Submission No 100

INQUIRY INTO FOUNDATIONAL AND DISABILITY SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG PEOPLE IN NEW SOUTH WALES

Organisation: Australian Psychological Society

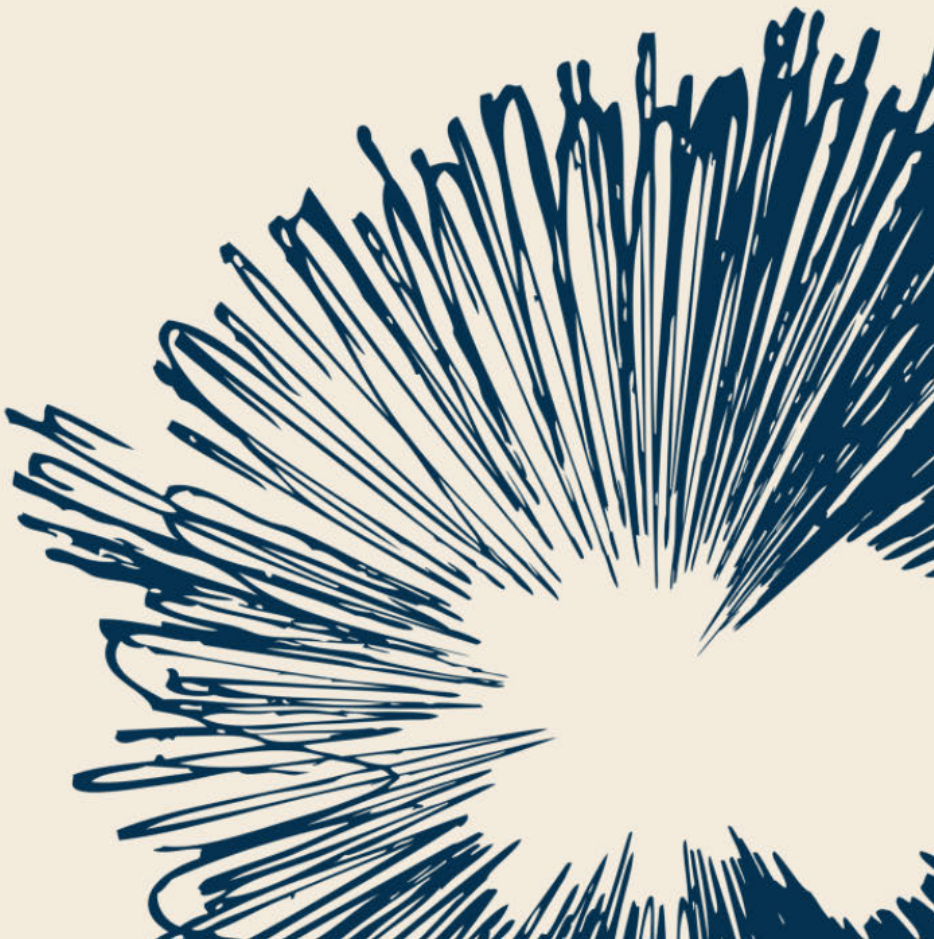
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Australian Psychological Society

Submission

Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales

September 2026



Introduction

The Australian Psychological Society (APS) welcomes the opportunity to provide this submission to the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales. It addresses the inquiry's terms of reference relating to the availability and accessibility of allied health and other service delivery models; diagnostic services; collaboration across government and non-government services, and workforce capacity. The APS has two closely connected concerns for the implementation of foundational and disability supports for children and young people in NSW:

1. **The role of psychologists must be clearly recognised and embedded across Thriving Kids service delivery.** An effective Thriving Kids program would ensure children and families can access the expertise of psychologists when it is needed.

2. **NSW commissioning arrangements must make full use of the existing psychology workforce**. The current commissioning architecture risks sidelining a significant part of the existing private psychology workforce at precisely the point when NSW will need to mobilise all available workforce capacity.

This submission should be read alongside the joint APS and Australian Association of Psychologists Inc (AAPi) Position Statement, *Embedding the expertise of psychologists in Thriving Kids*, provided at Appendix A, which sets out in detail where psychological expertise contributes across the Thriving Kids model and identifies practical considerations for service design, workforce planning and commissioning.

Summary of Recommendations

The APS recommends that the NSW Government:

1. **Embed psychologists across the Thriving Kids service system,** including NSW Government, NGO, community, multidisciplinary and private-provider settings, wherever psychological expertise is required. Service specifications should clearly identify when psychology expertise is required for assessment, formulation, intervention, consultation, supervision, referral and escalation.

2. **Establish an enduring pathway for private and small psychology practices to participate in Targeted Supports.** Participation should not depend solely on becoming an employee of, or temporary contractor to, a large commissioned NGO. The proposed allied health panel should form a substantive part of the ongoing service system, rather than principally filling temporary gaps or thin markets.

3. **Reconsider the requirement that private allied health subcontracting be temporary while NGOs build equivalent capability in-house**. Enduring partnership or subcontracting arrangements should remain available where they make effective use of existing workforce capacity, meet service and governance requirements and deliver good outcomes for children and families.

4. **Ensure the workforce transition plan encompasses the full existing workforce.** Consistent with the Committee's Recommendation 14[1], NSW's sector and workforce transition plan should explicitly address private and small psychology practices and assess the impact of commissioning changes on practice viability, psychologist employment and retention, supervision and training capacity, regional workforce availability, continuity of care, waiting times, access to psychological assessment and intervention, and overall service capacity within and outside Thriving Kids.

5. **Monitor whether commissioning arrangements are creating unmet need while existing capacity goes unused** and adapt quickly where this occurs rather than waiting for commissioned organisations to develop new internal capacity.

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6. **Recognise existing assessments and fund the full scope of psychologists' contribution,** accepting relevant existing psychologist and school psychology assessments and ensuring funding recognises the indirect as well as direct work required for high-quality early childhood intervention.

Embed psychological expertise across Thriving Kids in NSW

Psychologists already work with children and families across community health and hospital services, schools, private practice, not-for-profit services, government programs and multidisciplinary community-based models. The APS is not advocating for psychology to be located in any single provider setting. Psychologists should be involved within large commissioned providers, state-delivered services, not-for-profit organisations and private and community-based services wherever their expertise is required. **Appendix A** sets out where psychologists can contribute across the Thriving Kids pathway, the case for accepting existing psychological and school psychology assessments as valid inputs rather than repeating them, and the need for funding and service design to recognise the full scope of psychologists' work including assessment, formulation, consultation, case conferencing and transition planning, not only face-to-face therapy.

One point from Appendix A bears specific emphasis for NSW: multidisciplinary practice should not produce generic roles that obscure when a child or family requires the specific expertise of a psychologist. NSW implementation should establish clear expectations about when psychological expertise is required within intake and needs assessment, Targeted Supports, consultation, supervision, and referral or escalation pathways, particularly for children with developmental, cognitive, behavioural, emotional, learning or diagnostic complexity, and safeguard against inappropriate professional role substitution.

Ensuring commissioning makes full use of the existing psychology workforce

Targeted Supports require a commissioning approach that reflects the existing allied health market

The APS recognises the Department of Communities and Justice's (DCJ) longstanding preference for commissioning human services through not-for-profit (NFP) organisations, reflecting their community purpose and the priority given to directing program funds towards outcomes for clients and communities[2]. The APS supports the objectives of coordinated accountable and community-focused service delivery.

However, DCJ's own framework also recognises that procurement should respond to the characteristics of the particular service and market being commissioned[2]. In determining the appropriate procurement method, DCJ considers factors including the nature and complexity of the service, the diversity of client and community needs, the size of the market and the number of providers with the capacity and capability to deliver the required outcomes, provider interest, geographic market conditions and contract value and duration. DCJ's policy also expressly contemplates engaging private or for-profit providers for specialised and professional services in limited circumstances[2].

These considerations are particularly relevant to Thriving Kids Targeted Supports, which expressly include therapies delivered by qualified allied health professionals. NSW therefore depends on a professional workforce that is already distributed across government, not-for-profit and private services, not one that can be created from scratch. The relevant question is whether an NFP-preferred commissioning model has been

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sufficiently adapted to the characteristics of the allied health workforce on which Targeted Supports depend. The APS is concerned that it has not.

DCJ has stated that Thriving Kids services in NSW will predominately be delivered by commissioned NGOs, alongside direct NSW Government delivery in some locations. For-profit allied health providers may participate through subcontracting, but DCJ requires these arrangements to be time-limited while the commissioned provider builds its internal capacity. DCJ is separately exploring a private allied health panel, with potential uses published to date including in reach support, filling temporary gaps in a commissioned provider's capacity, supplying specialist expertise a provider lacks, and addressing coverage in areas with limited allied health supply[3]. These mechanisms are welcome, but they position private allied health largely in a supplementary, temporary or gap-filling capacity rather than as an enduring part of the core delivery system.

Redistributing a scarce workforce does not increase capacity

This matters because NSW is not creating (nor does it need to create) an allied health workforce from scratch. A substantial psychology workforce already provides developmental and neurodevelopmental assessment, formulation, intervention, parent and caregiver support, school consultation and other services that overlap substantially with the intended scope of Thriving Kids. Such capacity the joint APS/AAPi Position Statement at **Appendix A** also recognises exists across public, private, not-for-profit, school, health and multidisciplinary settings. Requiring private subcontracting to be transitional while an NGO builds equivalent capability in-house risks displacing existing service infrastructures simply to recreate it elsewhere.

The Committee has already recognised workforce capacity as a central issue, recommending that NSW develop a cross-sector workforce strategy for foundational supports, including a transitional fund for providers, pay parity initiatives, indexed funding rates, rural workforce incentives, student placement pipelines, supervision supports and joint workforce planning across health, education and disability[1]. DCJ has also announced that it will develop a sector and workforce transition plan. The APS supports these directions. However**,** a credible cross-sector transition must include the private psychology workforce as part of the existing service system, not treat it primarily in a temporary capacity while a 'new' workforce is built elsewhere.

Redistributing a scarce workforce between sectors does not create additional psychologist capacity and may weaken services outside Thriving Kids that depend on the same practitioners. This is consistent with the national Thriving Kids Advisory Group, which identified workforce readiness, capability and capacity, together with market stewardship and fit-for-purpose commissioning, as critical to successful implementation[4]. The Advisory Group also recommended that governments enable a smooth transition for providers and practitioners currently delivering NDIS services and improve workforce data across both public and private sectors[4]. A commissioning architecture that makes it difficult for established private psychology providers to transition into Thriving Kids delivery sits uneasily with these recommendations.

The commissioning approach creates risks for access and continuity of care

Feedback from APS members illustrates how these system-level risks may play out in practice. Members working in small and medium-sized psychology practices have described substantial investment in developing advanced child and neurodevelopmental expertise, and note these practices also contribute to workforce development through employment, supervision and training of emerging psychologists. Members are concerned that redirecting publicly funded demand into a limited commissioned-provider network could undermine practice viability while leaving existing workforce capacity outside the funded pathway. The APS identifies several significant risks associated with this approach:

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Children may wait longer or miss out on timely support. Concentrating funded demand within a smaller number of commissioned organisations, while established private practices have relevant expertise and capacity, risks creating avoidable bottlenecks. The Committee has already documented significant shortages and delays in access to paediatric and allied health services across NSW, particularly outside metropolitan areas[1]. NSW should not design Thriving Kids in a way that leaves usable clinical workforce capacity outside the funded pathway while children wait.

Continuity of care may be disrupted. Children and families may already have established relationships with psychologists who understand the child's developmental history, family circumstances, cultural context, school environment and support needs. Redirecting publicly funded care into a new commissioned provider can require families to end an established therapeutic relationship and be forced to start again with another provider who lacks knowledge of their history, which is particularly significant where trust, cultural safety and familiarity with a psychologist affect engagement.

The model may weaken the broader child psychology service system. Private practices serving children who may be eligible for Thriving Kids generally do not serve that cohort exclusively. They also see children with more complex needs, mental health conditions, adolescents, Medicare-funded clients, privately funded families and NDIS participants who remain eligible. If a substantial loss of referrals makes practices or positions unviable, the loss of capacity will not be confined to Thriving Kids. It may mean fewer services for children and young people across the broader NSW health, disability and education systems.

The commissioning approach has direct workforce and livelihood consequences

For many psychologists, the decisions made during this transition may materially affect whether their practices and jobs remain viable. APS members have invested in establishing practices, employing and developing staff, purchasing assessment resources, developing advanced expertise, building referral networks and providing supervision to provisional and early-career psychologists. A major shift in public funding that excludes these practices from direct participation could result in reduced employment, practice contraction or closure, psychologists leaving early childhood and developmental practice, reduced supervision and placement capacity and reduced incentive to invest in advanced child and neurodevelopmental capability. These are not merely private commercial interests. The viability of the settings in which psychologists are employed, trained and supervised is itself a workforce sustainability issue, and one that sits alongside national efforts to expand the psychology workforce[5,6]. Workforce policy must not only produce more psychologists, it must also retain and make effective use of the psychologists already practising across the full range of service settings.

Consistent with the multi-setting approach set out in Appendix A, a commissioned Thriving Kids system can retain strong governance, quality standards, accountability, safeguarding and coordination while enabling appropriately qualified providers across government, NGO, community and private settings to contribute. NSW does not need to choose between an integrated commissioned system and private provider participation.

Conclusion

Within the broader scope of foundational and disability supports for children and young people in NSW, Thriving Kids presents a significant opportunity to improve access to early support for children and families in NSW. The APS supports its objectives of earlier intervention, coordinated care and a stronger system of supports outside the NDIS. Realising that opportunity depends on NSW making full use of the psychology workforce that already exists, embedding it wherever its expertise is required, and ensuring commissioning arrangements use capacity rather than sideline it. For children and families, this is about timely access and

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continuity of care; for the workforce, it is about a transition that strengthens rather than diminishes existing capacity.

The APS welcomes the opportunity to work with the NSW Government, DCJ, the Committee, providers and other stakeholders to support a system of foundational and disability supports for children and young people, including Thriving Kids, that is integrated, sustainable and capable of drawing on the full psychology workforce.

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Appendix A

Australian Psychological Society and Australian Association of Psychologists Inc (2026), *Embedding the expertise of psychologists in Thriving Kids*.

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Embedding the expertise of psychologists in Thriving Kids

Prepared jointly by the **Australian Psychological Society** (APS) and the **Australian Association of Psychologists Inc** (AAPi)

POSITION STATEMENT

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1. Introduction

The Thriving Kids Advisory Group's Final Report provides a high level framework for supporting children aged 8 and under with developmental delay and/or autism with low to moderate support needs, and their families.[1] As states and territories move toward implementation, a key task is translating this framework into service design decisions, including where and how the expertise of psychologists fits within local models.

Psychologists work with children and families across a wide range of ECI (Early Childhood Intervention) relevant settings, including community health and hospital services, schools, private practice, not-for-profit services, government programs and multidisciplinary community-based models. Their contribution may include early identification, assessment and goal setting, parent and caregiver support, therapeutic intervention, diagnostic clarification, educator consultation, program design and outcome monitoring.[2]

This paper has been prepared jointly by the Australian Psychological Society (APS) and the Australian Association of Psychologists Inc (AAPi) to describe the role of psychologists in Thriving Kids. It describes where, and why, psychological expertise is relevant across the Thriving Kids model, from early identification through to referral and escalation, and identifies practical considerations for commissioning, workforce planning and collaboration. It is intended as a resource for governments, commissioning bodies, service planners and providers as they develop their implementation approaches.

2. Where the expertise of psychologists contributes across the Thriving Kids model

Figure 1 illustrates points where the expertise of psychologists may contribute across the Thriving Kids model. Although presented sequentially, these functions should operate iteratively, with decisions revisited as child and family goals, circumstances and needs change.[3]

EARLY IDENTIFICATION OF POTENTIAL DELAY:

Concern or need is identified

Parents, families, carers and kin

Community workers

Early childhood educators and teachers

Health services

- GPs, specialists, child and family nurses, psychologists, other allied health professionals developmental and health checks

PSYCHOLOGY CONTRIBUTION:

Psychologists identify developmental, behavioural,emotional, learning, relational or participation concerns, support children and families through the early identification process, and connect families to advice,intake, referral or assessment where needed.

INTAKE, TRIAGE & NEEDS ASSESSMENT:

Family enters through an intake pathway

Intake/triage
Identify pathway and level of need

Needs assessment
Determine goals, support needs and appropriate supports

ACTIVE ENTRY

Formal intake points/ comissioned providers

- May include psychologists, other allied health professionals, early childhood eductors and other early childhood professionals

GPs

- Proposed MBS Child Development Plan
- May assess, plan, review and refer to allied health / Thriving Kids supports

SOFT ENTRY

Online national Information

National phoneline

Initial Triage

- What does the family need?
- Information/Universal Parenting Supoorts only?
- Targeted Supports? Further assessment?
- Referral elsewhere?

Needs assessment

- If Identified that Trgeted Supports may be needed
- Establishes the child and family's strengths, needs, goals, functional support needs and appropriate supports
- Care plan/ roadmap may be developed where useful

PSYCHOLOGY CONTRIBUTION:

Psychologists contribute to intake and needsassessment to support understanding of a child's developmental, cognitive, learning, behavioural, emotional, relational and social communication needs, including where there is diagnostic complexity, and to inform care planning, referral or further assessment.

Existing psychology and school psychology assessments should be accepted as valid inputs to intake and needs assessment

SUPPORTS:

Family is matched to appropriate supports and pathways

THRIVING KIDS SUPPORTS

Universal Parenting Supports

Targeted Supports

Streamlined pathway reduces duplication and supports faster matching to Targeted Supports where indicated

PSYCHOLOGY CONTRIBUTION:

Universal Parenting Supports: Psychologists design,deliver and evaluate evidence-informed programs andresources

Targeted Supports: Psychologists provide formulation, parent-mediated intervention, caregiver coaching, and behavioural, emotional and relational supports that strengthen children's participation in everyday settings.

REFERRAL, ESCALATION & CONTEMPORARY PATHWAYS

NDIS

Medicare and PHN funded services

Paeddriatric and other specialist medical services

School, ECEC and community supports

Other complementary services

PSYCHOLOGY CONTRIBUTION:

Psychologists support coordinated pathways by identifying when additional or more specialised support is required and contributing assessment and formulation information to support transition planning.

Figure 1: Adapted from the Thriving Kids Advisory Group FInal Report and APS/AAPi guidance on embedding psychological expertise

2.1 Early identification of potential delay

Psychologists can support early identification in a range of settings, including community health, hospitals, private practice, schools, not-for-profit services, government programs and multidisciplinary ECI teams. Families often first seek support from a psychologist because of concerns about a child's behaviour, emotional regulation, attachment, learning, development, or participation in everyday routines, concerns about developmental delay or neurodevelopmental difference. Psychologists also identify developmental or neurodevelopmental differences incidentally while working with a child or family for another reason.

For Thriving Kids implementation, this has practical implications for pathway design. As psychologists encounter children and families across a wide range of settings, service models should include clear pathways from contact with psychologists into Thriving Kids information, intake and needs assessment processes. This includes ensuring that psychologists working outside dedicated ECI services know how to connect families with the Thriving Kids model when relevant.

Psychologists identify developmental, behavioural, emotional, learning, relational or participation concerns and connect families to advice, intake or assessment where needed.

2.2 Intake, triage, and needs assessment

Intake and needs assessment are related but distinct functions. Intake is the entry, navigation, and triage process that helps identify what the family is seeking and whether the child and family may need information, universal supports, Targeted Supports, further assessment or referral. Needs assessment is the process used, where required, to understand the child and family's strengths, goals, functional support needs and appropriate supports.

Psychologists can contribute to both functions where their expertise is needed to understand a child's development, cognitive functioning, learning needs, behaviour, attachment, relationships or social communication.[2] The form that this contribution takes will vary, and can involve secondary consultation, participation in multidisciplinary assessment, psychological formulation, or diagnostic clarification where this would benefit the child and family.

Where formal psychological assessment is indicated, particularly where there is developmental, cognitive, learning, behavioural, emotional or diagnostic complexity, it should be undertaken in partnership with families and integrated with professional judgement, observation and participation-focused goal setting, rather than treated as a standalone process. **Where recent psychology or school psychology assessments are already available, these should be accepted as valid inputs,** reducing unnecessary duplication and associated financial and emotional burden, and helping families move more quickly toward appropriate supports.

Diagnosis is not a requirement to access Thriving Kids supports. However, diagnostic clarification, for example differential diagnosis, can be useful where it supports understanding, care planning, access to complementary services, school or Early Childhood Education and Care (ECEC) supports, or referral to the NDIS or other pathways.

Psychologists contribute to diagnostic assessment and clarification, ensuring the process is proportionate, purposeful and in the child's and family's best interests.



2.3 Universal Parenting Supports

Universal Parenting Supports should help families understand their child's development, developmental delay and neurodevelopmental difference, strengthen knowledge, skills and confidence, and connect with further support where needed.[1]

Psychologists can contribute to Universal Parenting Supports through direct delivery to parents, carers and kin, and indirectly through consultation, coaching and support to the practitioners and providers delivering these programs. In both roles, their contribution draws on a strong evidence base for what helps families understand and respond to children's development, behaviour, emotional regulation, communication, sensory needs and participation in everyday routines.

Psychologists can also contribute to the design and evaluation of Universal Parenting Supports by helping determine program content and learning outcomes, developing psychoeducation and caregiver coaching materials, and assessing whether programs are accessible, culturally responsive and effective in building family confidence and capacity. Psychologists can also support the responsive adaptation of evidence-based parenting programs to the needs and circumstances of different families, including parents with intellectual disability or mental health concerns, families involved with child protection services, and kinship carers.

Psychologists co-design, deliver and evaluate evidence-informed programs and resources.

2.4 Targeted Supports

Targeted Supports are intended for children and families who need more, or different, support than Universal Parenting Supports and information.[1] Consistent with the National Best Practice Framework Decision-Making Guide, decisions about Targeted Supports should begin with child and family goals and desired outcomes, which then guide choices about strategies, the professionals involved, the setting, and the type, frequency and duration of support.[3]

Psychologists are important to the provision of Targeted Supports services, especially where developmental delay or neurodevelopmental difference intersects with behavioural, emotional, cognitive, learning, attachment, family-system, participation, or diagnostic complexity.

Psychologists work directly with children, parents and caregivers, families, educators, or broader team around the child. The supports they provide include parent-mediated intervention, caregiver coaching, psychoeducation, attachment-informed and play-based intervention, and behavioural and emotional regulation support. Psychologists develop individualised formulations to help

adults (parents, families, care-givers, teachers) understand the child's behaviour and emotional needs, support co-regulation, strengthen parent-child relationships, adapt routines and environments, build coping, learning and participation skills, and support transitions such as entry to ECEC or school. The focus is on practical, developmentally appropriate strategies that can be used in the settings where children live, learn and play.[2]

Targeted psychological supports should be flexible and responsive over time. Some children and families may require single-discipline support, others may need multidisciplinary support or a key worker arrangement. Some will benefit from brief consultation, periodic review or group-based activities, while others will require more individualised or sustained support. Group-based programs and activities can be valuable where they are developmentally appropriate, culturally responsive and aligned with family goals, **but should complement rather than replace individualised support** where tailored formulation, coaching, intervention or review is required.

Psychologists provide formulation, parent-mediated intervention, caregiver coaching, and behavioural, emotional and relational supports that strengthen children's participation in everyday settings.

2.5 Collaboration with educators, teams, and everyday settings

Psychologists can support children's participation in everyday settings, including ECEC, school and out-of-school-hours care, and community settings such as playgroups, parks, shops and other everyday activities. They do this by working with families and, where relevant, the educators, practitioners and community supports around the child. This may include consultation, psychoeducation, reflective practice, observation, direct support and review, with the aim of helping adults understand the child's strengths and needs, adapt routines and environments, support regulation and participation, and use strategies that are practical in everyday life.[2] Building the capability of the adults around the child is an important part of the support psychologists provide in early childhood intervention.[2]

Decisions about where and how support is delivered should be made with the family and the team around the child. Some support provided by psychologists is best delivered in everyday settings such as home, ECEC, school or community settings. Other support is better delivered through clinic, hub-based, hospital, school psychology or telehealth settings, depending on the child and family's goals, the child's developmental stage and family circumstances.

School psychologists are one part of this broader education interface. Where available, they can support learning, participation, wellbeing, consultation, inclusion planning and referral pathways.[4] Thriving Kids should interface clearly with school psychology services, while recognising that these services are unevenly resourced across jurisdictions, sectors and locations.[4] School psychology services should be integral to and complement, but not replace, Thriving Kids supports.[4]

Effective collaboration requires time, resourcing and clear systems. Psychologists, families, educators, ECEC staff, allied health professionals, medical practitioners, key workers and other members of the team around the child need supported opportunities to share information, coordinate goals, review progress and adapt strategies. Such collaboration should be built into Thriving Kids service design, rather than relying on informal goodwill.

Psychologists support collaboration across families, educators and everyday settings by helping the adults around the child understand needs, adapt environments and routines, coordinate goals, and use practical strategies that strengthen participation, regulation and inclusion.

2.6 Referral, escalation, and complementary pathways

Some children and families will need supports beyond, or alongside, Thriving Kids. These may include NDIS supports, Medicare-funded psychology, PHN-funded services, paediatric or child development services, school and ECEC supports, family supports, community services or other mainstream services.

Psychologists can support referral and escalation by helping to clarify the child's and family's needs, identifying when additional or more specialised support is required, contributing relevant assessment and formulation information to support transition planning. This includes supporting referral to the NDIS where a child's needs may indicate significant and permanent disability, and identifying other service pathways, including Medicare, PHN-funded, school, ECEC, community or family services, where these better meet the child's and family's needs. Done well, this can reduce duplication, avoid families having to retell their story at each transition, and support continuity of care.

Referral and escalation pathways should be clear, timely and family-centred. Families should understand why a referral is being made, what information will be shared, who is responsible for follow-up, and how Thriving Kids supports will continue or change. Effective referral and escalation will depend on clear connections and information flow between Thriving Kids and health, disability, education and community service systems, with psychologists contributing assessment, formulation and transition support across these interfaces where relevant. The Commonwealth settings needed to ensure these complementary pathways are timely, affordable and clinically appropriate are outlined in Appendix A.

Psychologists support coordinated pathways by identifying when additional or more specialised support is required and contributing assessment and formulation information to support transition planning.

3. Implementation considerations for governments and commissioning bodies

Effective Thriving Kids implementation should ensure children and families can access the expertise of psychologists when it is needed, in the setting and service model that best fits their needs. This requires psychology to be considered in end-to-end service design, governance, workforce planning, commissioning and evaluation, not merely added only at the point of service delivery.

Commissioning should should not assume a single provider model. Different communities will require different arrangements, including locally embedded teams, outreach, hub-based services, school and ECEC-linked collaboration, telehealth, private practice participation and multidisciplinary community-based models. Commissioning processes should be designed so that private practitioners, small providers, and locally based psychology services are not inadvertently excluded through eligibility criteria, scale requirements, administrative burden or lead-provider models. These providers are particularly important in communities where families already have trusted relationships with local psychologists, or where existing service capacity sits outside government or large not-for-profit non-government organisations.

Psychologists need to be included in government, not-for-profit, community and multidisciplinary provider models to Thriving Kids where their expertise is required.

Funding and service rules should recognise the full scope of work required for high-quality ECI practice. Psychologists work directly with children and families, parent and caregiver coaching, and educators and provide secondary consultation, assessment, formulation, care planning, case conferencing, information sharing, report writing,

review and transition planning. Collaboration should be built into service design rather than left to informal goodwill. Psychologists, families, educators, ECEC staff, allied health professionals, medical practitioners, key workers and community services need funded time and clear systems of communication to coordinate goals, share relevant information, review progress and adapt supports. Without this, services risk becoming fragmented, duplicative and siloed, undermining outcomes for children and families.

Professional scope and competence should be explicit in service design. Multidisciplinary practice is essential to ECI, but it should not result in generic roles that obscure when specific professional expertise is needed. Thriving Kids implementation should include clear expectations about when the expertise of psychologists is required for assessment, formulation, intervention, consultation or supervision, and safeguard against inappropriate role and service substitution.

Implementation should focus on outcomes for children, families and communities, not only activity volumes or service outputs. Evaluation should consider whether the right professional expertise is being accessed where needed, collaboration and referral pathways are working in practice, and supports are improving child participation, family capacity and developmental outcomes.

Thriving Kids commissioning should ensure psychologists are included in government, not-for-profit, community and multidisciplinary provider models where their specific expertise is required.

4. Conclusion

Thriving Kids will be strongest where children and families can access the right supports and expertise at the right time. The contribution of psychologists is relevant across the Thriving Kids model, from early identification, intake and needs assessment through to Universal Parenting Supports, Targeted Supports, collaboration, referral and escalation. It is particularly important where developmental delay or neurodevelopmental difference intersects with behavioural, emotional, cognitive, learning, attachment, family-system, participation, or diagnostic complexity.

As governments across jurisdictions design and implement Thriving Kids, the role of psychologists should be considered early in service design, workforce planning, commissioning, professional governance, delivery and evaluation. This includes recognising the diverse settings in which psychologists work, funding direct and indirect contributions, supporting collaboration across systems, accepting relevant existing assessments, and ensuring professional roles align with with scope and competence.

The APS and AAPi are keen to work with governments, commissioning bodies, providers, families and the broader ECI sector to support Thriving Kids implementation. Through their connection to the psychology workforce, the APS and AAPi can contribute professional guidance, workforce consultation, implementation advice, evaluation and practical support to help ensure Thriving Kids is safe, evidence-informed, locally responsive and centred on the needs of children and families.

APPENDIX A

Commonwealth settings needed to support Thriving Kids

The APS and AAPi recommend states and territories advocate for Commonwealth settings that ensure children can access adequate supports from psychologists outside Thriving Kids. While Thriving Kids will provide important supports, some children within the intended low-to-moderate support needs cohort may still require more individualised, specialised or sustained psychological input than the model is designed or resourced to provide. For these children, referral pathways outside Thriving Kids must lead to services that are timely, affordable, and clinically appropriate, rather than shifting families into other constrained parts of the system.

Priority Commonwealth reforms should include:

- Restructuring Medicare items for Complex Neurodevelopmental Disorder assesment,[5] including removing the mandatory mid-assessment medical review, enabling psychologists to complete the assessment process under one referral, separating psychology and other allied health allocations, and setting rebates that reflect the time required for assessment, scoring, interpretation, reporting and feedback. Current MBS arrangements can interrupt standardised testing, delay completion while families wait for specialist review, increase out-of-pocket costs, and force families to choose between essential assessment components. Reform would support timely, affordable and comprehensive assessment to guide support planning, school or ECEC adjustments, diagnostic clarification, and referral to the NDIS or other services where required.
- Ensuring any new GP child development planning item is designed as a multidisciplinary pathway rather than a standalone GP gatekeeping mechanism, with clear roles for psychologists and other relevant allied health professionals in assessment, formulation, support planning, referral and review. This would ensure planning is informed by developmental, behavioural, emotional, family and neurodevelopmental expertise, not only primary care referral processes.
- Expanding the flexibility of family and carer participation sessions under Better Access,[5] including increasing the number of sessions available where clinically indicated, allowing sessions to occur without the child present, and enabling participation by parents, carers, siblings, kinship figures or other key supports involved in the child's wellbeing. Effective psychological care for children often depends on strengthening the child's support network, including through parent-mediated intervention, caregiver coaching and family-inclusive care. Current Better Access settings limit family and carer participation to two sessions per year and deduct these from the child's individual session allocation, which can discourage clinically appropriate family involvement. Strengthening these arrangements would better recognise family and carer involvement as a core component of child psychological treatment, rather than an ancillary support.
- Enabling Medicare-funded case conferencing, care coordination and liaison with schools, ECEC, paediatricians and other services where this is required to support children with developmental or neurodevelopmental complexity. Psychological care for these children often requires coordinated support across home, education, health and community settings. Current Medicare arrangements do not adequately fund the indirect clinical work required to share formulation, align strategies, coordinate roles and support implementation. Funding this work would reduce fragmentation and help ensure psychological input is translated into practical support in the child's everyday environments.

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- Improving access to subsidised psychological treatment for children with developmental, neurodevelopmental, behavioural or co-occuring mental health needs, where clinically indicated. This could include higher session limits than the current Better Access cap of 10 individual sessions per year, improved rebates or targeted affordability measures for children who require more intensive or sustained care. Child psychological care is often developmental and ongoing, rather than episodic, and some children will need support across key transitions such as school entry, adolescence and family change.

Without these complementary Commonwealth-funded pathways, children and families may be left between Thriving Kids and the NDIS, with insufficient access to the psychological assessment, intervention, family support and coordination they need.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to their Elders, past, present and emerging, for they hold the dreams of Indigenous Australia.

We acknowledge people with lived and living experience. Their knowledge and experience serve us all and remind us of what is most important in the work we do.

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