



Standing Committee on Health, Aged Care and Disability
PO Box 6021
Parliament House
CANBERRA
Canberra ACT 2600
3 October 2025

Submission to the Inquiry into the Thriving Kids initiative

We thank you for this opportunity to contribute to the work of the Standing Committee on Health, Aged Care and Disability relating to the Thriving Kids initiative.

Uniting NSW.ACT is the social services and advocacy arm of the Synod of the Uniting Church in NSW and Australian Capital Territory. We provide innovative and person-centred services that in 2024-25 supported over 156,000 people at all stages of their lives, including children, young people and families, older people, and people with disability.

This included 62,000 Local Area Coordination clients, 30,373 participants in our Early Intervention programs, 8,875 Mental Health and Wellbeing clients, 6,383 children enrolled in early learning, 5,731 Intensive Family Services clients and 988 Disability Services clients. We also provided Counselling and Mediation services, Homeless supports and supports for children and young people in out-of-home care.

We believe that the Thriving Kids initiative represents an exciting opportunity to integrate early intervention pathways into mainstream systems, increasing the availability and accessibility of supports for all children with disability and developmental delay. We recognise that Australian, state and territory governments are currently engaging in consultation and planning regarding the delivery of foundational supports more generally and Thriving Kids more specifically and welcome the opportunity to contribute.

Within Uniting we have commenced internal mapping and planning to identify the areas in which we already deliver services which could be utilised as a mechanism for delivering Thriving Kids including early learning, child and family services and mental health. As this work progresses, we would welcome the opportunity to share our learnings with the Committee.

We also endorse the proposals provided by the Grattan Institute in their report, *Saving the NDIS: How to rebalance disability services to get better results* particularly as it relates to the delivery of foundational supports for children.¹ This report has provided a

¹ Grattan Institute (2025). *Saving the NDIS: How to rebalance disability services to get better results*. Accessed at <https://grattan.edu.au/report/saving-the-ndis/>





well-developed plan for the successful implementation of foundational supports which would enhance the efficiency of both the NDIS and non-NDIS services.

Uniting NSW.ACT is a member of The Possibility Partnership (TPP) – a collaboration of some of Australia’s leading community service organisations, who work with vulnerable families. In considering next steps in enabling co-design of Thriving Kids with key stakeholders, including families and children, and implementation of this change, we would be happy to be considered as critical friends along the journey.

For more information, please contact [REDACTED] at [REDACTED]

Yours sincerely,

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[REDACTED]
[REDACTED]
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Evidence-based information and resources for parents

Early detection and identification is the first step in ensuring that children and young people are able to receive the supports that they need. This requires that parents and carers have access to information to recognise signs of normal and delayed development and feel empowered to raise their concerns.

This awareness is not consistent across all communities and families and can lead to signs of disability and developmental delay being missed. A Uniting staff member explained a common situation among new parents:

So you're a new mum with this baby and you think that's how every child behaves, right? You don't know what you don't know.

There is also an ongoing stigma associated with disability and developmental delay which can prevent some families from accessing support. Our staff report that this is particularly damaging for mothers from culturally and linguistically diverse backgrounds who fear that signs of disability and developmental delay are a reflection on their parenting skills and avoid disclosing their concerns outside the family. This stigma becomes a barrier to seeking help and further information.

There's a shame of, well, I can't go and see someone because I don't want anyone to know something's wrong or they internalise it and go, oh, it must be something I'm doing.

The NSW Government's 4-year-old preschool screening program is an example of how developmental checks can be integrated into existing supports as normal practice. This reduces stigma, facilitates access in services that are already attended by families and promotes information sharing between services and families.

However, this must be accompanied by support for mainstream services employees to engage with sensitive conversations with parents and provide accurate information regarding next steps. For example, ECEC educators as frontline services are often the first to recognise indicators of disability and developmental delay in children however there has been a lack of support to enable educators to support children, parents and families to access diagnostic and allied health services.

The Thriving and on Track (TOTs) program in Queensland provides an example of how this can be achieved. As part of this program, ECEC educators are trained to complete simple developmental screens, to have supportive conversations with families and provides a direct referral pathway from the ECEC to follow-up services. It also provides ongoing information, education and strategies to ECEC services to continue learning.

Additionally, information about expectations of children and developmental outcomes must be provided in non-judgemental, culturally safe settings with appropriate follow-up supports. This should include community outreach through community groups and services such as Aboriginal Community Controlled Organisations (ACCOs) and culturally and linguistically support services.

Finally, information must be available in a variety of formats and languages including First Nations languages, Easy Read and Easy English. These should be readily available in spaces and places where children and families attend and provide clear direction regarding next steps. There is an inherent risk that without the availability of subsequent support services, parents are left to manage concerns on their own.

Programs and initiatives which support children with developmental delay, autism or both

We believe that services for children with disability and developmental delay should be delivered in places and spaces where children and families already attend. This reduces the burden on families to attend additional services, creates more accessible supports and assists in normalising disability support as a natural component of mainstream service delivery. As identified by the Terms of Reference, this includes child and maternal health, primary care, allied health playgroups, early childhood education and care, and schools.

In addition to being more effective for children and families, this also enables Australian, state and territory governments to utilise existing expertise and workforce capacity rather than introducing new and potentially conflicting models of support.

We also recommend that the Thriving Kids initiative consider the use of libraries as a mainstream service which is accessed by children and families. Data from the Australian Library and Information Association shows that in 2022-23, there were 116,471 early childhood specific programs across Australia with over 3 million participants.² These represent a natural setting for delivering programs and services which support children with disability and developmental delay, and their families.

The Australian government has committed to ensuring that all children can access early learning and the lifelong benefits that it provides. This is a policy goal that Uniting strongly supports, and we believe can assist in the delivery of Thriving Kids. However, we also believe that more work is required to ensure that all children have access to early learning through investment in programs which connect children to services.

Analysis by Uniting found that children with disability are less likely than their peers to not be enrolled in early learning.³ Similarly, children from Aboriginal and Torres Strait Islander families, children who live in areas of socioeconomic disadvantage and from non-English speaking backgrounds were less likely to be enrolled in early learning. An overreliance on early learning services as a mechanism for delivering Thriving Kids may therefore risk unintentionally excluding the groups with the highest need.

² Australian Library and Information Association & National and State Libraries Australasia (2024). *Australian Public Libraries Statistical Report 2022-23*. Accessed at <https://read.alia.org.au/australian-public-libraries-statistical-report-2022-23>

³ Uniting (2024). *Enrolment in early learning: An exploratory analysis of low enrolment*. Accessed at <https://www.uniting.org/blog-newsroom/research-publications/Articles/enrolment-in-early-learning>

Case study

Links to Early Learning

Uniting's Links to Early Learning (L2EL) supports families who are facing difficulties when it comes to their child attending an early learning service such as preschool or child care through navigational supports. The program connects parents to quality options, and aims to help preschool-aged children access early learning in the year or two before they start school.

The L2EL program offers support in a number of ways, including:

- Helping families to find the service that best suits them and their child including ensuring that it is accessible, culturally appropriate and meets the unique needs of the child.
- Assisting with navigating systems including applying for subsidies, completing paperwork and engaging with translation and interpretation services.
- Supporting transitions to early learning services including facilitating conversations with educators, sharing information and planning for a successful transition period.
- Connecting families with other support services within the community to build capacity, their specific needs and develop a network of support.

L2EL has demonstrated success in supporting children and their families who are currently excluded from early learning to access the services that they require to thrive. This includes a significant number of families with children with additional needs, developmental delay and disability. The benefits of L2EL extend beyond preschool attendance and help to create empowered and connected families.

We caution that Thriving Kids needs to be delivered through a variety of service settings to reach the diversity of children and families. For example, data from Australian Curriculum Assessment and Reporting Authority that the number of children attending 90% or more of school days in primary school has dropped from 76% in 2019 to 65% in 2024.⁴ This is even more concerning for First Nations children in primary school with only 41% of children attending 90% or more days in 2024, compared to 51% in 2019.⁴

The role of parents and carers

Parents and carers are the most important resource for improving outcomes for children, particularly for children with disability and developmental delay. The Australian Children's Education and Care Quality Authority (ACECQA) summarises this as:

Children do not exist in isolation. Each child is, first and foremost, a member of a family. Parents and other family members are a child's first and most important teachers.⁵

⁴ Australian Curriculum Assessment and Reporting Authority (2025). *Student attendance*. Accessed at <https://www.acara.edu.au/reporting/national-report-on-schooling-in-australia/student-attendance>

⁵ Australian Children's Education and Care Authority (2023). *Early Years Learning Framework Practice Based Resources - Connecting with families: Bringing the Early Years Learning Framework to life in your community*. Accessed at <https://www.acecqa.gov.au/sites/default/files/2023-01/connecting-with-families.pdf>

This was echoed by one of our staff who commented that:

A speech pathologist might see a child for maybe an hour or two a week. A parent sees their child every day and night.

Early intervention programs are most successful when parents are engaged as stakeholders and partners in supporting their child's development. This means that services are funded to upskill parents and provide advice for how they can integrate learning and support into their daily activities. While there will always remain a need for one-to-one clinical support for children with intensive needs, early intervention can and should be delivered through parents and carers.

One mechanism for providing evidence-based information and resources for parents is to integrate screening and support services into mainstream systems like early learning, playgroups and child and health services. However, as previously discussed, this requires resourcing mainstream systems to ensuring that staff have the skills and knowledge to communicate to parents about concerns with their child's development, referral pathways and ways to integrate learning and skill development into daily life.

Supported playgroups should also form a critical part of foundational supports for young children and families with disability and developmental delay. In addition to the benefits of playgroups and socializing, they allow families to learn from facilitators with experience supporting the unique needs of their child and connect with other parents who are navigating similar journeys with their children.

Case study

Supported playgroups

Playgroups are often the first step that parents have into the community and engaging with community services. They are a critical early intervention tool which increases a parent's skills, knowledge and understanding and improves their ability to care for their child. At Uniting we provide supported playgroups in disadvantaged areas which give parents a safe and supportive environment to socialize, learn and engage with services.

Supported playgroups act as a contact point which enable families to engage with staff who have experience with children with varying needs. They provide an opportunity for a staff member to identify signs of developmental delay and provide referral pathways for services and supports within their local community.

Our supported playgroups also include information and capacity building supports, including guest speakers from services such as counselling and domestic violence which allow parents to learn in a safe setting. Discussions about local supports and services from diagnosis to health services to early education are a normal part of discussion and reduce the need for parents to seek this information independently.

They also enable parents to learn child-focused parenting skills which build their relationship with their child and are appropriate for their needs. For children with disability and developmental delay, this is particularly critical as general parenting supports may not be relevant or applicable to their circumstances.

Child and family health services

Child and family health services represent a critical resource for families, particularly in the younger years. Our staff report that child and family health nurses can provide a safe, non-judgmental and accessible environment for families to receive development checks and referrals onto early intervention services. Unfortunately, our staff also report that there are critical shortages in areas of highest need. For example, in South-Western Sydney our early learning service reported that there is a single child and family health nurse available for their Local Health District despite the high number of children and families requiring support. Families are therefore unable to receive the support they need or face waiting lists for accessing services.

To achieve the ambitions of Thriving Kids, there must be investment in child and family health services which are the frontline of developmental screening and wellbeing checks. Inadequate availability and accessibility of these services will threaten the effectiveness of Thriving Kids initiatives.

Community hubs

Community hubs are co-located services which bring together a range of supports which enable children and families to receive multiple forms of assistance. They may be located in early childhood education and care services, primary schools, community or non-government organisations, Aboriginal Community Controlled Organisations (ACCOS), primary health care or virtual/digital settings. They may also be referred to as Integrated Child and Family Hubs.

The National Child and Family Hubs network estimates that there are approximately 460 hubs operating across Australia. These allow children and families to receive a range of service from social connection and parenting support, health and screening checks, early intervention and other social services. Through warm referrals, co-located support and navigation assistance, children and parents benefit from a whole-of-family approach which is responsive to their individual needs.

This also minimises barriers to support such as the need to travel to additional appointments. A staff member shared the experience of a parent of a child in early learning who was eligible for services:

We had a parent who said to us “We have speech [therapist funding] but the times that they can give me, I can’t make it because to make that time, I’ve got to take time off work. I can’t take time off work because that affects everything else”.

Community hubs can assist in ensuring that services are delivered in accessible locations through flexible delivery and minimise the burden on families.

While there are consistent frameworks and guiding principles which may be used to govern the delivery of community hubs, they are fundamentally a place-based solution which brings together local knowledge and services, and an understanding of the unique needs of the community it serves. This allows hubs to partner with and co-design services with local community groups such as ACCOs who bring unique expertise in developing meaningful solutions.

We encourage the Inquiry to review the resources provided by the National Child and Family Hubs Network including a comprehensive briefing into methods of service delivery in the Australian context, enabling the “glue” to unlock the potential of hubs and a Child

and Family Hubs Framework which outlines best practice in the design, delivery and/or evaluation of hubs across a range of settings.⁶

In summary, there are five actions required of government to achieve meaningful change through the delivery of child and family hubs:

1. Prioritise investment in areas of high child need
2. Build more than childcare: invest in integrated Early Childhood Hubs for new services in areas of high child need
3. Commit to growing a sustainable Aboriginal and Torres Strait Islander Community Controlled (ACCO) sector, including quarantining reasonable funds for ACCO services
4. Pair capital investment with ongoing funding for integration enablers and operational viability
5. Invest in the conditions for partnership⁷

⁶ National Child and Family Hubs Network (nd). *Publications and tools*. Accessed at <https://www.childandfamilyhubs.org.au/resources/publications-and-tools/>

⁷ National Child and Family Hubs Network (2025). *Setting up the Building Early Education Fund for Success*. Accessed at https://www.childandfamilyhubs.org.au/media/kfbahkf/ncf-hn_beef-brief_da8.pdf

Case studies

Karitane (with Uniting NSW.ACT and Sonder): Village Connect

This hub offers parent education, group programs, and support for parents aged 25 and under who are pregnant or have a child in Southwest Sydney. Parents can access this free service in-person or virtually.

Village Connect combines child and family health services, key workers, and a variety of resources to ensure parents get the support they need, when they need it.

Alongside in-person and virtual services, parents have 24/7 access to confidential medical, safety, and mental health support through the Sonder app. The service can coordinate care not just within the healthcare system, but also across essential areas like education, social services, financial resources, recreation, and transportation to support parents.

It also includes free courses, webinars, and events to support parents in the first 2,000 days of their child's life. This includes practical tips and evidence-based strategies from experts as well as programs such as playgroups and parenting support. These playgroups provide access to nurses, educators, OTs, speech pathologists and key workers in a supportive group setting. Parents can receive advice and recommendations on supporting their child's development and wellbeing in an accessible location.

Uniting has partnered with Karitane and Sonder to deliver Village Connect and have seen the meaningful and ongoing benefits that it has delivered for young parents in Southwest Sydney. It provides a model for how child and community hubs can be delivered flexibly through physical and online supports which enable children and families to engage in a manner which is most accessible for them, rather than prescribing particular forms of participation. The service has engaged with over 575 families since it commenced in February 2023. We would welcome the opportunity to provide our insights into Village Connect to the Inquiry.

NCOSS: School Gateway Initiative – Mirrung

Mirrung at Ashcroft Public School is an innovative, place-based initiative that supports the education, health and development of all children and their families within the school setting. 40% of children in Ashcroft live below the poverty line. Mirrung was launched in 2022 in partnership between NCOSS, Ashcroft Public School, the Department of Education and philanthropic funding.

Through Mirrung, in 2024 more than 200 children received free dental screening and eye checks, 73 early years students were screened for developmental delay with 51 flagged for intervention, and 48 children accessed NDIS funded services at school. The program also facilitates service coordination and builds relationships and partnerships with local health and social service organisations. Uniting NSW.ACT attends fortnightly to offer navigation and case management support.

Results:

- Increase in number of children who attended school 90% of the time or more from 41% in 2022 to 64% in 2024
- Increase in the number of children achieving stage appropriate outcomes from 29.5% in 2023 to 36% in 2024
- 93% of parents/carers said that the school understands what their child and family needs

Equity and intersectional issues

Service delivery priority

We recognise that delivering Thriving Kids is a long-term ambition which will require scaling up over time. We believe that initiatives and programs under Thriving Kids should first be targeted at areas which demonstrate two or more of the following characteristics:

- High numbers of children
- High rates of children with developmental vulnerability (as per the AEDC)
- High rates of children from First Nations or culturally and linguistically diverse backgrounds
- Low preschool enrolment for children aged 4-5

The Australian Early Development Census provides a picture of early childhood development throughout Australia, through a nationwide data collection every three years. 95% of children participated in the 2024 Census. It is completed by teachers of children in their first year of full-time school and asks about aspects of a child's development across five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

Children are classified as developmentally on track, developmentally at risk or developmentally vulnerable. It is a useful tool for estimating areas of highest need for early intervention services.

Uniting has identified seven metropolitan, five inner regional and five outer regional Local Government Areas in NSW which demonstrate two or more of these characteristics and we believe should prioritised in the delivery of Thriving Kids funding and service delivery (Appendix A, B and C). While we recognise that there is need across the state, addressing equity and intersectional issues will require identifying and targeting service delivery at specific areas which have demonstrated the highest needs for supports.

First Nations children and communities

The specific needs of First Nations children and communities must be considered in the delivery of Thriving Kids. Previous analysis completed for the Disability Royal Commission has found that First Nations NDIS participants are 28% less likely to receive care via the NDIS than their non-Indigenous counterparts.⁸ This finding was also consistent across children and young people with analysis demonstrating that NDIS representation relative to the broader population with disability was persistently lower among children aged 0-6 and 7-14.

There is an urgent need to partner with First Nations communities and Aboriginal Community Controlled Organisations (ACCOs) to understand the needs of children and families. There are many complex and intersecting reasons why First Nations children are less likely to receive early intervention supports including poor access to early childhood education, lack of culturally safe and appropriate health services, difficulty navigating services, and diagnostic tools which fail to account for cultural needs. There also remains

⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Research report: Options to improve service availability and accessibility for First Nations people with disability*. Accessed at <https://disability.royalcommission.gov.au/publications/options-improve-service-availability-and-accessibility-first-nations-people-disability>

an ongoing legacy of mistrust of mainstream systems among First Nations families and communities as a consequence of systemic racism.

This must include a culturally appropriate framework for identifying and responding to indicators of disability and developmental delay which takes into account cultural understandings. For example, the concept of disability which is widely adopted within mainstream systems is premised on a Western lens which focuses on impairment and limitations which may not be appropriate for some First Nations communities who view disability as a natural characteristic which does not require government intervention.

It is also important that this work is led by and governed by First Nations communities who can inform the delivery of culturally appropriate supports. It is essential that services which deliver supports to First Nations families and communities are aware of systemic failings in mainstream systems such as the overrepresentation of First Nations children in out of home care. Some First Nations families and communities choose not to access mainstream services for children with indicators disability and developmental delay out of a fear of child protection involvement and judgement of their parenting capacity.

This work must also be appropriately funded including specific funding for advisory support from ACCOs and community groups. Consultation, co-design and governance activities must be appropriately remunerated across the delivery of Thriving Kids and not simply at the outset.

Culturally and linguistically diverse children and communities

Children and families from culturally and linguistically diverse backgrounds face additional challenges in accessing services. Understanding of disability and developmental delay, the complexity in navigating mainstream service systems, costs and eligibility criteria create barriers to accessing early intervention.

Eligibility for services remains an ongoing challenge for culturally and linguistically diverse communities. For example, while some early connections are available to families living in Australia regardless of their citizenship or visa status, children must meet the residency requirements to be eligible for the NDIS.⁹ Similarly, asylum seeker families are broadly ineligible for the Child Care Subsidy.¹⁰ They must therefore pay full fees to access early childhood education and care (ECEC). Initiatives delivered under Thriving Kids should not require that children or families hold citizenship or meet specific visa requirements.

Our previously discussed Links to Early Learning program has been successful in engaging culturally and linguistically diverse families through targeted outreach, local understanding of need and staff who are representative of the communities they serve. This creates a sense of cultural safety and ensures that families feel that their background and culture is not only understood but valued by the service.

Partnerships with local community groups will be essential in ensuring that children from culturally and linguistically diverse groups receive the benefits of Thriving Kids programs. Initiatives must be appropriately funded for community relationship building and engagement with local community groups who can establish informal referral pathways through existing outreach and word of mouth. These are just as critical as formal referral pathways in reaching children and families most in need of support.

⁹ NDIS (nd). *Early connections*. Available at <https://ndis.gov.au/our-guidelines>

¹⁰ Services Australia (2024). *Child Care Subsidy: Residence Rules*. Accessed at [Residence rules for Child Care Subsidy - Child Care Subsidy - Services Australia](#)

Gaps in workforce support and training to delivery Thriving Kids

Utilisation of existing workforce

The care economy more broadly is facing significant challenges in workforce attraction and retention across the lifespan from early learning to disability to aged care services. This is a consequence of ongoing underfunding and low pay for workers, limited career pathways and social underappreciation for the role of care workers in supporting children and families, people with disability, and older people.

Thriving Kids services should utilise existing workforce capacity where possible to avoid removing resources from an already stretched workforce to create new and duplicative services. This means a commitment to upskilling and investing in care workers who deliver frontline services for children with developmental delay and their families.

This does not mean that care workers are burdened with additional requirements above their current roles without adequate support in the form of pay, professional development and support. One member of our early learning workforce told us:

We aren't just early learning staff anymore. We have to be speech therapists, occupational therapists, social workers, mental health professionals, family therapists and more. And we are expected to do all of that without any recognition or support.

Similarly, research completed by the University of NSW found that 90% of teachers reported moderate to extremely severe levels of stress while more than two-thirds experienced moderate to extremely severe symptoms of depression and anxiety.¹¹

It is important that Thriving Kids initiatives and programs are integrated into mainstream systems. It is equally important that staff in these mainstream systems are provided with training, mentoring and ongoing assistance to implement Thriving Kids and appropriately remunerated for their contributions.

Thinking creatively about the future care workforce

At Uniting, we have also sought to think creatively about how we can utilise the future care workforce by integrating postgraduate early intervention students into mainstream systems to provide both a supportive placement for students and access to early intervention for children and young people. This initiative places students into education services where they can provide assistance to staff and students and support early intervention activities. This was first trialled through our Local Area Coordination (LAC) team who partnered with local schools to deliver the Ignite Empower Achieve initiative and is now being extended to our early learning services.

In 2025, Speech Pathology Australia estimated that there are approximately 1,300 speech pathology graduates every year who complete an average of 100 placement days across

¹¹ University of NSW (2025). *Teachers' depression, anxiety and stress at three times the national norm: new study*. Accessed at <https://www.unsw.edu.au/newsroom/news/2025/08/teachers-depression-anxiety-and-stress-three-times-national-norm#:~:text=Nine%20out%20of%2010%20Australian,of%20Arts%2C%20Design%20&%20Architecture>.

the course of their studies.¹² Occupational Therapy Australia estimated that there were 1,900 occupational therapy graduates in 2019.¹³ There is an urgent and critical need to invest in expanding both the speech pathology and occupational therapy workforces but also to think about how Thriving Kids can utilise students to upskill parents, care workers and support children with disability and developmental delay.

Case study

Ignite Empower Achieve

Responding to a critical need in their community, Uniting Local Area Coordinators in our Nepean Blue Mountains service area created 'Ignite Empower Achieve,' a program offering free, on-site mental health support in 32 Western Sydney public schools. The program is a community collaboration between Uniting LAC, the NSW Department of Education and Western Sydney University.

Postgraduate counselling students from Western Sydney University deliver these services at the schools, breaking down barriers of cost, stigma, and access for young people. Students are able to receive the support they need during school hours, at school with no cost to families.

The project addresses the critical shortage of mental health services in Western Sydney and improves early intervention support for young people.

Across 28 participating schools, preliminary feedback shows a 34% increase in student wellness scores. Feedback from schools, students and parents has been overwhelmingly positive

Early Steps

Following the success of Ignite Empower Achieve, Uniting is considering how we can utilise speech pathology and occupational therapy student placements within our early learning services to upskill staff, and support children and parents. We are currently exploring partnerships with local universities and would be happy to share our learnings with the Committee.

Funding

The delivery of foundational supports will require collaboration between Australian, state and territory governments and the community services sector. While not in the terms of reference, we would like to make a general comment about the need to ensure that foundational supports are delivered effectively and meet the needs of communities.

Most importantly, foundational supports should be designed in consultation with children, young people and their families as well as the service providers who provide critical supports which enable them to thrive. The sector is willing and motivated to work with government to codesign solutions and deliver services which are locally based and tailored to the needs of communities. Uniting is eager to contribute to this process however possible.

¹² Speech Pathology Australia (2025). *Federal Pre-Budget submission 2025-26*. Accessed at <https://www.speechpathologyaustralia.org.au/Common/Uploaded%20files/Smart%20Suite/Smart%20Library/dcf2e613-7569-4215-b371-3584f38c5e5d/Speech%20Pathology%20Australia%20Pre-Budget%20submission%202025-26%20-%2031.01.25.pdf>

¹³ Occupational Therapy Australia (2024). *Workforce Development Project Summary Report*. Accessed at <https://www.otaus.com.au/resources/workforce-development-project-summary-report-2024>

More broadly, funding structures must enable providers to deliver comprehensive and locally responsive supports including funding for consultation, service delivery, evaluation and review. We believe that these should be a minimum term of five years to ensure that providers have adequate time to develop deep community connections and adapt programs as needed. Funding agreements should also allow providers to reflect, change and restructure supports as needed including funding for evaluation activities. Without specific allocations for evaluation and review, there is a risk that providers deliver programs which are ineffective or fail to meet the needs of communities.

Intersectional disadvantage

At Uniting, we support children and young people with disability and their families across multiple services systems, many of which are not disability specific such as our early learning, intensive family support, family counselling and parenting programs. Many of these families are experiencing compounding disadvantage including poverty, domestic and family violence, housing instability and mental illness.

Maslow's hierarchy of needs is evident in these families. While they care deeply about their child's development, the most immediate priority is ensuring that they have a safe place to sleep and food to eat. We know that in 2024, almost one in six children in NSW live in poverty which rises to one in four in areas experiencing other forms of disadvantage.¹⁴ Families with an adult or child with disability are significantly more likely experience living in poverty.

One staff member commented:

When the family doesn't know where they will be living next week, how can they be expected to search out and find resources, attend expensive specialist appointments and navigate the complexity of programs like the NDIS?

It is critical that Thriving Kids initiatives recognise the complex circumstances of families experiencing intersectional disadvantage. We believe that community hubs (previous discussed) are a potential solution which allows children and families to receive multiple social services in a singular location and provides opportunities to connect people experiencing vulnerability with a variety of services.

¹⁴ NSW Council of Social Services (2024). *Lasting impacts: The economic costs of child poverty in NSW*. Available at <https://www.ncoss.org.au/2024/11/child-poverty-costs-nsw-60-billion-a-year-hurts-us-all/>



Appendix A – Priority Major City Local Government Areas

	Children aged 0-9 in the LGA ¹⁵	% of children in the LGA who are vulnerable in one or more domains ¹⁶	% of children in the LGA who are vulnerable in 2 or more domains ¹⁶	% of 4-5 year olds in the LGA who are enrolled in preschool ¹⁷	% First Nations people in the LGA ¹⁸	% of people in the LGA who speak language other than English at home ¹⁸
Blacktown	64,377	27%	14%	80%	3%	46%
Canterbury-Bankstown	48,117	23%	12%	79%	1%	59%
Liverpool	35,468	26%	14%	78%	2%	54%
Cumberland	32,234	27%	13%	76%	1%	65%
Penrith	31,363	24%	15%	83%	5%	20%
Campbelltown	27,731	26%	13%	77%	4%	36%
Fairfield	21,931	31%	18%	76%	1%	70%
NSW	970,299	22%	11%	85%	3%	27%

¹⁵ Australian Bureau of Statistics (2024). *ERP by LGA (2024)*. Accessed at <https://dataexplorer.abs.gov.au/>

¹⁶ Australian Early Development Census (2025). *Additional data*. Accessed at <https://www.aedc.gov.au/data-hub/public-data/additional-data>

¹⁷ Internal Uniting modelling

¹⁸ Australian Bureau of Statistics (2025). *Data by region*. Accessed at <https://dbr.abs.gov.au/index.html>



Appendix B - Priority Inner Regional Local Government Areas

	Children aged 0-9 in the LGA ¹⁵	% of children in the LGA who are vulnerable in one or more domains ¹⁶	% of children in the LGA who are vulnerable in 2 or more domains ¹⁶	% of 4-5 year olds in the LGA who are enrolled in preschool ¹⁷	% First Nations people in the LGA ¹⁸	% of people in the LGA who speak language other than English at home ¹⁸
Tamworth	8,585	29%	15%	82%	13%	6%
Kempsey	3,471	30%	18%	76%	13%	3%
Mid-Western	3,389	30%	15%	80%	7%	3%
Armidale	3,218	38%	23%	84%	8%	10%
Nambucca Valley	2,138	35%	16%	81%	8%	3%
NSW	970,299	22%	11%	85%	3%	27%

Note: For the purpose of this analysis, LGAs with fewer than 2000 children aged 0-9 or less than 150 valid AEDC scores were excluded.



Appendix C - Priority Outer Regional Local Government Areas

	Children aged 0-9 in the LGA ¹⁵	% of children in the LGA who are vulnerable in one or more domains ¹⁶	% of children in the LGA who are vulnerable in 2 or more domains ¹⁶	% of 4-5 year olds in the LGA who are enrolled in preschool ¹⁷	% First Nations people in the LGA ¹⁸	% of people in the LGA who speak language other than English at home ¹⁸
Griffith	3,570	28%	14%	84%	5%	23%
Bega Valley	3,442	28%	15%	83%	4%	3%
Inverell	2,275	29%	15%	80%	11%	4%
Muswellbrook	2,245	33%	17%	85%	12%	4%
Broken Hill	2,025	30%	23%	85%	10%	3%
NSW	970,299	22%	11%	85%	3%	27%

Note: For the purpose of this analysis, LGAs with fewer than 2000 children aged 0-9 or less than 150 valid AEDC scores were excluded.