Thriving and On Track

Executive summary — Program Playbook, July 2026

A proven, place-based model of early childhood developmental support—ready to adapt for new regions

phn BRISBANE SOUTH
An Australian Government Initiative

The problem

Some children fall behind before anyone has the chance to help them. For many families, the gap between a developmental concern first appearing and support being accessed can stretch months or years—during the very window, from birth to age 5, when the brain is developing fastest and early intervention is most effective. Around 1 in 4 Queensland children are developmentally vulnerable in at least one domain (AEDC 2024), rising to 18–26 per cent across domains in communities such as Logan and Inala.

Three interconnected challenges drive this gap:

- developmental concerns go undetected in everyday settings;
- families face real barriers to accessing services; and
- early childhood educators—the trusted adults who see children most—are under-recognised as helpful connectors to the health system.

What TOTs is

Thriving and On Track (TOTs) is a place-based early childhood development program that brings child health developmental screening and coordinated access to supportive allied health services into the settings families already use and trust—early childhood education centres, playgroups and community hubs—while also supporting early years educators through capability building to support the children in their care, as well as their families and carers. The TOTs premise is straightforward: if families cannot easily navigate their way to health services, services should navigate their way to families.

Established in 2019, TOTs is a cross-sector collaboration between Brisbane South PHN, Children's Health Queensland, the Queensland Department of Education, Griffith University, early childhood education providers and community partners. It has been delivered across Logan and Inala for 7 years and independently evaluated twice, giving other jurisdictions a substantial evidence base to draw on for local adaptation.

How it works

Four service components are delivered flexibly, matched to each setting's needs:

1. **Educator training and capability building.** Structured training, in-classroom modelling and ongoing coaching so educators can recognise concerns, hold respectful conversations with families and apply everyday developmental strategies.
2. **On-site screening and assessment.** Child health nurses conduct developmental screening in the child's familiar setting, with clear results and a supported pathway to next steps.
3. **Allied health support in community settings.** Speech pathologists, occupational therapists and other specialists provide culturally safe, early input where families already are.
4. **Active service navigation.** Families are supported to understand their options, engage with referrals and stay connected to services over time—not just handed a referral.

Six design principles hold the model together:

- place-based delivery;
- relationship-centred practice;
- strengths-based capacity building;
- workforce capability building;
- flexible adaptive design; and
- integration with—not duplication of—existing services.

The components are the ingredients; the principles are the method. The mix is tailored to each community.

The evidence

TOTs is unusual among community early intervention programs in having been independently evaluated twice, 5 years apart, by Siggins Miller (2021) on access and implementation, and by Griffith University (2025) on capacity building. Together they show a model that reached children the system was missing in its early years, and embedded lasting capability in educators and centres as it matured.

92%
of children seen by a child health nurse in FY25 had not engaged with child health services in the prior year

143
ECEC centres across Logan and Inala, with 80% receiving some form of support

370+
educators trained in early, supportive conversations with families

172
families supported to access allied health intervention in community hubs (FY25)

In the 2021 evaluation, 60 per cent of children seen for secondary assessment were identified as having developmental concerns, taken as evidence that screening was referring the right children. In FY25, 100 per cent of surveyed families reported increased awareness of their child's needs and 94 per cent intended to use strategies at home. Evaluated outcomes extend across educators, families, children and the wider system, including improved referral quality and earlier engagement that reduces pressure on higher-acuity intervention later.

A model aligned to national reform

Australian early childhood policy is moving towards support that is easier to access in the everyday places children live, learn and play. This direction is reflected in the Australian Government's Thriving Kids initiative and its proposed Foundational Supports for children with low to moderate developmental support needs. TOTs is a practical expression of that approach: not a concept awaiting a pilot, but a working model that already identifies concerns early in everyday settings, builds the capability of the adults around the child, and connects families to the right level of support without creating a parallel system.

Easing workforce pressure, not adding to it

Screening in familiar settings does not create new demand, it surfaces existing unmet need earlier, when it is simpler and less costly to respond to. Better-informed referrals, on-site screening and active navigation keep clinical time focused where it adds most value, while a tiered approach matches children to the right level of support and builds educator capability across whole rooms.

Adaptable by design

The model is deliberately portable. What is non-negotiable: delivery in settings families already use, genuine investment in educator capability, active navigation, strong health–ECEC relationships and cultural responsiveness. Almost everything else—settings, workforce mix, training content, funding sources, referral pathways, scale and pace—is assembled to fit each region. Local adaptations have already proven the model in culturally and linguistically diverse communities, in a First Nations partnership delivered with community-controlled leadership (Bullang Jarjums, with Gunya Meta), and in the geographically isolated Southern Moreton Bay Islands.

The funding model is equally replicable: TOTs braids complementary contributions from local partners, philanthropy and the existing service system rather than relying on a single funding stream. The 2021 evaluation found the health–education partnership behind TOTs to be the single most important enabler of success.

Partner with us

Brisbane South PHN welcomes conversations with PHNs, hospital and health services, state and territory health and education departments, and early childhood sector partners exploring community-embedded early intervention in their regions. We can share detailed implementation insights, evaluation evidence, guidance on training and referral pathway design, and connections with experienced delivery partners.

Get in touch

E: tots@bsphn.org.au

Full playbook and the Griffith University evaluation report are available on the Brisbane South PHN website:
https://bsphn.org.au/community-health/child-youth-and-families/thriving-and-on-track-tots