



Submission to the House Standing Committee on Health, Aged Care and Disability

Inquiry into the Thriving Kids Initiative

Submitted by Eat Speak Learn – Allied Health Services

Date: 5th September 2025



Executive Summary

Eat Speak Learn was founded in 2014 by my wife, Lauren MacDonald, and myself in Canberra. Even before the ACT Government's 2016 announcement that Therapy ACT would close, it was clear that government-run services were struggling to meet demand. Eat Speak Learn was created to provide stability and continuity for families, and when Therapy ACT's closure was announced, we were already in place to ensure children did not fall through the cracks.

From the outset, we were one of the first providers in the NDIS allied health space. We are still here more than a decade later, having survived wave after wave of reform that has bankrupted or burned out countless providers. We are still here because we are different:

- We tell the truth about costs.
- We measure outcomes, not just activity.
- We lead with transparency when much of the sector hides behind billable hours.

This is not theory. Our practice has already influenced national reform:

- We helped fix the NDIS travel calculator inefficiency.
- We worked directly with NDIA during the 2016 payment outage, diagnosing and testing the CSV formatting solution that unblocked payments after eight weeks of paralysis.
- We partnered with Therapy 4 Kids and the Australian Physiotherapy Association (APA) following the 2018 Canberra Provider Forum to present hard billing data, influencing the 2019 Price Review that finally recognised non-face-to-face work.

Eat Speak Learn has a track record of improving the system when it fails. That is why we are speaking up now.

The Thriving Kids initiative is an opportunity, but it also carries a real risk: if government repeats the mistakes of Therapy ACT — under-pricing, centralisation, ignoring the real cost of service — small providers like us will collapse. If that happens, families will lose choice, outcomes will stall, and the sector will once again fail the children it is supposed to serve.

We urge the Government to build Thriving Kids on the truth about costs, outcomes, and the role of community providers.

1. Lessons from the Past

1.1 Therapy ACT Closure – An Avoidable Mistake

In 2016, Therapy ACT was shut down. Staff were summoned to an all-department meeting, told the service would close by December, and shown a cost analysis estimating delivery at ~\$223 per client-hour. That figure reflected reality: direct service, supervision, travel, admin, training — all the things it actually takes to deliver outcomes.

The NDIS replaced Therapy ACT with price caps that were significantly lower, covering only face-to-face minutes. Every provider since has been forced to either hide their true costs, cut corners, or absorb losses. Many have left the sector.

Recommendation: This Committee should formally note the existence of the Therapy ACT cost analysis and request that the ACT Government release it. That report must be a foundation document for Thriving Kids. Without it, we risk building on fantasy pricing again.

1.2 Payment Delays – Systemic Fragility

In 2016, providers went unpaid for up to eight weeks because of a portal failure. The NDIA eventually admitted to \$18.2 million in advance payments to stop the sector collapsing.

Eat Speak Learn was not passive. We worked alongside NDIA staff to identify that a CSV delimiter error was rejecting bulk claims. We tested fixes, validated solutions, and were part of getting the system moving again.

Lesson: cash flow is life. Small providers cannot withstand months of delay. Thriving Kids must guarantee prompt, reliable payment mechanisms if it engages non-government providers.

1.3 Pricing Reform – Data Matters

At the March 2018 Canberra Provider Forum, in the wake of the McKinsey Independent Pricing Review, we joined with Therapy 4 Kids to provide billing data showing what was actually happening on the ground. We demonstrated that more than half of the work needed for a child's therapy plan was not billable.



That evidence fed into the 2019 Price Review, which, for the first time, allowed non-face-to-face components to be claimed. The sector is stronger today because small providers told the truth.

Lesson: Thriving Kids must be built on real cost and real data — not assumptions.

2. What Small Providers Bring

2.1 Agility and connection.

Eat Speak Learn already partners with schools, playgroups, and community organisations to deliver therapy where families live, learn, and gather. As a small, community-based provider, we can adapt quickly, trial innovative models, and respond to need in real time. Larger organisations and centralised government systems rarely have this level of flexibility. Through panel arrangements, Thriving Kids can tap into this agility to scale services efficiently and ensure children are reached early.

2.2 Transparency.

We publish **tiered pricing**, account for every cost, and value practitioner time openly. Our families understand exactly what is included in their service and why. This contrasts with much of the industry, where hidden costs, underfunded tasks, or opaque pricing models leave families confused and policymakers misinformed. Transparency ensures fairness, safeguards public investment, and demonstrates that every dollar contributes directly to outcomes.

2.3 Outcomes focus.

Our *Eat Speak Learn Forest* initiative, developed in partnership with the ACT Government at the National Arboretum, provides a **living demonstration of outcomes**. Each child's progress and achievements are symbolically represented within the forest, turning therapeutic milestones into something tangible, visible, and celebrated. This unique initiative transforms abstract progress into something families and the community can see and share pride in. It shows that outcomes are not only measurable, but also worthy of recognition and celebration at a community level.

2.4 Workforce sustainability.

Eat Speak Learn has invested heavily in building a strong team — recruiting, training, supervising, and mentoring practitioners across multiple disciplines. This investment is not just financial; it is cultural, creating a workplace where clinicians are supported to grow, develop expertise, and deliver excellent outcomes for families.

If Thriving Kids is designed in a way that sidelines small providers or under-prices services, there is a very real risk that we lose this entire team and the years of investment that built it. Once that workforce disperses, it will not be easily rebuilt. Thriving Kids cannot succeed without a sustainable, motivated workforce, and small providers like ours are critical to attracting, training, and retaining the practitioners who deliver these supports.

3. Risks if Thriving Kids Gets it Wrong

3.1 A Repeat of Therapy ACT

Therapy ACT's closure is a warning sign. The ACT Government's own cost analysis showed it was delivering therapy at **~\$223 per client-hour** — far above the capped NDIS rates. Instead of addressing the cost gap, services were shut down and families left without support. If Thriving Kids is built on the same flawed assumptions — that services can be delivered cheaply, and only during face-to-face time — it will quickly become unaffordable for providers and unsustainable for families. History will repeat itself, and children will once again fall through the cracks.

3.2 Loss of Family Choice and Continuity

Families do not just choose therapy services for convenience — they choose relationships built on trust, consistency, and years of shared progress. When services are centralised or churned through large systems, families lose that continuity. For children with developmental delay and autism, the disruption of changing clinicians or service models can undo hard-won progress. Thriving Kids risks undermining the very outcomes it seeks to promote if it removes family choice or interrupts trusted therapeutic relationships.

3.3 Collapse of Small Providers and Workforce

Small providers like Eat Speak Learn carry the load of recruiting, mentoring, and retaining allied health professionals. We have invested years into building a skilled, stable team. If Thriving Kids sidelines small providers or under-prices services, there is a genuine risk that we could lose our entire workforce and the investment that built it. Once that workforce disperses, it will not be easily rebuilt. The loss of small providers would not only reduce service capacity — it would also gut the workforce pipeline that Thriving Kids depends on.

3.4 Bureaucratic Complexity and Provider Exclusion

Complex procurement processes and red tape tend to favour large NGOs or government departments with back-office infrastructure. Small, community providers are often locked out despite being closest to families and consistently delivering outcomes. If Thriving Kids creates a system where only the biggest players can navigate compliance, it will drive out agile, innovative providers. The result will be a less diverse, less responsive service system that costs more and delivers less.

4. Recommendations

4.1 Avoid Repeating Therapy ACT – Fund the True Cost of Service

Thriving Kids must be built on a realistic understanding of what therapy costs to deliver. This means funding **the full cost of service** — including supervision, planning, travel, administration, cancellations, and compliance — not just face-to-face minutes. We recommend the Committee formally note the importance of the ACT Government's **Therapy ACT cost-to-serve analysis** and request its release. That data should be a foundation for Thriving Kids commissioning in the ACT, ensuring that the mistakes of 2016 are not repeated.

4.2 Protect Family Choice and Continuity

Thriving Kids should give families the ability to choose trusted local providers and continue relationships with clinicians who know their children. This can be achieved through **panel arrangements** that integrate small providers into schools, playgroups, and drop-in clinics. Families should not be forced into centralised services; they should be empowered to choose continuity and trusted care.

4.3 Safeguard Workforce Sustainability

Small providers are critical to workforce development, supervision, and retention. To protect this pipeline, Thriving Kids should:

- Fund **supervision and mentoring time** inside service rates.
- Provide **multi-year panel contracts** that give providers certainty to invest in staff.
- Guarantee **prompt payments** to avoid cash-flow crises that threaten staff retention.

These safeguards will ensure the workforce that has been built over years is not lost in a single policy shift.

4.4 Keep Procurement Simple and Inclusive

Thriving Kids should avoid creating heavy compliance frameworks that only large NGOs can navigate. Procurement processes must be **accessible to small providers**, with streamlined requirements that focus on quality, safety, and outcomes rather than bureaucracy. Embedding **lightweight reporting aligned to outcomes** will keep providers accountable without driving them out of the system.

Risk Summary

Risk if Thriving Kids Gets it Wrong	Recommendation to Get it Right
Repeat of Therapy ACT – Under-priced services collapse, leaving families stranded. (Therapy ACT’s own cost analysis put service delivery at ~\$223/hour, well above NDIS rates.)	Fund the true cost of service. Commissioning must include supervision, planning, travel, cancellations, and compliance. Committee should note and request the ACT Government release the Therapy ACT cost model as a foundation.
Loss of Family Choice and Continuity – Families lose trusted therapists, disrupting progress for children with developmental delay and autism.	Protect choice and continuity. Establish panel arrangements that allow families to choose trusted local providers in schools, playgroups, and drop-in clinics.
Collapse of Workforce – Small providers who recruit, mentor, and retain clinicians risk losing	Safeguard workforce sustainability. Fund supervision, guarantee prompt payments, and



their entire teams and years of investment. Workforce once lost will not be rebuilt quickly.	provide multi-year contracts so providers can invest in staff and retain teams.
Bureaucratic Exclusion – Heavy compliance and procurement systems lock out small providers and favour large NGOs, reducing diversity and innovation.	Keep procurement simple and inclusive. Streamline processes so small providers can participate. Focus reporting on outcomes, not red tape.

Conclusion

Eat Speak Learn has been here since the beginning. We were born from the closure of Therapy ACT, survived the chaos of the early NDIS, and helped fix its failures along the way.

We have proven we can deliver outcomes for children, stand up for families, and strengthen the system when it falters.

The Thriving Kids initiative must learn from this history. If it does, it can succeed. If it doesn't — if it ignores real costs, sidelines small providers, and repeats the mistakes of the past — it will fail the very children it aims to help.

Eat Speak Learn stands ready to partner with government, schools, and communities to make sure Thriving Kids thrives.

Submitted by:

Chris MacDonald



Chris MacDonald
Director | Eat Speak Learn
p: 02 6156 2804
[Redacted]
w: eatspeaklearn.com.au

