if any information came in as early as possible.

It really gives the chance to start that work and then kick into that next phase of engagement with you all around what this can look like.

Questions

Mhairi

Thanks, Ben. And we've already had quite a few questions in the chat, so I might start running through some of those. And Team, I reckon we can take the slides down now as well so that you can see our faces rather than the slide that says questions. I think some of these we can cover quite quickly. Some of them are bit more of a detailed answer.

So how will small businesses who offer targeted support such as allied health be able to apply to be providers in WA?

The short answer in the first instance is please fill out the market survey. That's how we understand who's out there, what you do, what your scope is, what your regional footprint, how many people that you support, what capacity do you have to uplift?

A reminder that Thriving Kids is not going to be an NDIS outside of the NDIS, so there won't be sort of providers that then individuals go to. This will largely be block-funded contracts, partnerships, consortiums, collaborative ways of working that we're looking at commissioning.

The next question, and this one had quite a few likes, what provider registration or quality assurance framework will sit behind the commissioned services to prevent fraud vulnerabilities we've seen in the NDIS?

So again, the first way that I'd address this is that we're not looking at an individualised approach where people have packages and that they're purchasing supports.

This will work much more like a traditional state funded, block-funded program. So for providers that might partner or work with the Department of Communities for other services such as out of home care or family support within child protection and family support, or you might have worked with our family domestic violence area or homelessness, we'll be using our contracting mechanisms where we look to do due diligence; we understand the capacity of organisations, what kind of governance they have in place, whether they meet best practice in terms of a set of qualitative criteria that we'll be assessing before we go into contract negotiations and we'll be using that as our primary way and our contract management directly with organisations around what is being delivered and is it up to standard.

We think though, that that will have an important interaction with the safeguarding work that's happening more broadly.

Any services that sit within that disability scope will hopefully come under the remit of HaDSCO, so the Health and Disability Services Complaints Organisation that sits within WA. But we have been doing some work and thinking with our state and territory and Commonwealth partners around what does quality look like within Thriving Kids too, what are those sort of standards that we would expect, so some of that will still be under development, but we'll have a very kind of keen eye to the kind of quality assurance that we'll be getting through that commission process.

The question about this early identification through WA Health, is it included in the \$72 million?

No, it sits outside, so everything that's funded right now through WA Health in terms of early identification, the on-entry school screening, the purple book health checks, all of that stuff that is outside of the \$72 million.

The \$72 million is for the specific investment streams that I took you through. And then we expect that there will be additional on top of that investment from the Commonwealth Government in potential three-year-old or older health checks through some type of CHAP, so Comprehensive Health Assessment Program.

There are a couple of questions, and these ones are a bit more in-depth, around intake or how will the sort of mechanisms be used for understanding who gets access to therapeutic supports and equity of access?

And I might have a go at answering this, but then hand to Ben for some other thoughts as well. I think we want to be very clear up front that we don't have all the answers to how all of this is going to work right now. We know that those are five investment areas where the WA Government is keen to put investment in and think that they are areas where we'll get strong outcomes for children and their families.

The interoperability between them and what demand will actually look like is something that we don't know the answers to yet. Some of the sector consultation that Ben talked about is how we would like to start testing some of that with you. Service providers every day through lots of other services outside of the NDIS undertake prioritisation to be able to think about who comes in, who's not. We are very reluctant to go down a path of strict eligibility criteria here.

And in fact, we think a lot of the services that we want to commission, information, advice, navigation, family capacity building should be low barrier to entry, no need for any kind of screening, diagnosis intake, but we are conscious that when we get to some of the targeted supports that there will need to be a pathway. But how can we design that in a way that is sufficient in order to make sure that the money goes where it needs to, but also that we don't overburden ourselves with more wait lists, because that would be the worst thing we could do.

At this stage, it is not the intention that you would need to go through a CAHS, so Community and Child and Adolescent Health Service or CDS, Child Development Service pathway in order to get access to Thriving Kids. It is not the proposition that that would be the intake approach to be able to access services.

But Ben, you might have some other thoughts on how we answer that one.

Ben

No, look, I think you've described it well. I think this is going to be a shared challenge. I really, it's a difficult space when you are very conscious of managing the demand on limited services but not wanting to move to some kind of eligibility criteria.

And that's the exact opposite of what we want here. And we do not want this to be the NDIS. We also don't want families to think, my kids now is a moderate and therefore has an entitlement to A, B and C services, but we want to get them the help that they need.

Part of this, I think, is that information advice and navigation function is going to be very important. I think it's about gently guiding families to what is the lowest, most beneficial level of support that we can give you immediately.

Where it's identified and it may be identified again through that service or when they're working within a group setting or some other setting that this child or family needs more supports, there's an ability to refer on.

And I think it's going to be really important that we work collectively to say, look, of the types of impacts or risks for a child and family, which are the top priority ones that we need to address and that would then help the providers of those more targeted supports say, look, that gives us the criteria by, yes, we should prioritise you here to provide those supports.

It's a ration system. It's a reality. I think what we want to do is try and make it that families, when they make contact, they are being provided support, and we provide as much as we can appropriate to their needs.

And if a family, you know, we talked about wait lists, I think even if you are waiting for more targeted supports, that should never mean that it's the absence of help. That whether that's through peer support networks, through other family or group settings, and things that support a family.

And sometimes it's the difference between a hard situation and a bad situation for that family. But I also want to look at the bulk of this cohort. Their lives are not abject misery. These people who have concerns and challenges for their children, but actually, there's a lot of positivity that just a little bit of help here and there can help them with.

I think we do need to get a very clear understanding though of how can we describe to you those priorities and that as the service providers, there's very clear objectives to the family that when you come into this particular support, here are the things that we're going to do. By the end of this five weeks, A, B and C, we should be looking at this. And so, people feel they know that there's a finality to it, but there's actually something very clear, attainable outcomes that they have that are theirs to go forward with.

Really look forward to engaging with you. This is a collective challenge that we have and to make it work. But what I don't want is a mini NDIS outside the NDIS. It's the worst possible outcome.

Mhairi

Thanks, Ben. So some more questions.

While peak body feedback is imperative and critical as part of the consultation process, how do we maximise opportunity to engage with ACCOs that are already delivering frontline culturally safe supports?

And apologies if this was me not framing this correctly. I think what we were proposing to do is to work in partnership with peak bodies to engage with the broader ACCO or Aboriginal-led organisation sector.

We want to do that work with those organisations, not just with peak bodies, and we want to do it with people who are doing the frontline work. So that might have just been my fault in the way that I introduced that, but how you've described it is exactly how we want to do it, but we're conscious that some of your peak bodies will be better than we are at bringing people together and we'll have those existing networks and that's how we're hoping to access those networks and bring people together to have the conversation.

There have been a couple of questions about allied health providers being small traders, small business. Would we consider a voucher system?

We haven't considered a voucher system at the moment. As I said, we're looking at traditional State Government commissioning approaches. However, I think that market insight survey is really how we understand what is available out there. And we know that particularly in some areas, that is going to mean having to work with lots of different organisations in different ways. And in the past, the way that we've done that is to think about panels of providers that can be utilised or come out different times.

The opportunity in the long term is to understand what contracting mechanism do we need to have in place to have it the most effective as possible. So, apologies that that answer is a bit of a 'we don't quite know yet', but can I encourage you again, put your information in the market survey. That'll get us ideas of what's available and what's out there. And as we start to put that together, it'll inform how we do some of that contracting.

There's a question here about many families can't access playgroups. Have you thought about engaging this therapy through childcare settings?

We have had some really interesting conversations with organisations that offer services within the ECEC sector that have already ahead of time started to employ OTs or 'speechies' or allied health professionals within their settings or who have partnered with a local allied health therapy organisation to come in to upskill their staff, to run sessions with parents. We're really interested in what those models could look like. So again, if you think you've seen examples of that, put it in the market survey.

And again, we think there's opportunities around some of that within the grant round that we talked about, where you have partnerships and you think that could work, we want to hear about it. Very conscious, however, that childcare, a lot of them are for-profit businesses that run and operate their business and that government can't mandate that things happen in there and we wouldn't want to kind of get into that space of saying this has to happen.

So, it really is the organisations that are proactively thinking about what that could look like and might have those partnerships in place that are the opportunity for us to test and learn and understand what that could look like in practice.

There's a great question about workforce, which I will hand to Ben in a moment. But before we get there, I want to address the question about the \$310 million for funding in public schools.

This is one where we need to be really clear that the funding that happens with the education setting is education funding to support education outcomes for students with disability within the education system. It's not disability support or services for children in schools, so it's designed to be able to support the equitable and inclusive teaching of children who may have a disability within education settings.

So, that \$310 million for funding within public schools is designed to support schools to be able to provide education to children with disability.

I know that there is a lot of work that is happening in that area and we're working very closely with our Department of Education colleagues about what they do and what happens within Thriving Kids can be done in a much closer way in thinking about what best practice looks like.

However, we also know that there's a lot of pressure on schools right now and we want to be conscious that we're not creating an expectation that Thriving Kids is going to be delivered in all schools across WA.

We're actually talking much more about what are the other community settings through which Thriving Kids could be delivered.

And then finally, before I pass to Ben for workforce, does developmental delay mainly cover GDD slash autism or will it cover children with Down syndrome who have developmental delays?

It is intentionally broad in its language because it's supposed to not be diagnostically driven. Essentially, once the system shifts and if you're not in the NDIS and you're a child with developmental delays and/or autism, or the language that the Commonwealth often uses is neurodevelopmental difference because you may not yet have an autism diagnosis, that is the cohort that Thriving Kids is looking at.

But we're doing a lot of work with the Commonwealth Government right now around those definitions. And I have to say that we need to all wait to see how some of that pans out.

The announcements from Minister Butler a week or so ago around broader changes to the NDIS may shift some of that, so we're very conscious of that and we'll be trying to be as clear as possible. But definitely for quite a few of those investment streams that I've outlined, we don't envision a system where we'd be asking people for their diagnosis or even asking people for that much evidence of developmental delay. If this is about information, advice and support, it should be as open and low barrier to access as possible.

So, Ben, I'll hand over to you about what investment is being discussed to build and support the workforce needed to underpin Thriving Kids.

Ben

It's a really good question and workforce is a really critical part of you can't do it without people to deliver it. And we know that we're already operating in an environment where there are lots of workforce challenges and between disability, health and aged care, everyone's cannibalising those workforces. But it's also about having the right workforce for the types of supports that you want to provide into the future.

The bulk of the Commonwealth funding that they're doing, or a very large share of it, is actually on this issue of workforce capacity building. We're very keen to engage with them to make sure that that's going to be appropriate to the specific needs, localised to WA and what we need here. I think, you know, there's a picture here also of this is not just, you know, a short-term proposition.

This is a long-term system for Western Australia, so I think that work of what is the sort of workforce development, working with the Department of Training and Workforce Development and others around what are the types of training and things that need to be there will be important. But I think we need to learn over the next two years as we're in that test and trial phase of what are actually the really essential elements to deliver this. And

it's going to be about both what delivers the best practice approaches we need through the modality of the most cost efficient ways of doing that best practice.

And so hopefully the feedback and working with yourself around what that is and what we need to get there will be part of the process over the next few years. But a big piece of our work, we're making sure that the Commonwealth doesn't just take a national approach to this, that it has to be specific to the local circumstances within WA in terms of it.

But innovate, innovate, innovate. It's kind of like part of the process here, because we are very keen to do things differently from that typical NDIS model.

Mhairi

Thanks, Ben. And with one minute to go, we've got one last question, so I might answer that and then I'll do a bit of a wrap up.

So, from Kerry, what support about supports for children with sensory impairment such as hearing loss?

It's our understanding that hearing loss should stay within the NDIS. So, the only agreement that we have with the Commonwealth is only around children with developmental delay and or autism.

It's our understanding that children with sensory impairments like hearing loss should stay within the NDIS. But as I said, there's kind of broader reforms that are happening right now. And some of this we will only know until it starts to kind of flow out, but we would be advocating quite strongly that if children with sensory impairments such as hearing loss are currently accessing supports through the NDIS, then they should stay. They should remain being able to access their supports there.

Conclusion

So, we're right on 3:30pm. I want to say a big thank you to everyone for joining. It's really encouraging to see sort of over 100 people dial in and listen to what we had to say. Hopefully it was useful to give you that flavour up front. I think there's a lot more that we can get into and we're really looking forward to starting to be able to talk to you about all of this in a bit more detail.

As Ben said, there will be some dedicated engagement sessions starting to happen but if you want to contact us and have a yarn about any of this, the door is always open.

As I said before the briefing, I would suggest that everyone gets Ben's mobile number and peppers in with questions. The more that we hear, the better, and you're going to have the ideas of where the great service models are, how can we solve some of these problems together, because it's going to be a real journey over the next couple of years of the Department of Communities working alongside the services sector and with the disability community and people with lived experience to work this all out and hopefully be able to deliver a program of supports that really deliver good outcomes for children and their families.

So, thank you everyone, have a lovely afternoon and we'll talk to you soon.

Transcript ends.