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Submitted to: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/OnlineSubmission](https://www.aph.gov.au/Parliamentary_Business/Committees/OnlineSubmission)

Dear Committee Members,

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

The Australian Psychological Society (APS) welcomes the opportunity to contribute to the Federal Government's inquiry into the Thriving Kids early identification and supports initiative. We thank the Committee for its engagement with this critical initiative, which is intended to form an important part of Australia's disability support system.

The APS and our members are deeply committed to strengthening Australia's disability support system. We have long advocated for a national system of foundational supports for early identification to support of children with developmental delays and disabilities and low to moderate support needs that is based on the science and best practices of early intervention. We believe every child and young person should have the best possible start in life, with access to timely, evidence-based supports that promote resilience, prevent difficulties from escalating, and enable young Australians to thrive at home, in education, and in their communities.

With our membership encompassing expertise in child development, learning, health and wellbeing, assessment, research and evaluation, early childhood intervention, disability support and workforce development, the APS and our members are well placed to contribute to the design, implementation and governance of the Thriving Kids initiative.

We consent to this letter and our response being made publicly available. If any further information is required from the APS, I would be pleased to be contacted through the National Office on (03) 8662 3300 or by email at [REDACTED]

Yours sincerely



**Dr Zena Burgess, FAPS FAICD**  
Chief Executive Officer

## **Australian Psychological Society (APS) Response to the Inquiry into the Thriving Kids Initiative**

### **About the APS**

The APS is the peak professional body for psychologists in Australia. We advance the science, ethical practice and application of psychology to promote health and wellbeing across the lifespan, enabling individuals, organisations and communities to reach their potential. Guided by the United Nations human rights conventions and the Sustainable Development Goals, we advocate for a fair, inclusive and sustainable future that places people and the planet at the centre of prosperity<sup>1-3</sup>.

We advocate for psychologists as a critical workforce in health, education, disability, justice, workplace and community systems. Psychologists bring expertise in assessment, intervention, prevention and health promotion and research and evaluation, and are uniquely placed to provide evidence-based supports that promote resilience, prevent difficulties from escalating, and respond effectively to complex needs. Through our policy, advocacy and partnerships, the APS seeks to ensure psychologists are recognised, supported and deployed where they can have the greatest impact on the wellbeing of all Australians.

The APS and our members are deeply committed to strengthening Australia's disability support system and have long advocated for a national system of foundational supports for early identification to support of children with developmental delays and disabilities and low to moderate support needs that is based on the science and best practices of early intervention. We believe every child and young person should have the best possible start in life, with access to timely, evidence-based supports that promote resilience, prevent difficulties from escalating, and enable them to thrive at home, in education, and in their communities.

With our membership encompassing expertise in child development, learning, health and wellbeing, functional, cognitive and psychosocial assessment, research and evaluation, early childhood intervention, disability support and workforce development, the APS and our members are well placed to contribute to the design, implementation and governance of the Thriving Kids initiative. Psychologists, alongside families and people with lived experience and other professional, community and sector stakeholders, provide an important evidence-based perspective which will be essential to the Initiative's success.

### **The APS Response to the Inquiry**

Our response to the Inquiry begins with two brief background and context sections, each with associated recommendations, before addressing the Terms of Reference in detail. A consolidated list of all our recommendations is provided below.

### **Recommendations**

#### **Recommendation 1**

*The Government to ensure the Thriving Kids initiative is developed through proactive consultation and co-production with families, experts and all relevant stakeholders, supported by transparent communication and ongoing and timely responsiveness to areas of ambiguity as they emerge.*

#### **Recommendation 2**

*The Government must ensure that Thriving Kids is designed with clear service pathways that extend beyond the early and middle years of childhood, providing continuity of support into adolescence and adulthood so that children with mild to moderate developmental delay and autism are not left behind as they grow.*

### **Recommendation 3**

*Psychologists must be explicitly represented on the Thriving Kids Advisory Group and all related governance structures, as well as at every level of design, implementation, workforce planning, and evaluation — including complementary initiatives such as the new allied health Medicare items. This representation should be distinct and additional, not subsumed under broader or other allied health categories.*

### **Recommendation 4**

*Develop and implement nationally consistent, evidence-based developmental milestone resources that are accessible and culturally safe for all families. These resources must be designed by psychologists and other health and allied health professionals in partnership with parents and communities to ensure the guidance is consistent, trusted and reduces the risks of both under-identification and overpathologising of developmental concerns.*

### **Recommendation 5**

*Invest in workforce training by psychologists and other appropriate health professionals and system alignment so that health, education and other community mainstream settings provide families with consistent, evidence-informed advice in response to their concerns about their child's development. This includes upskilling frontline workers to use valid developmental tools and ensuring smooth referral pathways to psychologists and other allied health professionals when concerns are identified.*

### **Recommendation 6**

*The Government should ensure Thriving Kids provides equitable access to a full continuum of assessment and supports—from universal to targeted and intensive—delivered with the right intensity at the right time. This requires embedding proportionate, needs-based approaches across the system and ensuring services also address the social determinants that impact children's development and family wellbeing.*

### **Recommendation 7**

*Embed a flexible suite of evidence-based and culturally safe parenting supports as a core component of Thriving Kids, delivered at scale through universal services with clear referral pathways to more intensive interventions.*

### **Recommendation 8**

*Recognise and resource psychologists to design, deliver, train, and evaluate parenting supports, ensuring interventions are trauma-informed, culturally responsive, and tailored to family circumstances and needs.*

### **Recommendation 9**

*Fund a minimum 1:500 psychologist-to-student ratio across primary and secondary schools.*

### **Recommendation 10**

*Establish pathways to embed psychologists within early childhood education and care (ECEC) services, ensuring timely access to preventive and early intervention supports in everyday environments.*

### **Recommendation 11**

*Establish a suite of Medicare items to support developmental screening of three-year-olds, including funded referral pathways to psychologists for parent support sessions and follow-up when screenings identify concerns or when advice is needed on further assessment. The new Medicare items must not replicate current problems such as those regarding the neurodevelopmental assessment items.*

### **Recommendation 12**

*Fund psychologists to deliver functional, cognitive, psychosocial, and diagnostic assessments under Thriving Kids to clarify children's developmental profiles and guide appropriate pathways to early intervention or NDIS eligibility where required.*

### **Recommendation 13**

*Reform MBS neurodevelopmental assessment items to streamline the referral and access pathway, separating psychology-led items from other allied health items. This would allow children to receive full rebates for psychology-led diagnostic assessments and preserve their access to other necessary allied health assessments (e.g. hearing, speech) without exhausting their allocation, establishing a single item or set of items covering the entire assessment, including scoring and reporting, and increasing rebates to reduce out-of-pocket costs for families.*

### **Recommendation 14**

*The Government must consider equity and cultural safety to be core design principles of Thriving Kids by:*

- *embedding self-determination, co-production, and governance with Aboriginal and Torres Strait Islander communities to guide service design, workforce development, and evaluation;*
- *resourcing co-production, culturally adapted interventions, including translation, interpretation, bicultural workers, and partnerships with migrant and refugee organisations to engage diverse families; and*
- *supporting flexible, community-based and outreach models that address barriers faced by families experiencing socioeconomic disadvantage, discrimination, or living in rural and remote areas, while ensuring digital service delivery does not exclude those with limited access to technology.*

### **Recommendation 15**

*Government must continue to urgently invest in psychology workforce growth and sustainability through additional university training places, funded placements and professional supervision in child and family contexts and discipline-specific targeted professional development.*

### **Recommendation 16**

*Psychologists should be explicitly supported to lead capability-building across workforces, including in universal and low-intensity approaches, to ensure evidence-based interventions can be delivered safely at scale.*

### **Recommendation 17**

*Thriving Kids must embody contemporary early intervention best practice frameworks and principles throughout all elements of policy, design, implementation, governance and evaluation.*

### **Recommendation 18**

*Embed key worker/navigator roles in Thriving Kids to provide families with seamless pathways across mainstream health, education and community services.*

### **Recommendation 19**

*Rebuild and sustain paediatric and family multidisciplinary teams (MDTs) through Thriving Kids investment, ensuring psychologists and allied health are available in outpatient and community settings to support comprehensive child-centred care.*

## **Background**

The early years through to middle childhood are an important period for development, laying the foundations for lifelong learning, health and wellbeing. For the significant proportion of Australian children with developmental delays or disabilities, earlier identification and support provide a vital opportunity to strengthen skills, establish positive learning patterns and improve developmental trajectories, quality of life and full participation in family, school and community life<sup>4,5</sup>. When developmental concerns are unrecognised or not supported early, children face higher risks of behavioural, emotional and social problems, learning difficulties and functional impairments<sup>6</sup>. These risks are increased for children in disadvantaged circumstances or those who also experience Adverse Childhood Experiences (ACEs), making early support especially critical<sup>5</sup>.

It is well documented that with the introduction of the NDIS, many community-based, disability-specific services and programs were reduced or discontinued, leaving significant support gaps and unmet needs for those not eligible, including young children with developmental concerns. Thus, the APS has strongly advocated for the recommendation of the independent NDIS Review to establish a comprehensive system of supports that goes beyond the NDIS, including both general and targeted foundational supports delivered in everyday mainstream settings and community services<sup>7,8</sup>. The announcement of the Thriving Kids initiative provides an opportunity to put this recommendation into practice.

From the most recently available information<sup>9,10</sup>, we understand:

- Thriving Kids will focus on identifying developmental concerns earlier and establishing a national system of supports for children aged 8 and under with developmental delay and disability and low to moderate support needs and their families
- The program will be delivered by scaling and building on existing mainstream and community services that can better support families and children in settings they already are connected to such as child and maternal health settings, GPs, playgroups, early childhood education and care, and schools, as well as digital and phone-based supports.
- Children with permanent and significant disability will continue to be supported through the NDIS.
- The Thriving Kids program will roll out in stages, with the first services available by July 2026 and ramping up over the next 12 months so that national services are in place ahead of broader changes to NDIS access arrangements from mid-2027.
- A range of new Medicare items are proposed as part of the suite of available Thriving Kids supports including developmental screening and allied health items for access to supports such as occupational therapy, speech pathology and psychosocial therapy.

### **Communication and co-production**

As outlined above, the proposed timeline for the implementation of Thriving Kids is tight. It is also important to acknowledge that the stakes are high for children and families, so the announcement of the Thriving Kids initiative naturally raises concerns from families and the sector regarding access to supports and services.

In addition, we have heard concerns regarding the references to ‘mild to moderate’ developmental delay. Not only does this not align with contemporary practice, it implies that autism is not lifelong. In turn, this has created confusion and fears of inappropriate support pathways or reduced support, and exclusion from eligibility for the NDIS. There is also concern that children with mild to moderate developmental delay or autism may be excluded if the initiative focuses narrowly on early and middle childhood. It is essential that supports must extend across the lifespan, including into adolescence and adulthood. We note, and are pleased, that the Thriving Kids website has since been updated to refer to “children aged 8 and under with developmental delay and disability and low to moderate support needs and their families”<sup>11</sup>; however, this highlights the need for ongoing expert and family consultation to ensure accuracy and clarity in future policy design and communication.

Going forward, it is critical that the Thriving Kids initiative is underpinned by transparency and genuine consultation and co-production<sup>12</sup> with families, clinicians, and providers, and that it proactively addresses both initial and emerging concerns. This approach will build trust by ensuring the program reflects lived experience and professional expertise, while also drawing on sector knowledge gained through years of experience with the transition to and operation of the NDIS.

### **Recommendation 1**

*The Government to ensure the Thriving Kids initiative is developed through proactive consultation and co-production with families, experts and all relevant stakeholders, supported by transparent communication and ongoing and timely responsiveness to areas of ambiguity as they emerge.*

### **Recommendation 2**

*The Government must ensure that Thriving Kids is designed with clear service pathways that extend beyond the early and middle years of childhood, providing continuity of support into adolescence and adulthood so that children with mild to moderate developmental delay and autism are not left behind as they grow.*



## How Psychologists Can Strengthen Thriving Kids

Psychologists are highly trained, regulated health professionals and are an essential part of the early intervention ecosystem (see Box 1). Yet, our members consistently report that psychologists with early intervention expertise are misunderstood or overlooked in early intervention contexts, with their contributions limited to “mental health” by governments, policy and service staff, and other health professionals. Increasingly, psychologists’ roles in many areas of practice, including early intervention, are inappropriately substituted by other professionals or paraprofessionals, or subsumed within broader roles. Consequently, this diminishes the recognition of their unique expertise and contributions to the support of children and their families.

### Box 1: What Psychologists Bring to Best Practice Early Intervention

- **Assessment for screening, intervention planning and diagnosis** – Psychologists use valid, evidence-based tools and methods to deliver functional, cognitive, developmental, and psychosocial assessments that guide family-centred support and goal setting. They are uniquely trained in differential diagnosis and skilled at distinguishing complex and overlapping developmental and psychological presentations, ensuring children and families receive the right supports early. Importantly, psychologists help prevent overpathologising by differentiating typical developmental variations from genuine concerns. In particular, this skill is critical to Thriving Kids’ aim of providing timely, appropriate supports without unnecessary labelling or diversion of resources.
- **Family coaching and support** – Psychologists equip families with knowledge and strategies to respond to their child’s needs, strengthen attachment and reduce stress. This aligns with Thriving Kids’ emphasis on family-centred practice, recognising that outcomes are improved when caregivers are supported to embed strategies in everyday life.
- **Evidence-based intervention and therapy** – In partnership with families and other clinicians and supports, psychologists provide therapeutic interventions that strengthen children’s social, emotional, cognitive, and behavioural skills. These can be delivered individually, in groups, or through universal approaches to build executive functioning, emotional regulation, resilience, and learning skills—core foundations that Thriving Kids must address to support children’s participation in school, family, and community life.
- **Capacity building in mainstream and community services** – Psychologists train and support educators, early childhood staff and childcare workers to identify developmental concerns, implement practical strategies, and create inclusive environments. They also develop and disseminate practical, hands-on resources for practitioners, ensuring consistent, evidence-informed practice across the workforce. This workforce support is vital for Thriving Kids so children with mild to moderate needs and their families can be better supported in their everyday settings such as playgroups, schools and community services.
- **Environmental and systems adaptation** – Psychologists advise on how to adapt home, educational and community environments to promote inclusion and participation, and ensure services integrate with existing frameworks (e.g. positive behaviour support in schools). The success of Thriving Kids depends on systemic input to avoid siloed or duplicative programs, ensuring resources are used sustainably and outcomes for children and families are improved.
- **Program development and evaluation** – Psychologists design, adapt and evaluate early childhood interventions, ensuring they are evidence-based, culturally appropriate and responsive to diverse family needs. This expertise will be vital to ensure Thriving Kids programs that are effective, scalable and tailored to Australian contexts.
- **Research and policy translation** – Psychologists bring expertise in research and outcome measurement, ensuring that Thriving Kids will be guided by evidence and that learnings are fed back into practice. Their input helps ensure continuous improvement and sustainability of foundational supports and our national disability support system.

This problem is perpetuated in the information available to date about the Thriving Kids initiative<sup>9</sup>, where potential new Medicare items are described for occupational therapy, speech pathology, and ‘psychosocial therapy,’ with psychologists not explicitly recognised but instead implied under this vague and imprecise label. Such framing:

- (a) obscures the expertise of psychologists working in early intervention,
- (b) further reduces their visibility in workforce planning and
- (c) perpetuates the misconception that psychologists are interchangeable with other providers.

The issue is further underscored by the recently announced [Thriving Kids Advisory Group membership](#)<sup>11</sup>, which contains, to our knowledge, no psychology representation. As a critical early intervention workforce, psychologists need to be embedded from the outset for the long-term success of the initiative. Psychologists must have meaningful and direct representation in policy and service design, workforce planning, and all levels of governance of Thriving Kids—rather than being omitted or hidden within broad categories that dilute their role and contributions, both now and into the future.

This is not a matter of psychologists seeking a greater share of resources. It is about ensuring children and families have continued and strengthened access to the full spectrum of expertise and evidence-based supports that improve early identification, strengthen developmental outcomes, and help children, families, and communities to thrive. Current access to psychologists in early intervention contexts is limited, and it is essential that Thriving Kids expands this access to meet growing need, rather than allowing it to diminish further.

In addressing the Terms of Reference in the remainder of this submission, the essential role of psychologists and psychological science is reinforced, drawing on the relevant evidence and policy base for best practice in early identification and intervention for children with developmental concerns.

### **Recommendation 3**

*Psychologists must be explicitly represented on the Thriving Kids Advisory Group and all related governance structures, as well as at every level of design, implementation, workforce planning, and evaluation — including complementary initiatives such as the new allied health Medicare items. This representation should be distinct and additional, not subsumed under broader or other allied health categories.*

## **Response to the Terms of Reference**

### **TOR 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.**

Effective early intervention relies on strengthening parental capacity and confidence. Parents and caregivers are often the first to notice concerns, yet many report uncertainty in distinguishing between typical variation and early signs of delay<sup>13</sup>. They also report facing a number of challenges related to raising a child with a disability and express a desire to learn to help their children develop new skills and to help them respond to challenging behaviour<sup>14</sup>.

To enable early identification and support for parenting, families need clear, evidence-based, developmentally appropriate resources that are accessible, culturally safe, and embedded in the settings they already engage with. Resources such as those connected to the recently released *National Best Practice Framework for Early Childhood Intervention*<sup>15</sup> demonstrate the value of co-produced, evidence-based tools that are responsive and accessible to both professionals and families. Thriving Kids should build on such approaches by reviewing existing family tools and resources in the sector, identifying and responding to resource gaps, and ensuring a nationally consistent suite of guidance is available to all families. Throughout this process it is important not to duplicate excellent work which has already been done.

Developmental milestone checklists and tools can help parents monitor progress and seek advice when needed. However, inconsistent or overly complex information risks creating anxiety or misinterpretation, particularly for families experiencing additional stressors. It is equally important to avoid overpathologising, where typical developmental variations are unhelpfully labelled as disorders, which can heighten family anxiety, affect children's self-perception, and misdirect scarce healthcare resources.

In addition to milestones tools, parents may benefit from practical, everyday resources that build skills in play, communication, and responsive caregiving. Embedding such tools in universal touchpoints—primary health care, early learning services, schools, and digital platforms—can improve consistent advice and system-wide alignment.

Psychologists bring critical expertise in child development, differential diagnosis, and health communication to the design of resources and parent supports. They help ensure materials are developmentally appropriate, trauma-informed, and culturally responsive, and that they strike the right balance between early identification and avoiding overpathologising. Their skills are also vital in designing and evaluating digital supports and helplines, which can extend access to evidence-based information, provide timely reassurance, and offer clear referral pathways for families who need further assessment or intervention. Psychologists also play a leadership role in workforce training, equipping educators, health practitioners, and community workers with the knowledge and confidence to respond to families' concerns early about their child's development and guide them towards appropriate supports.

By resourcing parents with clear, evidence-based information, strengthening their capacity to support their child at home, and ensuring they have access to high quality professional advice and step-up referral systems, the Thriving Kids initiative can empower families to act early, prevent escalation of difficulties, and improve developmental trajectories for their children.

#### **Recommendation 4**

*Develop and implement nationally consistent, evidence-based developmental milestone resources that are accessible and culturally safe for all families. These resources must be designed by psychologists and other health and allied health professionals in partnership with parents and communities to ensure the guidance is consistent, trusted and reduces the risks of both under-identification and overpathologising of developmental concerns.*

#### **Recommendation 5**

*Invest in workforce training by psychologists and other appropriate health professionals and system alignment so that health, education and other community mainstream settings provide families with consistent, evidence-informed advice in response to their concerns about their child's development. This includes upskilling frontline workers to use valid developmental tools and ensuring smooth referral pathways to psychologists and other allied health professionals when concerns are identified.*

**TOR 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. This should focus on community and mainstream engagement, and include child and maternal health, primary care, allied health playgroups, early childhood education and care and schools.**

#### **The right supports, at the right time, with the right intensity**

Thriving Kids supports and services must be able to identify and respond to the many interconnected aspects of a child's life that shape developmental outcomes. This includes psychosocial, cognitive, and physical development, as well as the environments surrounding children—from their immediate family and community through to broader social influences.

Importantly, the Thriving Kids initiative must also both enable the identification and strengthening of protective factors, and address ACEs, such as poverty, housing and family violence and that profoundly shape children's developmental outcomes<sup>16–18</sup>. There is strong evidence of long-term poor health and wellbeing outcomes associated with trauma and ACEs with around 1 in 7 Australian children are exposed to three or more risk factors<sup>19</sup>.

Equity requires a universal foundation of supports, combined with proportionate intensity for those with greater needs. While universal supports may be sufficient for some children with developmental delay or disability and low to moderate support needs, others will require more individualised and intensive assessment and services. The type and intensity of assessment and support required may also change over time as a child grows and their developmental needs evolve.



Overall, families need access to a sufficient mix and “dose” of assessment and supports to meet their holistic needs. A proportionate, needs-based approach ensures children are neither under-served nor over-served, but instead receive timely, tailored support that maximises developmental outcomes and family wellbeing. This approach reduces stigma, broadens reach and ensures resources are used effectively.

### **Recommendation 6**

*The Government should ensure Thriving Kids provides equitable access to a full continuum of assessment and supports—from universal to targeted and intensive—delivered with the right intensity at the right time. This requires embedding proportionate, needs-based approaches across the system and ensuring services also address the social determinants that impact children’s development and family wellbeing.*

In the following, we highlight some key programs and initiatives relevant to Thriving Kids, alongside discussion of the role of assessment and identification.

### **Parenting and family intervention support**

A substantial body of research demonstrates that parenting and family interventions, particularly those grounded in self-regulation, responsive caregiving and social learning, can improve children’s communication, play, daily living skills and social-emotional development, while reducing parental stress and family conflict<sup>20,21</sup>. International models such as the UK’s Sure Start and New Zealand’s Whānau Ora, alongside Australia’s experience with Triple P and Stepping Stones Triple P, highlight the public health benefits of embedding parenting support into mainstream systems. Evidence shows that population-level improvements in child wellbeing and reductions in maltreatment are achievable when evidence-based parenting programs are scaled and integrated<sup>22,23</sup>.

As already highlighted, no single approach to support suits all families. Low-intensity, well-timed parent and family support delivered online, through community health, schools, or perinatal services can be effective at scale, while more intensive coaching or therapy is essential for families with complex needs. Parenting supports must also be culturally safe and accessible for Aboriginal and Torres Strait Islander families, culturally and linguistically diverse communities, and families experiencing disadvantage or adversity. Programs must also be trauma-informed and neurodiversity-affirming to ensure they meet the diverse needs of children and families.

The success of parenting and family interventions at the scale required requires a trained and supported workforce across health, education, and community sectors<sup>23</sup>. Lower-intensity family intervention programs can be delivered by trained practitioners, with psychologists and other skilled professionals reserved for more complex, intensive, and individualised family support programs. Evidence from statewide rollouts of Stepping Stones triple P shows that training and accreditation of community services practitioners enable consistent and effective delivery, with demonstrable improvements in child and family outcomes<sup>23</sup>.

Psychologists are essential to the success of parenting and family intervention supports. They:

- deliver complex, intensive, evidence-based parenting interventions and family-centred coaching with fidelity;
- train and supervise other practitioners delivering lower-intensity programs to build capacity and extend reach;
- ensure programs are developmentally appropriate, trauma-informed, and culturally responsive; and
- contribute to program design and evaluation to maintain quality and effectiveness.

To succeed, Thriving Kids must embed psychologists in these roles to ensure system capacity, quality, and fidelity to evidence, so that all families have access to the right supports at the right time.

### **Recommendation 7**

*Embed a flexible suite of evidence-based and culturally safe parenting supports as a core component of Thriving Kids, delivered at scale through universal services with clear referral pathways to more intensive interventions.*

## **Recommendation 8**

*Recognise and resource psychologists to design, deliver, train, and evaluate parenting supports, ensuring interventions are trauma-informed, culturally responsive, and tailored to family circumstances and needs.*

### **Psychologists in schools and early childhood settings**

Schools and early childhood centres are among the most universal settings for early identification of developmental concerns. They provide natural, non-stigmatising environments where children, families, and educators can identify the need for support early, before difficulties escalate. Embedding psychological expertise within these settings is therefore central to the success of Thriving Kids.<sup>24</sup>

Psychologists, including educational and developmental, counselling and clinical psychologists, are already based in some schools to deliver preventive mental health care, promote wellbeing across the student population, and provide timely, targeted support for children with emerging or identified needs. Their deep integration within school communities enables trusted relationships and developmentally appropriate care that includes:

- Delivering evidence-based programs and whole-of-school initiatives that build children's social-emotional skills, resilience and help-seeking behaviours.
- Proactively identifying and responding to emerging developmental and learning needs before they escalate into more complex problems.
- Partnering with families and communities to strengthen protective factors.
- Identifying and referring students and families impacted by poverty, housing instability or discrimination to appropriate supports and services within and beyond the school system.
- Coaching educators and leaders to create inclusive, psychologically safe learning environments<sup>25</sup>.

Despite their critical role, school psychologists remain inconsistently available across jurisdictions, with non-metropolitan areas particularly under-served. The Productivity Commission's 2020 Mental Health Inquiry recommended a benchmark of one school psychologist per 500 students<sup>26</sup>; however, many areas exceed ratios of 1:1500<sup>27</sup>, limiting schools' ability to provide preventive and early intervention supports. Similar inequities exist in early childhood education and care (ECEC), where psychological expertise is rarely embedded, despite strong evidence of the importance of the early years for lifelong outcomes. Extending access to psychologists within ECEC settings would strengthen developmental monitoring, early identification, parent engagement, and the delivery of age-appropriate wellbeing programs.

## **Recommendation 9**

*Fund a minimum 1:500 psychologist-to-student ratio across primary and secondary schools.*

## **Recommendation 10**

*Establish pathways to embed psychologists within early childhood education and care (ECEC) services, ensuring timely access to preventive and early intervention supports in everyday environments.*

### **Identification and Assessment**

An appropriate approach to assessment is foundational to ensuring children with developmental concerns are identified early and that children and their families are connected to appropriate supports and services. As noted earlier in this submission, psychologists bring advanced expertise in assessment and are well placed to contribute to the design of assessment and identification in the Thriving Kids initiative.

A key risk for Thriving Kids is that it becomes overly consumed by identification and assessment processes focused on diagnosis rather than ensuring children and families receive timely supports. The Thriving Kids initiative presents an opportunity to reposition assessment away from being primarily a gatekeeping function for service eligibility, toward a process that focuses on understanding individual needs and guiding tailored supports while reserving comprehensive diagnostic assessments by psychologists for more complex cases. This will enable earlier access to services, reduce pressure on diagnostic assessment pathways, and improve equity by ensuring that children and families in rural, remote, or culturally diverse communities are not excluded from timely support and services due to barriers in accessing formal diagnosis.

The APS welcomes the Government's proposal to re-establish Medicare bulk-billed 3-year-old health checks. This form of screening is an important element in strengthening early identification of children with developmental concerns<sup>20</sup>. Consideration should be given to enabling the full range of appropriate professionals, including GPs, maternal and child health (MCH) nurses and allied health practitioners to conduct developmental screenings and the use of validated tools<sup>28</sup>. This ensures children at risk of developmental concerns can be identified across the settings families already engage with, supporting timely access to identification and supports when needed. It is equally important that these screenings are backed up by dedicated Medicare items to fund psychologists to provide parent support sessions and further functional, cognitive, psychosocial, or diagnostic assessments as required.

Best practice highlights the value of functional, holistic, and strengths-based assessment in early intervention contexts, as outlined in the *National Framework for Assessing Children's Functional Strengths and Support Needs in Australia*<sup>29</sup>. This approach extends beyond diagnostic categorisation to consider a child's abilities, participation, strengths, and support needs within everyday environments. Importantly, it applies irrespective of whether a child has a diagnosis now or may receive one in the future. Embedding a functional assessment approach within Thriving Kids is an essential element to ensure needed supports are identified and aligned with each child's developmental profile, participation, and family context rather than being constrained by diagnostic labels.

Without system reform, access and affordability will remain significant barriers for families when psychological or diagnostic assessment is required. Many families are forced to fund assessments privately at considerable cost. Existing Medicare neurodevelopmental assessment items<sup>30</sup> introduced to support children with complex neurodevelopmental disabilities such as intellectual disability, autism spectrum disorder, chromosomal conditions, and pervasive developmental disorders through access to comprehensive diagnostic assessments are overly restrictive and poorly aligned with clinical practice. They require referral from a specialist or consultant physician, are limited to once per lifetime, shared across multiple disciplines, and capped at eight sessions with a mandatory mid-assessment review that disrupts psychological testing protocols. These constraints delay diagnosis, increase costs for both families and the system, and risk invalidating assessment results.

#### **Recommendation 11**

*Establish a suite of Medicare items to support developmental screening of three-year-olds, including funded referral pathways to psychologists for parent support sessions and follow-up when screenings identify concerns or when advice is needed on further assessment. The new Medicare items must not replicate current problems such as those regarding the neurodevelopmental assessment items.*

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*Fund psychologists to deliver functional, cognitive, psychosocial, and diagnostic assessments under Thriving Kids to clarify children's developmental profiles and guide appropriate pathways to early intervention or NDIS eligibility where required.*

#### **Recommendation 13**

*Reform MBS neurodevelopmental assessment items to streamline the referral and access pathway, separating psychology-led items from other allied health items. This would allow children to receive full rebates for psychology-led diagnostic assessments and preserve their access to other necessary allied health assessments (e.g. hearing, speech) without exhausting their allocation, establishing a single item or set of items covering the entire assessment, including scoring and reporting, and increasing rebates to reduce out-of-pocket costs for families.*

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

For Thriving Kids to achieve its aims, cultural safety and equity must be central design principles. Too many children are currently under-served due to structural disadvantage, systemic discrimination, or service gaps. The Australian Early Development Census (AEDC) shows that children most at risk of developmental vulnerability include Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse backgrounds, children with disability, those from lower socioeconomic backgrounds, children in statutory care, and those living in rural or remote areas<sup>31</sup>. Thriving Kids must ensure these children are not further marginalised by inequitable access to foundational supports.

This is important because we know that when parenting programs target under-served populations, outcomes are substantial and positive<sup>31,32</sup>.

For Aboriginal and Torres Strait Islander children, culturally safe services delivered through genuine partnerships with Aboriginal and Torres Strait Islander communities and partners is essential. Programs must recognise the central role of family, kinship, culture and country in children's development. Self-determination and co-production with Aboriginal and Torres Strait Islander communities should guide program design, workforce development and evaluation.

Culturally and linguistically diverse families often experience barriers such as language, stigma, limited knowledge of services and lack of cultural responsiveness. Evidence shows that co-production, culturally adapted interventions build trust and improve engagement. Thriving Kids should invest in translation, interpretation, bicultural workers, and partnerships with migrant and refugee organisations to ensure supports are accessible and relevant.

Families experiencing socioeconomic disadvantage, living in rural or remote areas, or facing discrimination (e.g., families with neurodiverse parents or parents with intellectual disability) often encounter barriers such as cost, transport, stigma and discrimination. Thriving Kids needs to support flexible, community-based and outreach models to overcome these barriers and to navigate and gain access to mainstream, community and Government systems. Digital service delivery should be expanded where appropriate, but without leaving behind families with limited access to technology.

#### **Recommendation 14**

*The Government must consider equity and cultural safety to be core design principles of Thriving Kids by:*

- *embedding self-determination, co-production, and governance with Aboriginal and Torres Strait Islander communities to guide service design, workforce development, and evaluation;*
- *resourcing co-production, culturally adapted interventions, including translation, interpretation, bicultural workers, and partnerships with migrant and refugee organisations to engage diverse families; and*
- *supporting flexible, community-based and outreach models that address barriers faced by families experiencing socioeconomic disadvantage, discrimination, or living in rural and remote areas, while ensuring digital service delivery does not exclude those with limited access to technology.*

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

A skilled and sustainable workforce is essential to the success of the Thriving Kids initiative, including the psychology workforce.

Currently, psychology is only meeting around 35% of national demand<sup>33</sup> which poses a serious risk to the early identification of developmental concerns and timely access to supports. Our members report this shortage is particularly acute in the infant, child and family workforce, with too few psychologists with advanced skills in developmental assessment and early childhood intervention. Without targeted investment, referral pathways for children and families with developmental concerns will remain fragmented and children will face delays or inappropriate support which can also harm development<sup>34</sup>. To address this issue, there must be urgent invest in psychology workforce growth and sustainability through additional university training places, funded placements and supported professional supervision.

As noted, psychologists bring unique expertise in psychometric assessment, clinical formulation and differential diagnosis within a biopsychosocial framework—skills that are central to safe, valid developmental assessments. However, further targeted training could grow the availability of psychologists with the advanced skills in early intervention and competencies in areas such as functional and neurodevelopmental assessment, working within multidisciplinary diagnostic models and delivering culturally safe and neuroaffirming family-centred early intervention practice. Importantly, psychologists' training needs differ from those of other disciplines; a one-size-fits-all approach to professional development risks diluting expertise.

System-level factors also undermine workforce capacity in psychology. The shift from block-funded, multidisciplinary early intervention teams to individualised NDIS funding eroded opportunities for on-the-job coaching, supervision and transdisciplinary practice. Practitioners report that lack of clear team roles, insufficient supervision and limited collaboration across services contribute to practitioner stress, poor retention and inconsistent outcomes for families. Salaries in community-based services are often insufficient to attract and retain experienced clinicians.

To succeed, Thriving Kids must strengthen investment in education, training and supervision of the workforce. This should include flexible professional development responsive to community needs, building cultural competence across the workforce, including, but not limited to psychology, and supporting genuine multidisciplinary collaboration.

#### **Recommendation 15**

*Government must continue to urgently invest in psychology workforce growth and sustainability through additional university training places, funded placements and professional supervision in child and family contexts and discipline-specific targeted professional development.*

#### **Recommendation 16**

*Psychologists should be explicitly supported to lead capability-building across workforces, including in universal and low-intensity approaches, to ensure evidence-based interventions can be delivered safely at scale.*

### **TOR 5: Draw on domestic and international policy experience and best practice**

Throughout our submission we refer to the relevant evidence and policy base for best practice in early identification and intervention for children with developmental concerns.

A key point we draw attention to here is that that a substantial body of domestic reviews, frameworks and strategies, drawing on both Australian and international evidence and lived experience, and highlight core principles for effective early identification and support of children with developmental concerns (see, for example <sup>29,35,36</sup>). The most recent, comprehensive articulation of best practice principles Australia is captured in the recently released *National Best Practice Framework for Early Childhood Intervention*<sup>15</sup>, which emphasises that effective intervention must be:

- Rights-based
- Relationship-based
- Strengths-based
- Ecologically-based
- Child-centred
- Family-centred
- Culturally safe
- Diversity-affirming
- Focused on participation
- Embedded in everyday settings
- Grounded in teamwork
- Community-focused
- Outcome-focused
- Evidence-informed

#### **Recommendation 17**

*Thriving Kids must embody contemporary early intervention best practice frameworks and principles throughout all elements of policy, design, implementation, governance and evaluation.*

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

For Thriving Kids success, children with developmental concerns must be able to move smoothly between health, education and community services without experiencing gaps or fragmentation.



At present, families face inconsistent referral pathways, unclear eligibility for supports, and significant variation depending on where they live or which service they first approach. These challenges undermine the goals of early identification and intervention that underpin the Thriving Kids initiative.

Key worker and navigator roles will be critical to ensuring continuity of care. These roles, embedded across hospitals, schools, maternal and child health, early childhood education, and community health centres, can act as first-line connectors and guides for families. Unlike case managers, they provide navigation, coordination and support, ensuring children access the right programs at the right time. Thriving Kids can build on existing international and domestic models that demonstrate the effectiveness of this approach, particularly for families who may face additional barriers, such as those in rural and remote areas or Aboriginal and Torres Strait Islander and culturally and linguistically diverse families.

Multidisciplinary pathways are also essential. Since the shift away from block-funded early intervention services, many child and family multidisciplinary teams (MDTs) have been eroded, reducing opportunities for structured triage, diagnosis, discharge planning and referral. Thriving Kids provides an opportunity to rebuild and sustain these MDTs within mainstream settings. Including psychologists, paediatricians, speech and occupational therapists within well-resourced outpatient and community teams will ensure comprehensive, child-centred care.

Finally, Thriving Kids must support state- and community-responsive models. While national consistency is important, implementation must allow for flexibility to meet the needs of local populations, ensuring services are accessible, culturally safe and adapted to diverse community contexts.

#### **Recommendation 18**

*Embed key worker/navigator roles in Thriving Kids to provide families with seamless pathways across mainstream health, education and community services.*

#### **Recommendation 19**

*Rebuild and sustain paediatric and family multidisciplinary teams (MDTs) through Thriving Kids investment, ensuring psychologists and allied health are available in outpatient and community settings to support comprehensive child-centred care.*

### **Summary**

Thriving Kids initiative is a critical opportunity to build a sustainable, equitable system of foundational supports for children with developmental concerns. For too long, families have faced fragmented services, prohibitive costs, and gaps in care when their children did not meet NDIS eligibility. Thriving Kids can close these gaps by strengthening mainstream and community services, embedding evidence-based practices, and ensuring early identification leads to timely, appropriate and family-centred support. Thriving Kids has the potential to close these gaps if it:

- Engages in genuine consultation and co-production with families, experts and communities in the design, implementation, governance and review.
- Strengthens mainstream and community support services and their workforces.
- Embodies contemporary principles and evidence-based practices for best practice early identification and support that effectively supports children's developmental outcomes.
- Provides a continuum of supports—delivered at the right intensity and time.
- Ensures equity through cultural safety and flexible, accessible models so no child or family is left behind.
- Recognises the expertise of psychologists in early intervention by embedding psychology representation throughout design, implementation, governance and evaluation.
- Invests in psychology workforce growth, supervision and sustainable pathways, and restores multidisciplinary teams and key worker/navigator roles.

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## References

1. United Nations, Department of Economic and Social Affairs. (2023). *Sustainable development goals*. <https://sdgs.un.org/goals>
2. United Nations Office of the High Commissioner. (2023). *The core international human rights instruments and their monitoring bodies*. <https://www.ohchr.org/en/core-international-human-rights-instruments-and-their-monitoring-bodies>
3. De Neve, J.-E., & Sachs, J. D. (2020). Sustainable development and human well-being. *World Happiness Report*, 112–127.
4. Hampton, L. H., & Rodriguez, E. M. (2022). Preemptive interventions for infants and toddlers with a high likelihood for autism: A systematic review and meta-analysis. *Autism*, 26(6), 1364–1378. <https://doi.org/10.1177/13623613211050433>
5. Nelson, C. A., Sullivan, E., & Engelstad, A. (2024). Annual Research Review: Early intervention viewed through the lens of developmental neuroscience. *Journal of Child Psychology and Psychiatry*, 65(4), 435–455. <https://doi.org/10.1111/jcpp.13858>
6. Guralnick, M. J. (2017). Early intervention for children with intellectual disabilities: An update. *Journal of Applied Research in Intellectual Disabilities*, 30(2), 211–229.
7. Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023, October). *Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report*. Commonwealth of Australia, Department of the Prime Minister and Cabinet. <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/>
8. APS. (2023). *APS Submission to the NDIS Review*. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2023/aps-submission-to-the-ndis-review>
9. Australian Government Department of Health, Disability and Ageing. (2025, August 20). *Speech from Minister Butler, National Press Club – 20 August 2025*. Australian Government Department of Health, Disability and Ageing. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/speech-from-minister-butler-national-press-club-20-august-2025>
10. Australian Government Department of Health, Disability and Ageing. (2025, August 22). *Thriving Kids – Fact sheet*. <https://www.health.gov.au/resources/publications/thriving-kids-fact-sheet?language=en>
11. Australian Government Department of Health Disability and Ageing. (2025, October 1). *Thriving Kids*. Australian Government Department of Health, Disability and Ageing. <https://www.health.gov.au/our-work/thriving-kids>
12. Roper, C., Grey, F., & Cadogan, E. (2018). *Co-production—Putting principles into practice in mental health contexts*. University of Melbourne.
13. Woolfenden, S., Eapen, V., Williams, K., Hayen, A., Spencer, N., & Kemp, L. (2014). A systematic review of the prevalence of parental concerns measured by the Parents' Evaluation of Developmental Status (PEDS) indicating developmental risk. *BMC Pediatrics*, 14(1), 231. <https://doi.org/10.1186/1471-2431-14-231>
14. Delach, T. (2020). *Parent perceptions of the acceptability, effectiveness, and experience of engaging in the Group Stepping Stones Triple P intervention for parents of children with disabilities* [PhD Thesis, University of South Florida]. <https://www-proquest-com.ezproxy.library.uq.edu.au/docview/2405323015?pq-origsite=primo>
15. Moore, T., Imms, C., Luscombe, D., SNAICC, Bonahady, B., Dimmock, K., Deane, K., D'Aprano, A., & Kakoschke-Moore, S. (2025, May 22). *National Best Practice Framework for Early Childhood Intervention*. The University of Melbourne. Commissioned by the Commonwealth of Australia's Department of Social Services. <https://www.health.gov.au/resources/collections/national-best-practice-framework-for-early-childhood-intervention?language=en#the-framework>
16. Choi, J.-K., Wang, D., & Jackson, A. P. (2019). Adverse experiences in early childhood and their longitudinal impact on later behavioral problems of children living in poverty. *Child Abuse & Neglect*, 98, 104181. <https://doi.org/10.1016/j.chiabu.2019.104181>
17. Liming, K. W., & Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child and Adolescent Social Work Journal*, 35(4), 317–335. <https://doi.org/10.1007/s10560-018-0532-x>
18. Lorenc, T., Lester, S., Sutcliffe, K., Stansfield, C., & Thomas, J. (2020). Interventions to support people exposed to adverse childhood experiences: Systematic review of systematic reviews. *BMC Public Health*, 20(1), 657. <https://doi.org/10.1186/s12889-020-08789-0>
19. Guy, S., Furber, G., Leach, M., & Segal, L. (2016). How many children in Australia are at risk of adult mental illness? *Australian & New Zealand Journal of Psychiatry*, 50(12), 1146–1160.
20. Oberklaid, F., Baird, G., Blair, M., Melhuish, E., & Hall, D. (2013). Children's health and development: Approaches to early identification and intervention. *Archives of Disease in Childhood*, 98(12), 1008–1011. <https://doi.org/10.1136/archdischild-2013-304091>
21. Einfeld, S., Sanders, M., Tonge, B., Gray, K. M., Sofronoff, K., Arciuli, J., Evans, H., & MHYPEDD Team. (2018). *s statewide delivery of Stepping Stones Triple P effective? Research program findings at a glance*. The University of Sydney. <https://pfsc.psychology.uq.edu.au/files/2129/The%20Stepping%20Stones%20Triple%20P%20Research%20Project%20Report1.pdf>

22. Hayre, J., Pearce, H., Khera, R., Lunn, A. D., & Ford, J. A. (2025). Health impacts of the Sure Start programme on disadvantaged children in the UK: A systematic review. *BMJ Open*, 15(2), e089983. <https://doi.org/10.1136/bmjopen-2024-089983>
23. Sanders, M. R. (2023). The Triple P System of Evidence-Based Parenting Support: Past, Present, and Future Directions. *Clinical Child and Family Psychology Review*, 26(4), 880–903. <https://doi.org/10.1007/s10567-023-00441-8>
24. Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Sonesson, E., Steare, T., & Wright, T. (2024). The social determinants of mental health and disorder: Evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58–90.
25. Australian Psychological Society. (2022, April). *Psychologists in schools: Position Statement*. APS. <https://psychology.org.au/getmedia/3478fa00-0a90-43ff-8d90-99a42ea53981/22aps-ps-psych-p1.pdf?target=>
26. Productivity Commission. (2020). *Mental Health, Report no. 95*. <https://www.pc.gov.au/inquiries/completed/mental-health/report>
27. Jimerson, S. R., Stewart, K., Skokut, M., Cardenas, S., & Malone, H. (2009). How many school psychologists are there in each country of the world? International estimates of school psychologists and school psychologist-to-student ratios. *School Psychology International*, 30(6), 555–567.
28. Abdoola, S., Swanepoel, D. W., & Van Der Linde, J. (2023). A scoping review on the use of the parents evaluation of developmental status and PEDS: Developmental milestones screening tools. *Journal of Early Intervention*, 45(3), 203–226.
29. Fitzpatrick, Baque, E., Caithness, T., Dargue, N., Evans, K., Girdler, S., Hinze, E., Lewis, T., Llambias, A., Ng, Z. Y., Varcin, K., Waddington, H., Wicks, R., & Trembath, D. (2023, November 24). *National Framework for assessing children's functional strengths and support needs in Australia*. Autism CRC. <https://www.autismcrc.com.au/our-work/general/national-framework-assessing-childrens-functional-strengths-and-support-needs>
30. *MBS billing for Complex Neurodevelopmental Disorders and eligible disabilities—Health professionals—Services Australia*. (n.d.). Retrieved October 2, 2025, from <https://www.servicesaustralia.gov.au/mbs-billing-for-complex-neurodevelopmental-disorders-and-eligible-disabilities?context=20>
31. Hansen, A., Broomfield, G., & Yap, M. B. (2019). A systematic review of technology-assisted parenting programs for mental health problems in youth aged 0–18 years: Applicability to underserved Australian communities. *Australian Journal of Psychology*, 71(4), 433–462.
32. Finders, J. K., Díaz, G., Geldhof, G. J., Sektnan, M., & Rennekamp, D. (2016). The impact of parenting education on parent and child behaviors: Moderators by income and ethnicity. *Children and Youth Services Review*, 71, 199–209.
33. ACIL Allen. (2021). *National Mental Health Workforce Strategy: Background Paper*. <https://acilallen.com.au/uploads/media/NMHWS-BackgroundPaper-040821-1628485846.pdf>
34. Smith, J., Dwyer, P., O'Connor, E., Gurba, A. N., Aulich, A., Constantine, C., Fidock, E., Gore, K. E., Green, C. C., Harrington, L. T., Hudry, K., Jellett, R., Kennedy, L. J., Meera, S. S., Nowell, S., Rabba, A. S., Watson, L. R., Whitehouse, A. J. O., & Bent, C. A. (2025). "The Wrong Supports Are Worse than no Support": Autistic Perspectives on Early-in-Life Infant Autism Supports. *Autism in Adulthood*. <https://doi.org/10.1177/25739581251371874>
35. Early Childhood Intervention Australia. (2016). *National Guidelines for Best Practice in Early Childhood Intervention*. <https://www.eciavic.org.au/resources/eci-best-practice-guidelines>
36. Imms, C., Moore, T., Bull, K., Gavidia-Payne, S., Lami, F., Wilson, M., Allen, L., & Knight, S. (2024). *Review of best practice in early childhood intervention: Desktop review report*. The University of Melbourne, funded by and provided to the Commonwealth of Australia's Department of Social Services. [https://healthy-trajectories.com.au/wp-content/uploads/2024/11/ECI-TAP-Deliverable-1-Desktop-Review-Full-Report-V1.0\\_Nov2024.pdf](https://healthy-trajectories.com.au/wp-content/uploads/2024/11/ECI-TAP-Deliverable-1-Desktop-Review-Full-Report-V1.0_Nov2024.pdf)