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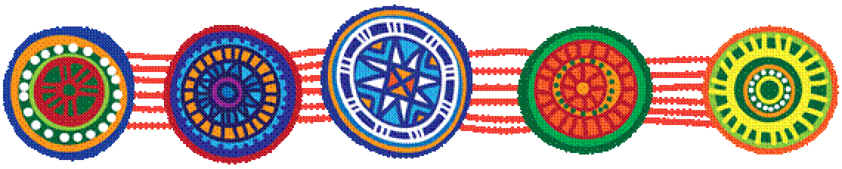
RACP Submission:
Inquiry into the Thriving Kids Initiative

October 2025

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 23,600 physicians and 9,600 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

Please contact Jivani Murugan, Policy and Advocacy Officer, via email policy@racp.edu.au regarding any queries related to this submission, including to arrange discussions.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Key issues

The Royal Australasian College of Physicians (RACP) strongly supports the Australian Government's *Thriving Kids* initiative as a timely and strategic reform to advance the health, development, and wellbeing of all Australian children. It commends the ambition to address the need for universal, equitable, appropriate, evidence-informed supports and services to be available for all children with disability and their families nationwide.

Investment in early intervention reduces later demand on health, disability, and education systems, providing a strong return on investment.

Children with disability, including those with developmental delay or autism, and their families, face long wait times for assessments and intervention, driven by workforce shortages and fragmented service delivery. Often critical opportunities for early support and intervention are missed through inadequate identification and referral. Addressing these inequities must be a central focus of *Thriving Kids*.

To succeed, the *Thriving Kids* initiative must embed timely, culturally safe developmental surveillance and assessment in universal settings such as child and family health services, early childhood education and care, community hubs, and schools. Families need clear, supported pathways, with care coordinators, co-located services, and shared care plans to reduce fragmentation and delays to services and supports.

Indigenous, culturally and racially marginalised, refugee and people seeking asylum, those from LGBTQI+ community, those from socio-economic disadvantage (refer to Socio-Economic Indexes for Areas, SEIFA), rural and remote communities face the greatest barriers. **Services must therefore be available, accessible, tailored, community-led, trauma informed, and culturally safe to avoid widening inequities.**

Multidisciplinary team-based community hubs linking health, disability, education and social services, supported by medical oversight, are best placed to deliver coordinated, child and family-centred care.

Family function and wellbeing must also be recognised as central, with supports for parents and siblings critical to sustaining engagement and improving long-term outcomes.

The RACP proposes the following principles guide development of the *Thriving Kids* initiative:

- Early intervention services for children with a disability should be aligned with the United Nations Convention on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disability.
- A person-centred approach, and family-centred practice, in which the needs of the child and their family/carers are prioritised should characterise the service systems.
- It is important that children with disabilities experience equity of access to intervention and other services and are not discriminated against through requirements of programs for the child to have a medical diagnosis.
- Inclusion of children with disabilities in all community activities is a means of creating societies in which all people with disabilities are accepted and valued.
- Early intervention is more effective if delivered across all environments, including home, early childhood education and care, schools, other educational settings and all places that children access.
- Families and carers of children with disabilities should receive appropriate support, both financial and psychosocial, to maintain their health and wellbeing.

The RACP raises **concern about the use of "severity" terminology in relation to autism** in communications about *Thriving Kids;* noting that clarifying autism by fixed levels is not an effective approach, as levels are fluid and vary in response to multiple contextual and individual factors**.** Autism is a permanent neurodevelopmental difference, not a developmental delay requiring children to "catch up". **Supports must therefore be flexible, ongoing, and responsive to individual needs, rather than tied to static assessments at diagnosis**

The RACP also raises **concern about children beyond the age of 8 years** and wants to ensure that consideration of the 8-years+ children and adolescents with disability will also be considered once this initial cohort of children are embedded in the *Thriving Kids* initiative.

Role of the RACP

The RACP welcomes the opportunity to contribute to the House Standing Committee on Health, Aged Care and Disability's inquiry into the *Thriving Kids* initiative*.*

Representing over 33,000 physicians and trainees across Australia and Aotearoa New Zealand, including over 7,100 paediatric and child health members, and over 1,000 rehabilitation medicine physicians, the RACP brings extensive expertise and experience in child health, disability, and developmental care.

Our members work daily at the interface of the health, disability, education and social services sectors, and are uniquely placed to inform the design, implementation, and evaluation of *Thriving Kids.*

The RACP would **welcome a discussion with the House Standing Committee and looks forward to working closely with the Hon Mark Butler MP** and his office on this initiative.

Existing RACP work

Our submission feedback is consistent with previous related statements, including needs for

- a national Chief Paediatrician,
- support for families and caregivers to understand options and information,
- frameworks/safeguards/compliance requirements for services providers,
- strong clinical governance and oversight,
- improved sector awareness and screening/identification practices with appropriate referral pathways,
- harmonised funding models, and
- robust monitoring, review / evaluation processes and clear outcome measures that drive improvement.

For further details see:

- RACP Submission: NSW Inquiry into Foundational and Disability Supports available for Children and Young People (March 2025)
- RACP submission: draft Thrive by Five Early Childhood Guarantee Bill 2024 (August 2024)
- RACP Submission: National Guidelines for Including Mental Health and Wellbeing in Early Childhood Health Checks (June 2024)
- RACP Submission: NSW Inquiry into improving access to early childhood health and development checks (March 2024)
- RACP Submission: Productivity Commission - Early Childhood Education and Care (May 2023)
- RACP Submission: The Early Years Strategy Discussion Paper (April 2023)

- RACP Submission: NDIS consultation paper - Supporting young children and their families early, to reach their full potential (February 2021)
- Early Childhood: The Importance of the Early Years position statement (May 2019)
- Inequities in Child Health position statement (May 2018)

Responses to Terms of Reference

1. Examine evidence-based information and resources that could assist parents identify if their child has mild to moderate development delay and support parents to provide support to these children

Evidence shows that **timely detection and early family-centred interventions improves developmental outcomes** (language, social skills, cognition) compared with delayed care. Interventions that are integrated, multidisciplinary, and involve parents offer the best support.

A cohesive, nationwide strategy is needed to enhance and support a universal primary health care system, incorporating screening through a series of early childhood developmental assessments conducted by Maternal and Child Health Nurses, general practitioners (GPs), Aboriginal health workers, and early childhood educators.

At present, developmental screening and access to early intervention vary between states, territories, and service providers. Federal policy and leadership need to drive a consistent national approach.

Support needs to go beyond screening, as children screened need timely referrals to early intervention and diagnostic services. Fragmented systems and long waitlists – driven by underinvestment in state public services – delays care. Early intervention must be publicly accessible not privatised.

Parents are often the first to notice developmental concerns, but they need accessible, evidence-informed resources and clear referral pathways.

Our RACP members emphasise that **access to evidence-informed resources to support parents and families in recognising developmental delay is *essential*, not optional**.

Distinction such as mild or moderate delay are primarily diagnostic terms and can be difficult to apply in practice. Recognition instead needs to focus on identifying developmental patterns that fall outside the expected range – normal versus atypical – rather than grading the degree or delay.

Establishing clear pathways for follow-up when concerns are identified is vital and will ensure the delivery of evidence-informed anticipatory guidance and brief interventions for parents. This approach aims to empower parents, strengthen capacity within families and communities, and foster collaborative efforts to ensure the health and wellbeing of children and their caregivers. Ensuring consistent messaging about core concepts in child development and service navigation is key and will build the capacity of parents, the community and service providers to support the needs of children with developmental differences. Some of these topics might include parental mental health and wellbeing, attachment, the importance of play, physical activity and nutrition, language exposure, sleep, managing behavioural problems and so on.

Our RACP members suggested **mapping and auditing existing materials around key principles and key topics for parents** would be useful, as access to evidence informed materials can help empower parents.

Our members also recommend that **evidence-informed resources for parents should be centralised and promoted through a coordinated national platform** that collates information in one accessible location. This should be widely promoted through settings and people that children and parents engage with, such as general practitioners (GPs), early childhood education and care centres, and community health hubs.

Our members identified the following as useful:

- State Health Department information, such as NSW Health's Child health and development which includes Love Talk Sing Read Play app (iPhone) or Deadly Tots mobile app.
- Trusted national platforms such as Health Direct - Autism spectrum disorder (ASD) - symptoms, diagnosis and treatment, Raising Children Network, NDIS Developmental delay and the early childhood approach, NDIS Early Childhood Intervention Pathway website,
- Resources from Autism Spectrum Australia (Aspect) - What is autism?, Autism Awareness Australia, Bright Tomorrow's app,
- Autism-led organisations such as Reframing Autism, Yellow Lady Bugs, and other state-based autism organisations, and
- Children's hospital information, eg. The Sydney Children's Hospitals Network - Developmental delay factsheet and Kids Health Info from Royal Children's Hospital Melbourne: Autism spectrum disorder.

Healthcare professionals with skills in early developmental surveillance, including Maternal and Child Health Nurse (MCHN) reviews, GPs, child health nurse visits, and hospital-based screening for at-risk infants, also provide clear, accessible entry points for parents and families to raise concerns and seek advice. Screening services must be tailored for priority groups and be community led to unsure equitable access.

However, there is currently no routine developmental screening for children between 18 months and 4 years, as there are no immunisation visits during this period to serve as check point opportunities. There is also no universal access to early childhood education and care, which would act as a screening opportunity and allow access for all children to receive early childhood education to crucially support developmental progression and school readiness. Acknowledging recent Federal Government changes to the Child Care Subsidy has allowed some eligible families to access 3 days of subsidised child care per week.

Community-based resources play a complementary role. Playgroups, peer networks, and multilingual software applications not only provide access to developmental information but also reduce family isolation, allow parents to observe developmental milestones in real-life settings, and promote equitable access to knowledge across diverse cultural and language groups.

Validated developmental screening instruments, including the Ages and Stages Questionnaires (ASQ and ASQ-SE) and information and questionnaires in child health books, such as Queensland's Red Book developmental questionnaires and NSW's Blue Book, together with structured clinical assessments, supported where appropriate by neuroimaging, metabolic investigations, and genomic sequencing, were highlighted by our members as indispensable to timely identification and intervention. Many of these Red/Blue Books need to be digitised which could then include developmental screening questions for families relating to their child, with clear pathways of referral and support.

The RACP recommends that Government action consider:

- Development of a **nationally endorsed digital parent information platform** with evidence-informed developmental resources such as milestone checklists, videos, and practical strategies for parents.
- Fund active promotion of this platform and dissemination of evidence-informed resources through avenues such as child and family health services, primary care/General Practitioners, early childhood education and care centres, and all settings and people engaged with children and families/carers.
- Fund **peer-to-peer networks and community initiatives** to help parents/carers recognise developmental concerns and access culturally safe support.
- **Standardise guidance on "red flags" for referral** to reduce variability across jurisdictions.
- Ensure **universal access to resources and support**, including for regional, rural, remote, and culturally diverse communities.
- **Access to universal childcare for all children from 3 years of age** with formal developmental checks at 3 years when entering childcare.
- **Consistent messages for healthcare workers and parents on child checks**, including clear pathways (ie. which age what to look for, escalation pathways).
- **Embed service navigation to funded evidence-informed programs and brief interventions**, so information and interventions are seamlessly integrated. Will need national funding to map, audit and roll out appropriate programs, perhaps with seed funding for organisations to develop appropriate brief interventions, ie. national guardrails enabling local solutions.

2. Examine the effectiveness of current (and previous) programs and initiatives that identify children with development delay, autism or both, with mild to moderate support needs and support them and their families

Australia has a patchwork of national state programs around the country, but **program effectiveness has been constrained by inconsistent screening/identification, variable access, system complexity, workforce and service delivery gaps, system and sector fragmentation, and inadequate data collection and outcome evaluation, measurement and reporting**.

We know that **early intervention approaches have demonstrated benefit**, and the common best-practice features include family coaching, therapy in more natural settings (home/childcare), with multidisciplinary team involvement and outcome measurement.

Our RACP members identified a range of programs across Australia that effectively support the early identification of children with developmental delay, autism, or both, while also providing meaningful support to their families. State services exist around the country, such as the

- Child Development Service in Western Australia
- Child and Family Health services in New South Wales
- Maternal and Child Health Service in Victoria
- Child Health and Parenting Service (CHaPS) in Tasmania
- Child and Family Health Service in South Australia
- baby and child health clinics in all government health centres across the Northern Territory.

Childhood Aboriginal health teams, like Aboriginal Child and Family Health Services and Maternal and Family Health Services, provide culturally safe healthcare, support, and coordination for Aboriginal and Torres Strait Islander children and families. These teams, often including Aboriginal Health Workers and/or Aboriginal Liaison Officers, offer services such as child development checks, health promotion, post-natal care, referrals to other services, and general support for wellbeing. Child health checks and Healthy Kids checks (including Medicare Benefits Schedule Item 715) for Indigenous children conducted by Aboriginal Community Controlled Health Services[1] are examples of a culturally safe opportunities for early assessment and appropriate referrals, promoting timely intervention. Access to multidisciplinary allied health teams is also vital for Indigenous populations, for example, access to speech pathologists is crucial for improving ear, hearing, speech, and language development, and there are community examples available (refer Embedding speech pathology in an Aboriginal community-controlled playgroup: Perceptions from the community).

Aboriginal and Torres Strait Islander children are more at risk of poor developmental outcomes compared with non-Indigenous children (refer to data: Closing the Gap Targets and Outcomes https://www.closingthegap.gov.au/national-agreement/targets and Australian Early Development Census Home | Australian Early Development Census (AEDC)). Despite greater need, access to and participation in NDIS is less for Aboriginal and Torres Strait Islander children[2]. A major factor here is the importance of culturally safe health services and self-determination. It is also therefore crucial that Aboriginal Community Controlled Health Organisations (ACCHOs) are appropriately funded and resourced to offer these services. Acknowledging that the 'community hub' model and community-based services are an ACCHO model, so a very natural setting to build on for *Thriving Kids but* needs to be appropriately funded and supported. Expanding diagnostic developmental assessment teams in ACCHOS so that children receive timely and correct diagnosis and treatment plans would be a key action.

Community initiatives like playgroups, Thrive by Five, Connected Beginnings are effective because they actively engage families, build trust, and provide clear pathways to timely support. Community-based programs, such as Ngala's free Parenting Line in Western Australia and local initiatives like Circle of Security Parenting in southern Sydney, New South Wales, offer practical guidance, emotional support, and parent education, empowering families to respond effectively to their child's developmental needs.

Children involved with care and protection services are at higher risk of adverse outcomes[3] and very few of these children are receiving mandatory health checks to screen and intervene. With the overrepresentation of Indigenous children in care and protection it is essential that ACCHOs are equipped to provide the care recommended in national frameworks (such as National clinical assessment framework for children and young people in out of home care) with specialist paediatricians and multidisciplinary teams.

Healthcare professionals and workers in primary care, maternal and child health, early childhood education and care settings play a critical role monitoring development, recognising early issues, and referring children for specialist input. Strengthening their

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[1] Australian Institute of Health and Welfare. 2016. *Healthy Futures - Aboriginal Community Controlled Health Services: Report Card 2016*. Canberra: AIHW. Available at https://www.aihw.gov.au/getmedia/8d2079f7-c3bf-4e5d-840d-91907a1c86ef/20178.pdf?v=20230605181415&inline=true

[2] First Nations Strategy to ensure better outcomes for First Nations people living with disability https://www.ndis.gov.au/news/10550-first-nations-strategy-ensure-better-outcomes-first-nations-people-living-disability#:~:text=So%2C%20this%20strategy%20works%20with,about%20the%20First%20Nations%20Strategy

[3] RACP Health care of children in care and protection services Australia position statement https://www.racp.edu.au/docs/default-source/advocacy-library/health-care-of-children-in-care-and-protection-services-australia-position-statement.pdf?sfvrsn=6325d21a_4

training and education in both typical developmental milestones and behaviours, as well as "red flags", ensures they can identify differences reliably and make timely referrals.

Our RACP members highlight that **developmental paediatricians have specialised training to assess, diagnose and manage developmental, learning and behavioural issues in children**. Key aspects of their role include a holistic approach; comprehensive assessment, diagnosis and management; interdisciplinary collaboration, and support and guidance for families. **Programs and initiatives are most effective when these roles are embedded within coordinated care pathways, ensuring early detection is linked to tailored interventions, ongoing support, and family-centred services**. Access to specialist paediatricians/developmental paediatricians is crucial in Indigenous communities and there is a need to build access to specialists in community ACCHOs (refer to RACP Specialist Access Framework).

Recent Commonwealth initiatives, including the proposed Medicare item for bulk-billed 3-year-old health checks[4] and the National Guidelines for integrating mental health and wellbeing in early childhood health checks (see also our RACP submission), and state initiatives, such as the Victorian Mental Health in Primary Schools (MiPS) program, offer key opportunities to strengthen early detection and intervention opportunities. When implemented across universal settings, primary care, early childhood care and education centres and schools, these initiatives can deliver coordinated, family-centred, and culturally safe support, underpinned by cross-sector collaboration, responsiveness to local family needs, and consistent, high-quality developmental surveillance. A **review of Medicare Benefits Scheme (MBS) items for paediatricians conducting developmental assessments** and engaging with parents/families/caregivers, early childhood education and care workers, school teachers and other healthcare professionals is critical.

Despite various examples of positive initiatives, **our members identified significant gap areas in early identification and support systems**. In refugee communities, children are often not referred until 4-5 years of age, by which time moderate or significant developmental delays are affecting school readiness, representing a critical missed opportunity for early intervention.[5] Hospital-based screening for at-risk infants, such as those born prematurely, is highly valuable but inconsistently applied across jurisdictions. More broadly, **the most recent Australian Early Development Census (AEDC) report showed that of just under 300,000 children, the percentage of children developmentally vulnerable has increased across all five AEDC domains in 2024**. The report also showed the percentage of children developmentally on track on five domains has decreased, while the percentage of children developmentally vulnerable on one or more domains and developmentally vulnerable on two or more domains has increased in 2024. **Addressing these gaps requires adequate workforce training, integration across health, education, and community services, and culturally safe approaches that meet the needs of diverse communities**.

Our members emphasised that the effectiveness of initiatives depends not only on service availability and access, but also on how children's needs are understood, described, and acted upon. To ensure that children are identified early, assessed appropriately, and connected to interventions in a coordinated way, the RACP recommends Government action to:

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[4] Minister Butler. 21 August 2025. *Opinion piece*. The Australian Financial Review. Available at https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-butler-the-australian-financial-review-thursday-21-august-2025

[5] RACP. 2015. *Refugee and Asylum Seeker Health Position Statement*. Sydney: RACP. Available at https://www.racp.edu.au/docs/default-source/policy-and-adv/refugee-and-asylum-seeker-health/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=7d092f1a_6

- Develop a **nationally consistent screening/surveillance framework**, that includes guidance and referral pathways for timely access to specialist assessment and early intervention.
- **Invest in education and training to equip primary care, early childhood services, and school staff** to identify and refer developmental concerns effectively.
- **Embed paediatricians and developmental specialists in service delivery and governance** to provide expertise and oversight and support care planning.
- **Invest in workforce and care delivery modalities**, with expanded allied health workforce training, incentives for rural/remote practice, and funding of telehealth as a core delivery mode to address geographic inequities.
- **Create nationally consistent outcome measures**, based on standard metrics, so effectiveness of initiatives and programs can be measured, compared and evaluated.

3. *Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse*

Indigenous children and children from multicultural backgrounds experience higher barriers to early identification and access to intervention for developmental delay and autism.

These inequities reduce the likelihood of timely diagnosis, delay access to supports, and contribute to poorer long-term health, education, and social outcomes.

Federal leadership is critical to ensure equity of access, culturally safe services, and consistency across jurisdictions.

Addressing inequities is crucial for the success of *Thriving Kids* and our RACP members highlight significant gaps that prevent timely and appropriate care for many children, particularly those from Aboriginal and Torres Strait Islander, refugee and asylum seeker, and multicultural communities.

Key equity and intersectoral issues for Indigenous children include issues with

- cultural safety and trust, particularly the availability of culturally safe and supported services
- geographic disadvantage with many communities in regional, rural and remote locations
- workforce gaps with very limited Aboriginal and Torres Strait Islander representation in developmental paediatrics, allied health, and early intervention workforce
- need for strengths-based community-driven frameworks as most mainstream developmental tools often overlook Indigenous concepts of child development, family, and community.

Institutional and interpersonal racism within the health system compounds these barriers, undermining trust and limiting access[6].

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[6] Sydenham, E. 2019. *Ensuring Equality for Aboriginal and Torres Strait Islander Children in the Early Years*. SNAICC and Early Childhood Australia. Available at https://www.snaicc.org.au/wp-content/uploads/2019/02/SNAICC-ECA-Discussion-Paper-Feb2019.pdf

A lack of knowledge regarding how autism is understood and how people are supported in Aboriginal and Torres Strait Islander communities led to a commissioned report researching autism in Aboriginal and Torres Strait Islander communities.[7] Participants reported they were:

- Dissatisfied with the state of autism-related services in their communities.
- Anxious on their family's behalf and concerned on behalf of other Aboriginal and Torres Strait Islander communities.
- Worried about the cost of diagnostic services, lengthy wait times, limited access to diagnostic professionals, especially in regional and remote Australia, as well as to post-diagnostic services.
- Worried about covering the costs of basic services, even with government assistance.

Participants also reported that:

- They wanted their children to feel secure, safe and supported at school.
- Their children encountered difficulties such as being bullied, isolated and excluded.
- They wanted their children to be connected to their traditional culture and for the importance of family and community ties to be recognised and strengthened.
- Their frequent sense of social isolation and the need for better supports and services across the lifespan.
- There was a lack of knowledge about autism in Aboriginal and Torres Strait Islander communities.

The report makes twelve (12) key recommendations (see page 1) to address autism-related matters in Aboriginal and Torres Strait Islander communities.

Our RACP members support efforts to improve early identification and support pathways for Indigenous children. However, they express concern about any proposed reduction in autism diagnoses and NDIS participation.

Autism is a lifelong neurodevelopmental condition, and a timely, affirming diagnosis is important to accessing necessary supports and safeguarding a child's health and wellbeing. Research shows that earlier diagnosis leads to better mental health outcomes in adolescence.[8]

Similar challenges affect refugee and multicultural communities, where cultural stigma and awareness exists with different cultural understandings of disability, autism, and development and delays with help-seeking increases stigma, particularly in newer migrant communities. Language and communication barriers, socioeconomic factors and service navigation complexity also impedes timely access to early identification and supports.

To address these challenges, *Thriving Kids* must safeguard against unintended consequences that could limit access to evidence-informed care and undermine the rights of neurodivergent children and their families. Barriers to engaging with services must be addressed and Aboriginal-specific services, ideally delivered through Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Community Controlled Health Organisations (ACCHOs), must be strengthened and resourced to meet the needs of Indigenous families.

Without planning and prioritisation, *Thriving Kids* risks widening inequities by focusing on mainstream services and leaving disadvantaged groups behind. Members

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[7] Lilley, R., Sedgwick, M. and Pellicano, E. 2010. *We Look After Our Own Mob: Aboriginal and Torres Strait Islander Experiences of Autism*. Sydney: Macquarie University. Available at https://www.positivepartnerships.com.au/uploads/MACQ-48737-We-Look-After-Our-Mob_AW2_SCREEN.pdf

[8] Oredipe, T., Kofner, B., Riccio, A., Cage, E., Vincent, J., Kapp, S. K., Dwyer, P., & Gillespie-Lynch, K. 2022. *Does learning you are autistic at a younger age lead to better adult outcomes? A participatory exploration of the perspectives of autistic university students*. Autism, *27*(1), 200-212. https://doi.org/10.1177/13623613221086700

emphasise the need for genuine co-design that includes children and families with lived experience, alongside representatives from communities and professionals. This collaborative approach, as advocated in the RACP submission to the draft National Roadmap to Improve the Health and Mental Health of Autistic People, is essential for creating effective, culturally safe, and affirming supports.

To reduce systemic barriers, address cultural safety, and improve access for communities, the Government needs to:

- **Embed cultural safety into national frameworks** co-designing screening, referral, and early intervention services with community organisations and establishing cultural safety standards and training in all federally funded early childhood programs.
- Develop and disseminate **culturally adapted resources** to support awareness, understanding and support.
- **Improve equity of access in regional, rural and remote areas** by expanding outreach funding, and telehealth services, provide travel allowances, provided targeted workforce incentives, and embed supports in community hubs, early childhood settings and schools.
- **Prioritise culturally safe and accessible early identification and supports for Indigenous and multicultural communities** by investing in community workforce and leadership: funding pathways for Aboriginal healthcare students and professionals, bilingual educators to train and deliver early intervention supports, and community navigators to guide multicultural families the system and pathways.

The RACP raises that equity issues extend beyond cultural aspects. There are equity issues for Aboriginal and Torres Strait Islander backgrounds, as well as those from culturally and racially marginalised backgrounds, but also other communities, such as regional/rural/remove, socioeconomically disadvantaged, LGBTQI+, children in out-of-home care or child protection systems, and children of parents with disability or mental health, drug and/or alcohol issues.

4. *Identify gaps in workforce support and training required to deliver Thriving Kids*

Delivering the *Thriving Kids* initiative will require a skilled, coordinated, sustainable and well-supported workforce across health, early childhood services, education, community and disability sectors.

Our RACP members emphasise that access, workforce shortages and uneven distribution, poor sector and service integration, and gaps in awareness and detection skills are major barriers to early identification, intervention, and ongoing support for children with developmental delay, autism, or complex needs.

Children in regional, rural, and remote areas face the greatest barriers due to insufficient numbers of paediatric, allied health, and mental health professional services and providers. Lack of providers and long waitlists delay early intervention, particularly for children with mild to moderate developmental delay. **Regional, rural and remote healthcare services also often lack senior physicians to supervise paediatric care**.[9]

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[9] RACP. 2025. RACP Submission. NSW Inquiry into Foundational and Disability Supports Available for Children and Young People. Sydney, Australia: RACP. Available at: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-nsw-inquiry-into-foundational-and-disability-supports-available-for-children-and-young-people.pdf?sfvrsn=aabca61a_17

Families from Aboriginal, Torres Strait Islander, and multicultural communities are also disproportionately affected by limited literacy, English proficiency, and communication skills,[10] as well as the lack of cultural competency within the workforce. Without explicit attention to bias and stigma, *Thriving Kids* risks perpetuating inequities. Families may disengage from services if they encounter judgement, cultural misunderstandings, or trauma triggers during transitions. The Federal Government can mitigate this by requiring **mandatory cultural safety and trauma-informed practice training, funding workforce diversity, and embedding accountability measures in federal-state agreements**.

Our RACP members highlighted gaps in specialist knowledge across disciplines. Physicians require training in neurodiversity-affirming practice, including masking, internalisation, gender differences, and profiles such as Pathological Demand Avoidance (PDA). Recognising less visible or non-stereotypic autism presentations is critical to avoid underestimating support needs. Workforce education must also address parental mental health, trauma, and family dynamics.

Early childhood educators and teachers also need training in typical child development, neurodiversity, and early identification of learning difficulties such as dyslexia, dysgraphia, and dyscalculia. All workers in early childhood settings or who engage with children and their families need improved capacity and support for developmental surveillance.

Effective delivery of *Thriving Kids* relies on seamless collaboration between health, education, community and disability sectors. **Multidisciplinary teams with structured communication and regular collaborative decision-making are essential. Medical oversight ensures diagnostic differentials are addressed and children's holistic needs are met**. Current NDIS services are often diagnosis-based rather than needs-based, limiting appropriate and timely support. Specialised training across health, early childhood, community and education sectors will be essential to build workforce capacity in supporting children with developmental delay, autism and intellectual disability.[11]

Our RACP members identify that innovative service delivery models are needed to overcome workforce shortages and geographic barriers. **Telehealth, outreach, and hub-and-spoke models can expand rural and remote access**. **Embedding allied health and paediatric expertise in schools, childcare centres, and community hubs ensures timely support**. Low-cost group interventions and parent training programs can complement individual therapy and strengthen family capacity.

Our members also raised concerns about workforce sustainability, including high turnover, limited career pathways, and undervaluation of experienced physicians. Supervision and professional development are often insufficient, particularly outside psychology and medicine, and short-term funding undermines workforce continuity and service reliability. Disability support workers and coordinators also need consistent, standardised training to improve the quality and reliability of supports across the system.[12]

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[10] RACP. 2019. RACP submission to the National Disability Insurance Scheme (NDIS) Act Review and Participant Service Guarantee (Tune Review). Sydney Australia: RACP. Available at https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-ndis-act-review.pdf?sfvrsn=37fce31a_14

[11] Australian Government, Department of Health. 2021. National Roadmap for Improving the Health of People with Intellectual Disability. Canberra, ACT: Commonwealth of Australia. Available at: https://www.health.gov.au/sites/default/files/documents/2021/08/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability.pdf

[12] RACP. 2019. RACP submission to the National Disability Insurance Scheme (NDIS) Act Review and Participant Service Guarantee (Tune Review). Sydney Australia: RACP. Available at https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-ndis-act-review.pdf?sfvrsn=37fce31a_14

To address workforce gaps, training needs, sustainability, and coordinated team structures, Government action is required to:

- **Address key workforce gaps**: health (medical and allied health) education (early childhood and school teachers) workers; paediatric and primary care capacity; cultural and linguistic representation.
- **Integrate professionals across sectors and into coordinated service models** with recognition, supervision, and incentives, co-locating services where possible.
- **Enhance specialist training across disciplines**, mandating neurodiversity-affirming practice, cultural safety, trauma-informed care, and family-centred approaches.
- **Strengthen cross-sector collaboration through multidisciplinary teams**, structured communication, and medical oversight.
- **Standardise training in developmental screening and referral**.
- **Expand training in evidence-based telehealth practices** to increase reach to rural and remote families and provide infrastructure support and digital literacy training for practitioners.
- **Establish structured career pathways, ongoing supervision, professional development, and secure long-term funding** to maintain workforce continuity and service quality.

5. Draw on domestic and international policy experience and best practice

Domestic and international evidence demonstrates that early developmental and autism programs are most effective when they provide early identification and pre-diagnostic interventions[13].

Researchers in Australia conducted modelling of downstream disability support costs to the NDIS system, and predicted that use of the iBASIS-VIPP therapy during infancy would return a net cost savings of $10,695 per child, representing a three-to-one return on investment by age 13.

Programs that are family-centred and delivered in natural settings (home, childcare) have been shown to be effective[14], enabling scale-up with embedding interventions in daily routines at home, childcare, and preschool. This approach is supported by the National Guidelines for Best Practice in Early Childhood Intervention, which emphasise parent partnership and cultural responsiveness.

The Autism CRC review[15] further highlights the importance of flexible, individualised approaches, while cost-effectiveness studies undertaken by the AEIOU Foundation and the European Paediatric Autism Communication Therapy (PACT)-G (UK) intervention show that

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[13] Whitehouse AJO, Varcin KJ, Pillar S, et al. 2021. *Effect of preemptive intervention on developmental outcomes among infants showing early signs of autism: a randomized clinical trial of outcomes to diagnosis*. JAMA Pediatrics. 175(11):e213298. DOI: 10.1001/jamapediatrics.2021.3298

[14] Argumedes M, Lanovaz MJ, Larivée S, Giannakakos A. 2021. *Using the Prevent-Teach-Reinforce model to reduce challenging behaviors in children with autism spectrum disorder in home settings: a feasibility study*. Research in Autism Spectrum Disorders.86:101804. DOI:10.1016/j.rasd.2021.101804

[15] Autism CRC. 2020. *Interventions for children on the autism spectrum: a synthesis of research evidence.* Brisbane, Queensland: Cooperative Research Centre for Living with Autism. Available at https://www.autismcrc.com.au/interventions-evidence

sustained investment in high-quality interventions delivers both developmental benefit and long-term savings[16, 17].

The RACP has substantial experience in developing policy guidance and best practice frameworks relevant to *Thriving Kids*.

- Our Early Childhood: Importance of the Early Years position statement outlines approaches to embed developmental surveillance and parental supports in universal systems
- Our Inequities in Child Health statement provides strategies to reduce disparities by addressing social determinants.

Both publications draw on international frameworks such as the WHO Nurturing Care Framework and align with obligations under the United Nations Convention on the Rights of the Child (UNCRC) and Convention on the Rights of Persons with Disabilities (CRPD).

The RACP has also contributed to national policymaking through submissions to major inquiries and reviews, consistently highlighting the importance of clear service entry points, cultural safety, peer support networks, and integrated care models.

The RACP has also repeatedly demonstrated policy impact through advocacy, particularly in highlighting paediatric workforce shortages[18] and inequities in access to early intervention[19]. Its evidence-informed advocacy has influenced debates on issues including early childhood education[20].

The RACP has a strong track record of partnerships and co-design with Indigenous leaders[21], disability advocates[22], and communities to ensure lived experience informs policy frameworks.

All this positions the RACP well to support co-design for *Thriving Kids*, embedding family and community perspectives alongside clinical expertise.

To provide effective and cost-efficient services, Government action must:

- Link to the **NDIS**.
- Be **nationally consistent** and allow for **local flexibility.**
- Be **parent/family facing** and **low barrier**.
- Be **co-designed** and **culturally safe**.
- Be **integrated** across sectors and services.

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[16] Synergies. 2023. *Cost-benefit analysis of intensive early intervention for children with autism: final report*. Brisbane, Queensland: AEIOU Foundation. Available at https://aeiou.org.au/files/AEIOU%20Enrolment%20Forms%202019/0017_2440_final_report_cba_of_intensive_ei_february_2023.pdf

[17] Green J, Leadbitter K, Ellis C, et al. 2022. *An adapted social communication intervention at home and education to promote social communication change in children with severe autism: the PACT-G RCT.* Southampton (UK): National Institute for Health and Care Research. Efficacy and Mechanism Evaluation, No. 9.3. Chapter 5, The PACT-G randomised controlled trial. Available at https://www.ncbi.nlm.nih.gov/books/NBK580573/

[18] RACP. 2025. Tasmania's children deserve better: RACP calls for urgent action on paediatric care [Internet]. https://www.racp.edu.au/news-and-events/media-releases/tasmania-s-children-deserve-better-racp-calls-for-urgent-action-on-paediatric-care

[19] RACP. 2024. Paediatricians advise NSW Government to improve the number of young children receiving essential early childhood health checks [Internet]. https://www.racp.edu.au/news-and-events/media-releases/paediatricians-advise-nsw-gov-to-improve-the-number-of-young-children-receiving-essential-early-childhood-health-checks

[20] RACP. 2024. Universal early childhood education and care system key to positive health outcomes [Internet]. https://www.racp.edu.au/news-and-events/media-releases/universal-early-childhood-education-and-care-system-key-to-positive-health-outcomes

[21] RACP. 2020. Doctors launch landmark statement on Indigenous Child Health in Australia and Aotearoa NZ [Internet]. https://www.racp.edu.au/news-and-events/media-releases/doctors-launch-landmark-statement-on-indigenous-child-health-in-australia-and-aotearoa-nz

[22] RACP. 2023. National Disability Insurance Scheme Guide for Physicians. Sydney, NSW: RACP. Available at https://www.racp.edu.au/docs/default-source/policy-and-adv/ndis-guide-for-physicians-2023.pdf?sfvrsn=5f66d71a_4

- Support **whole-of-government frameworks**.
- Introduce **robust monitoring**, **data linkage** and **evaluation**.
- Have **appropriate workforce and delivery modes**.

6. Identify mechanisms that would allow a seamless transition through mainstream systems for all children with for children with mild to moderate support needs

Children with disability, developmental delay, or other complex needs, and their families, are often required to navigate fragmented systems spanning health, education, social care and other services.

Delays in assessment, inconsistent service delivery, and poor coordination create significant barriers to early intervention, functional support, and overall wellbeing.

Strengthening integrated pathways are essential to ensure children and families can move seamlessly through mainstream systems and access the timely and coordinated care they need.

The Government's plan to expand 3-year-old checks to all children participating in early childhood education and care (ECEC) services, together with other initiatives mentioned in this submission, offers a clear starting point for families seeking support. **Embedding paediatricians and allied health professionals within, early childhood centres, community hubs and schools ensures that assessments and interventions can occur promptly**[23], while direct referrals from specialists could help reduce gaps caused by complex service entry requirements.

From their diverse experiences, our members indicate that

- **Care coordinators or navigators play a critical role** by guiding families through these systems, coordinating services, and ensuring continuity of care.[24]
- **Shared digital plans, direct professional communication, and integrated hub models** further enhance seamless transitions,
- **Telehealth and outreach services improve access** for families in rural and remote areas.

Community-based programs, delivered in culturally safe ways through Indigenous or ethnic/multicultural networks, can raise awareness of developmental concerns and available supports, helping families navigate the services that suit their needs.

Workforce development is equally important: standardised, co-designed training in neurodiversity-affirming practice, disability inclusion, cultural safety, and trauma-informed care improves the quality of support across sectors.[25]

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[23] RACP. 2023. RACP Submission to the Early Years Strategy Discussion Paper. Sydney, NSW: RACP. Available at racp-submission-to-the-early-years-strategy-discussion-paper.pdf

[24] D'Arcy E, Burnett T, Capstick E, Elder C, Slee O, Girdler S, Scott M, Milbourn B. *The Well-being and Support Needs of Australian Caregivers of Neurodiverse Children*. Journal Autism Dev Disorder. 2024 May;54(5):1857-1869. doi: 10.1007/s10803-023-05910-1

[25] RACP. 2024. *RACP Submission on the draft Thrive by Five Early Childhood Guarantee Bill 2024*. Sydney, NSW: RACP. Available at https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-draft-thrive-by-five-early-childhood-guarantee-bill-2024.pdf

Co-located, place-based hubs that combine health, allied health, education, and family services, along with therapy delivered directly within early childhood education and care, preschools and schools, reduce delays and support smooth transitions.[26]

Sustained family wellbeing, including support for parents and siblings, is essential to maintaining engagement with care systems, while national leadership through a Chief Paediatrician can harmonise pathways, oversee standards, and strengthen coordination across jurisdictions.[27]

Ensuring **smooth transitions** for children with developmental concerns requires an integrated approach that combines early access to services, embedded multidisciplinary care, coordinated navigation, culturally safe community engagement, workforce development, inclusive education, and family supports. Strengthening these mechanisms will reduce fragmentation, improve equity, and allow children to reach their full potential, while supporting Australia's obligations under the CRPD and advancing national child health priorities.

To address system-level coordination, integration, and allow children to move smoothly through health, education, and disability services, Government action is needed to:

- **Address fragmented referral pathways**, eligibility threshold gaps, data and information silos, and system literacy barriers.
- **Appoint a national Chief Paediatrician** and establish intergovernmental coordination mechanisms to harmonise pathways and standards.
- **Align federal and state/territory funding** to sustain child-specific services and ensure equitable access.
- **Ensure clear governance oversight** for *Thriving Kids* with research outcomes embedded (ie. change management outcomes to evaluation if things are improved or not).

Next Steps

The RACP welcomes further engagement with the House Standing Committee on Health, Aged Care and Disability and looks forward to working with the Government to ensure *Thriving Kids* delivers a sustainable, fit-for-purpose system that enables every child to reach their full potential.

Please contact Jivani Murugan, Policy and Advocacy Officer, via email policy@racp.edu.au regarding any queries related to this submission, including to arrange discussions.

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[26] RACP. 2025. *RACP Submission to the NSW Inquiry into Foundational and Disability Supports Available for Children and Young People in New South Wales*. Sydney, NSW: RACP. Available at https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-nsw-inquiry-into-foundational-and-disability-supports-available-for-children-and-young-people.pdf?sfvrsn=aabca61a_17

[27] RACP. *Kids Catch Up campaign.* [Internet] https://kidscatchup.org.au/chief-paediatrician/