27 October 2026

Whereto Research
for the Australian Government Department of Health, Disability and Ageing
Via email to: thrivingkids@wheretoresearch.com.au

Dear Consultation Team,

Re: Response to Thriving Kids Workforce Resources Consultation

Assistive Technology Suppliers Australia (ATSA) welcomes the opportunity to provide feedback to inform the development of workforce training and resources to support children and their families, carers and kin through Thriving Kids.

ATSA is Australia's national peak body representing assistive technology suppliers, distributors, manufacturers and technicians. Our members provide equipment and services that enable people with disability to live safely and independently and participate in their homes, schools and communities. As a registered charity, we also have a mandate to ensure we are advocating for outcomes that are in the best interests of people who may benefit from the use of assistive technology.

Clarifying AT funding and delivery arrangements

Assistive technology (AT) includes products, equipment and software that help children communicate, move, learn or manage everyday activities.[i]

The Department has confirmed that low-cost AT will form part of the targeted supports delivered by states and territories under Thriving Kids.[ii] Within its proposed model, the Thriving Kids Advisory Group describes low-cost AT as typically costing under $1,000. Examples include:

- Communication supports: picture schedules, printable communication boards and low-cost apps for creating visual supports.
- Sensory regulation supports: sensory cushions, breathing cards and visual emotion-regulation charts.
- Daily living aids: adaptive clothing fasteners, adapted cutlery, cups and toothbrushes.
- Positioning supports: positioning wedges, modified highchairs and low-cost seating supports.

The report envisages allied health professionals identifying AT needs and assessing whether an item is appropriate. They would also coach families and educators in safe use, monitor the item's impact and adjust supports as needed.[iii]
Workforce resources should build on this advice and explain confirmed operational arrangements.

Matters requiring clear guidance include:

1. Definitions and scope: What will count as low-cost AT, how definitions and funding limits will align with the National Disability Insurance Scheme (NDIS), whether limits apply per item, per child or over a specified period, and what pathways will be available for needs beyond those limits.
2. Funding responsibilities: How responsibilities will be divided between Thriving Kids, the NDIS, health and education, including for equipment used across home and education settings.
3. Wrap-around support: How assessment, trials, fitting, setup and training will be funded and arranged, whether these services are funded separately from any equipment limit, and how ongoing maintenance, repairs and replacement will be covered.
4. Access and delivery: How families will move from identifying an AT need to receiving equipment and support, including referral, approval, ordering and payment arrangements and the roles of clinicians, suppliers and technicians.
5. Product and supplier choice: How purchasing and commissioning arrangements will support informed choice, access to suitable alternatives and independent advice.
6. Continuity and escalation: Who will help when funding responsibility is unclear, access is delayed or a child needs support when moving between programs or settings.

Although this consultation focuses on workforce resources, clear funding and delivery arrangements are essential to developing accurate guidance for workers and families. The NDIS currently defines low-cost AT as costing less than $1,500.[iv] Adopting a $1,000 funding limit for Thriving Kids would therefore introduce inconsistent thresholds and risk further fragmenting an already complex system, making it harder for workers and families to navigate available support.

Building practical workforce capability

Supporting the transition

Thriving Kids will draw on an allied health workforce that is already struggling to meet demand. The Department's draft National Allied Health Workforce Strategy identifies shortages that contribute to longer waits and increased practitioner workloads.[v] Learning new requirements while maintaining existing services will place further demands on practitioners during the transition.

Differences between AT funding programs already create extra work through repeated assessments, revised reports and separate application processes.[vi] Workforce resources should help prevent Thriving Kids from adding to this burden. Consistent national AT guidance, supported by concise state and territory pathway

information, should explain what practitioners need to do and identify changes during rollout.

Building practical AT skills

Training should build on existing skills and reflect each worker's responsibilities. Educators, community workers and primary care practitioners need introductory AT content. Practitioners delivering targeted supports need more detailed guidance on assessment, coaching and coordination.

Consistent with the National Best Practice Framework for Early Childhood Intervention,[vii] resources should help workers, within their roles, to:

- Recognise barriers to communication, play, learning and daily activities, and discuss AT options with children and families in ways that respect their goals and communication needs.
- Understand when specialist AT assessment or advice is needed, how to obtain it and the limits of their own role.
- Coach families and educators to use agreed AT strategies in everyday routines, such as using a communication board during play, and check whether they are helping.
- Coordinate AT advice and technical input, with clear handovers between clinicians, suppliers, technicians and the practitioner coordinating the child's supports.
- Understand when current AT assessments and equipment records can be reused, and when changes in the child's needs require review.

A regularly updated, non-exhaustive guide to possible low-cost AT solutions would help workers apply this learning. Examples should explain an item's purpose, relevant assessment and safe-use requirements, and confirmed funding conditions in each jurisdiction.

Supporting safe provision and informed choice

Guidance should distinguish cost from risk, as an inexpensive item may still require individual assessment, fitting or training for safe and effective use.

Workforce resources should also support informed family choice of AT products and suppliers. Recommendations and referrals should be guided by the child's needs, product suitability and relevant clinical and technical advice. Workers should know how to identify, disclose and manage conflicts of interest arising from commercial or organisational relationships. Guidance should explain how families can seek suitable alternatives when preferred products or supplier arrangements do not meet their child's needs, and how to access independent advice.

Helping families navigate shared responsibilities

Workforce resources should help prevent children from falling between AT funding programs. Workers need to understand how Thriving Kids connects with the NDIS, health, education and state and territory equipment schemes, particularly when a child's needs fall outside Thriving Kids or they cannot access the NDIS.

Clear guidance is especially important for AT used across home and education settings. A child may, for example, use the same communication device at home and in the classroom. NDIS guidance distinguishes equipment needed primarily for learning, which is an education responsibility, from personal AT used across daily life, which the NDIS may fund for eligible participants.[viii] Resources should explain how Thriving Kids fits alongside these arrangements and who funds the device and associated support. They should also clarify education providers' reasonable adjustment obligations under the Disability Standards for Education 2005.

A "no wrong door" approach should turn this guidance into practical assistance. The first service contacted should help the family identify the appropriate funding pathway, assist with referrals and follow up the outcome. Resources should provide clear contacts and escalation processes for disputed responsibilities, stalled referrals or needs for which no funded pathway can be identified. Families should not be left to navigate between services without support.

Recommendations

ATSA recommends:

1. That the Department work with states and territories to confirm the AT funding and delivery arrangements identified in this submission, resolving any outstanding policy or operational questions. This should include aligning the cost threshold for low-cost AT with the NDIS. These arrangements should inform the development and testing of workforce guidance on AT funding, access and ongoing support.
2. That the Department develop practical AT training and resources that build on existing skills and reflect each workforce's responsibilities, including AT content in the proposed primary care practice and capability framework. Resources should help workers, within their roles, to:
    - Recognise potential AT needs through everyday activities.
    - Discuss options with children and families in ways that respect their goals and preferences.
    - Make appropriate referrals for AT advice and assessment.
    - Follow up whether children have received suitable equipment and assistance to use it.

This should include a regularly updated, non-exhaustive guide to possible low-cost AT solutions, explaining their practical uses, assessment and safe-use requirements, and relevant funding conditions.

3. That the Department work with states and territories to provide consistent national AT funding guidance, supported by current state and territory pathway information and accessible information for families. This should explain:
    - Low-cost AT definitions, eligibility, funding limits and application processes.
    - Coverage of equipment and associated services.
    - Education system funding responsibilities and reasonable adjustment obligations, including arrangements for AT used across home and education settings.

- Available pathways for needs outside the scope of Thriving Kids or the NDIS.

4. That the Department work with states and territories to establish AT referral and escalation arrangements that support a “no wrong door” approach. These should identify who is responsible for assisting families with referrals, following up outcomes, addressing delays and escalating cases where funding responsibility is disputed or no funded pathway can be identified.
5. That the Department provide guidance on safe AT provision, ongoing use and informed choice, tailored to workforce roles. Guidance should distinguish cost from risk and clarify:
   - The responsibilities of clinicians, suppliers and technicians.
   - When specialist advice, assessment or equipment trials are needed.
   - Arrangements for fitting, setup and training for families and educators.
   - Handovers and the reuse of existing assessments with consent.
   - How to follow manufacturers’ instructions and obtain help with maintenance, repairs, replacement and software support.
   - How to support informed product and supplier choice, identify, disclose and manage conflicts of interest, and help families access suitable alternatives or independent advice.
6. That the Department establish an ongoing review process to keep AT resources accurate and current, and evaluate whether they help workers make appropriate referrals, support timely access to suitable AT and assist children and families to use it safely.

ATSA thanks the consultation team for the opportunity to contribute to the development of Thriving Kids workforce resources. We would welcome further involvement in developing and testing practical AT guidance that helps workers support timely access, safe use and informed family choice.

For further information or to discuss our submission, please contact Lauren Henley, Director of Policy and Advocacy, at lauren.henley@atsa.org.au.

Yours Sincerely,

Serena Ovens
Chief Executive Officer

[i] World Health Organization (2024) “Assistive technology”, accessed 26 October 2026, retrieved from https://www.who.int/news-room/fact-sheets/detail/assistive-technology>.

[ii] Department of Health, Disability and Ageing (2026) “State and territory governments”, accessed 26 October 2026, retrieved from https://www.health.gov.au/our-work/thriving-kids/state-and-territory-governments.

[iii] Thriving Kids Advisory Group (2026) “Thriving Kids Advisory Group final report”, pp. 27, 28 and 29, accessed 26 October 2026, retrieved from https://www.health.gov.au/resources/publications/thriving-kids-advisory-group-final-report.

[iv] National Disability Insurance Agency (2026) “What is low-cost assistive technology”, accessed 26 October 2026, retrieved from https://www.ndis.gov.au/participants/assistive-technology/types-assistive-technology/what-low-cost-assistive-technology.

[v] Department of Health and Aged Care (2025) “Draft National Allied Health Workforce Strategy: Consultation Draft V2.0”, accessed 26 October 2026, retrieved from https://consultations.health.gov.au/primary-care-mental-health-division/nahwsdraft/supporting_documents/Consultation%20Draft%20v2.0.pdf.

[vi] Assistive Technology Suppliers Australia (2026) “Submission to the Australian National Audit Office: Market stewardship in the care and support economy”, accessed 26 October 2026, retrieved from https://atsa.org.au/wp-content/uploads/2026/05/ATSA-Submission-to-ANAO-Market-Stewardship-in-the-Care-and-Support-Economy.pdf.

[vii] Bonyhady, B., Dimmock, K., Deane, K., D’Aprano, A. and Kakoschke-Moore, S. (2025) “National Best Practice Framework for Early Childhood Intervention”, The University of Melbourne, commissioned by the Australian Government Department of Social Services, accessed 26 October 2026, retrieved from https://www.health.gov.au/sites/default/files/2025-09/national-best-practice-framework-for-early-childhood-intervention.pdf.

[viii] National Disability Insurance Agency (2026) “Mainstream and community supports”, pp. 29-31, accessed 26 October 2026, retrieved from https://www.ndis.gov.au/media/7826/download?attachment=.