

1 October 2025

Inquiry into the Thriving Kids initiative  
Committee Secretariat  
PO Box 6021  
Parliament House  
CANBERRA

Dear Committee Secretariat

### **Inquiry into the Thriving Kids Initiative**

The Municipal Association of Victoria (MAV) welcomes the opportunity to contribute to the consultation on the Terms of Reference for the Thriving Kids Initiative.

As the legislated peak body representing Victoria's 79 councils, MAV has served as the official voice of local government since 1879, with formal recognition under the Municipal Association Act 1907. Today, MAV is a strategic convener and advocate, driving sector resilience through policy leadership, capacity building, and tailored support for councils and councillors.

Victorian councils are foundational to the universal early years system. They deliver Maternal and Child Health (MCH), support early childhood education and care (ECEC), and invest in inclusive infrastructure and community services that reflect the diverse needs of families. Councils operate through an independent, locally responsive model that is critical to the success of any national initiative seeking to improve outcomes for children.

We welcome the initiative's emphasis on ecosystem strengthening and evidence-based practice. However, MAV notes a gap in the current Terms of Reference regarding scalability, workforce capacity, and implementation modelling. Comprehensive planning is essential to determine service volume, delivery expectations, and the impact of redirecting resources from the National Disability Insurance Scheme (NDIS). The NDIS has been transformative for many families, particularly in rural and disadvantaged communities, and replacing it with a less comprehensive, untested model risks undermining hard-won progress.

Persistent service gaps across rural and regional Victoria must be addressed. Families face long GP wait times, limited access to allied health and community support, and only intermittent outreach from metropolitan providers. Without targeted investment and place-based planning, the proposed model risks faltering from the outset, further straining overstretched services and deepening inequities in early intervention.

The proposed joint funding model between the Commonwealth and State Governments also raises concerns about long-term viability. A coordinated national response, ideally through mechanisms such as Intergovernmental Agreements, is essential to clarify roles, streamline processes, and ensure consistent policy and service delivery across jurisdictions.

The MAV further notes the absence of foundational support for individuals who fall outside NDIS eligibility and beyond the age scope of the Thriving Kids Initiative. A cohesive, cross-sector approach is needed to ensure all children and young people can access timely, developmentally appropriate support, regardless of diagnosis or funding pathway. Local government plays a critical role in enabling this access through universal service delivery, community infrastructure, and place-based planning.

Workforce development will be central to the initiative's success. A skilled, well-supported, and resilient workforce, underpinned by strong leadership, is essential to ensure continuity of care, innovation, and address recruitment and retention challenges, particularly in rural and regional areas. This investment is key to advancing equitable access for all children.

Victoria's Maternal and Child Health (MCH) service exemplifies population-based progressive universalism. Delivered primarily by local government, this integrated system includes the Universal MCH program, Enhanced MCH for families with additional needs, the 24-hour MCH Line, and Aboriginal MCH services through Aboriginal Community Controlled Organisations. Jointly funded and governed by State and local governments, the program is responsive, accessible, and tailored to the health and wellbeing needs of Victorian children and families.

However, the MAV is increasingly concerned about the pressure on universal services to fill gaps created by system changes. Without an integrated universal service framework, children, particularly those transitioning from NDIS, risk falling through the cracks. Family-centred integration must be central to the initiative, ensuring seamless collaboration across health, early childhood, and family support systems. Warm referral pathways and coordinated care are essential to delivering timely, tailored support.

Digital transformation will also be pivotal. Strategic use of technology can enhance accessibility, improve communication, and reduce barriers to service delivery, while preserving the trusted relationships that underpin universal early years services. A digitally enabled system will ensure families receive high-quality support regardless of location, while allowing services to remain efficient, coordinated, and data-informed.

Finally, the MAV urges the Committee to embed lived experience as a central pillar of the inquiry. Families, carers, and frontline practitioners offer critical insights into system strengths, service gaps, and the nuanced realities of navigating support pathways. Their voices must inform both design and implementation to ensure the initiative reflects real-world needs and delivers meaningful, equitable outcomes

We look forward to ongoing engagement on this critical initiative. For further information, please contact Kim Howland, Manager Community Wellbeing, at [khowland@mav.asn.au](mailto:khowland@mav.asn.au)

Yours faithfully



Kelly Grigsby  
**Chief Executive Officer**