Submission

To	House Standing Committee on Health, Aged Care and Disability
Topic	Inquiry into Thriving Kids Initiative
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UNITING
COMMUNITIES

About

We are an inclusive not-for-profit organisation working alongside more than 80,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We advocate for systems change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities.

We support those in need to find the courage to move forward through enriching their lives and uniting the communities in which they live. By tackling the deep-seated challenges that affect people's lives, we are working to create systemic change and brighter futures for all South Australians.

Uniting Communities has extensive experience delivering family support services and assisting clients to navigate the NDIS. Through programs such as our Disability Advocacy Service, Family Mental Health Support Service, Family by Family, Newpin, and Headspace Mount Gambier, we work closely with families to build resilience, strengthen relationships, and access the supports they need.

Our services are embedded in the community and bring a trauma-informed, strengths-based approach to every interaction. We understand the complexities of developmental and behavioural challenges and are committed to ensuring families receive timely, appropriate, and compassionate support, whether through early intervention, therapeutic services, or guidance through the NDIS pathway.

Submission – Inquiry into Thriving Kids Initiative

Uniting Communities thanks the House Standing Committee on Health, Aged Care and Disability for undertaking this inquiry into the Thriving Kids Initiative. The early years are a critical period in a child's life, marked by rapid developmental change and growth, offering a vital opportunity to lay the foundation for positive long-term outcomes. To realise this potential the Thriving Kids Initiative must harness the strengths of the NGO sector, drawing on specialist expertise and deep community connections. To ensure its success, adequate resourcing must be allocated to intensive family support services across communities.

We share some of the community's concerns regarding the proposed age limit of the scheme; it is unclear what support children over eight years old will have access to, given this initiative is age restrictive and current messaging indicates that they will no longer be eligible for the NDIS from mid-2027. Greater flexibility will be needed for children who require support over a longer period, recognising that developmental progress varies. Leaving children without support, at this pivotal stage of development would be detrimental. At the same time, we acknowledge that with the right interventions, many children can achieve improved outcomes and eventually transition away from formal support.

Our key recommendations:

1. **Improve access to autism/neurodivergence assessments** by ensuring the federal and state governments work collaboratively to address affordability barriers, particularly for low-income families and regional communities.
2. **Develop a nationally consistent holistic child assessment tool** that goes beyond neurodevelopmental-specific criteria to include trauma history, mental health, developmental delay, and parenting capacity. This tool should be designed in consultation with multidisciplinary experts and used to reduce the risk of misdiagnosis, ensuring children receive the most appropriate and targeted support.
3. **Embed a centralised Thriving Kids service within schools and early childhood education settings** to act as the primary triage and point of contact for families. This service should be staffed by qualified professionals capable of conducting comprehensive, family-centred assessments as part of a staged approach.
4. **Establish clear referral pathways from the centralised service to community-based intensive family support services**, which must be adequately resourced to respond to identified needs with timely and intensive interventions to support parents. The NGO sector is well placed to deliver these support services, drawing on relevant expertise and connections in the community.
5. **Introduce flexibility in age-based eligibility or provide alternative foundational supports for children aged 8 and above who are ineligible for the NDIS but still require assistance.** Age alone should not prevent access to appropriate services where ongoing support is required.
6. **Ensure access to reassessment at a later stage following a formal diagnosis, particularly when families observe positive changes in their child's development**. This acknowledges that a lifelong diagnosis may not be appropriate for all children and supports a more dynamic, strength-based approach.
7. **Provide trauma-informed support for children in out-of-home care while awaiting assessment,** ensuring behaviours aren't solely attributed to trauma and timely intervention isn't delayed.

Additional Comments

"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"

We are concerned that relying on parents to self-diagnose may lead to an increase in assumed diagnoses, potentially overwhelming support services and disadvantaging children who need the support the most. To ensure appropriate and timely intervention, we recommend streamlining the assessment process (see below) to reflect the diverse challenges children face.

Assessments

Cost

Currently, assessments for neurodivergence, are inaccessible for many families. In South Australia, public waitlists currently stretch up to four or five years for an autism diagnosis, a critical window in a child's development where timely diagnosis and support can make a profound difference. The pathway to private assessments is very costly, as high as $3000 (including speech pathologist and psychologist assessment) – which is not an option for families experiencing financial barriers. Through our Family Mental Health Support Service, we see this impact daily, around 13% of the families we support have children with suspected neurodivergence but cannot afford an assessment. The cost of these assessments has risen over the years, worsening accessibility.

Holistic assessments

Awareness of autism and other neurodivergence has grown in recent years, which is a really positive outcome. However, we are concerned there is currently an overdiagnosis of children with mild to moderate neurodivergence. We attribute this to the complexities often associated with children who have suspected neurodivergence that aren't currently considered during the assessment process that may be leading to misdiagnosis in some children.

We recognise that certain behaviours can resemble traits associated with neurodivergence, yet may stem from other underlying factors such as developmental delays, mental health challenges, behavioural difficulties, parenting capacity, or experiences of trauma. The assessment process in our experience is specifically focused on one diagnosis and doesn't assess these other factors. This limitation is evident in both the structure of the parent self-assessment scales and the scope of discussions with the child, which tend to exclude broader developmental and contextual considerations. This consequently limits the information the practitioner is considering when determining the diagnosis.

Currently every state has a different diagnosis tool for assessments. We recommend that a standardised assessment tool is developed in consultation with a variety of experts, that incorporates these other factors. For some children the most appropriate intervention is supporting the parents to create better boundaries, whereas others may require tailored support. Identifying these crucial differences will remove the need for ongoing support if the right intervention occurs when its needed most.

A staged assessment process could be introduced, beginning with an evaluation led by a qualified social worker while families await formal psychological assessments (if required). This initial step, similar to a psychosocial assessment, should be conducted by a skilled team and designed to genuinely understand the child's developmental profile and family circumstances. It must go beyond a one-off, checklist-style approach and instead allow time for meaningful engagement. These are sensitive and often complex conversations with parents, requiring staff with appropriate qualifications and experience. It is our position that schools are ideally placed to host these early assessments, given their accessibility and existing relationships with families. Importantly, this process could lead to improved outcomes, with some children showing progress that may reduce or eliminate the need for a formal diagnosis.

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

Education – Thriving Kids gateway

A centralised service, ideally embedded within schools (including early childhood education), could serve as the primary triage and point of contact for families, and other involved parties such as GP's (e.g. helpline and in person support). This would streamline access and reduce confusion, helping families easily connect with the right support. This service could facilitate a thorough and holistic assessment process (as outlined above) and refer families to dedicated intensive family support services within the community (funded through the program).

We recommend this approach given children spend the most amount of time in these environments and schools have the established relationships with families. While we recommend that assessments and triaging could occur within the education system, services must be established and expanded in the community (see below) to facilitate parental support.

For children below kindergarten age, existing programs within childcare centres and community initiatives like Inklings could play a role in supporting these younger age groups. If the education department is to lead the initial process, targeted investment is essential, not only to build capacity but to embed a culture where schools are empowered to support diverse learners. This must include additional resources for assessments without placing the burden on teachers.

Children in care

For children in out-of-home care, some children go unidentified or unsupported because their behaviours are automatically attributed to trauma. As a result, assessments are often delayed until the child is older (sometimes over eight years old) or when they have spent at least two years in a stable placement. This delay can hinder timely identification of developmental or behavioural needs. Interim support focused on trauma-informed care should be provided while awaiting formal assessment, ensuring children are not left without appropriate intervention.

"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"

Intensive family support services

While we recommend an assessment and triage process is embedded within the education system (as highlighted above), NGOs are better placed to deliver the community based parental support that follows, by drawing on existing specialist expertise and community connections.

We recognise that consultation must occur with each state to identify service gaps to facilitate this initiative. In South Australia, we are of the view that additional Intensive Family Support Services are needed to implement this initiative; involving case management support and therapeutic intervention to support development and build parental capacity. This service model is a relatively simple service framework as it is built on proven models. Incorporating peer support, such as group work would be beneficial, so families can draw on the lived experience of other families, building a sense of community. Part of this education could be equipping parents with the knowledge and tools to understand and respond to their child's unique developmental needs.

Children turning nine

Under current proposals for the scheme, we are concerned that some children will not be eligible for either pathway (Thriving Kids nor NDIS) once they turn nine, following changes to NDIS eligibility. This raises serious equity and access concerns, especially for families whose children require ongoing support but fall outside the eligibility criteria. We believe there must be greater flexibility in age-based eligibility or the introduction of alternative foundational support pathways for children aged eight and above who are ineligible for the NDIS, to ensure no child is left without appropriate care. A well-coordinated transition to other support systems will be essential. Leaving children in uncertainty at this pivotal developmental stage risks compounding issues.

At the same time, we recognise that with the right early intervention, some children with mild neurodivergence, developmental delays or behavioural concerns demonstrate significant improvement. Funded reassessments should be available to determine whether a child's capacity has increased over time and whether ongoing support is still needed. Moving away from a "diagnosis for life" model allows for a more responsive system, one that supports children who need it, while also acknowledging and celebrating progress when support is no longer required.

Other factors

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

Regulatory oversight

Clear legislative and regulatory frameworks will be essential for programs operating under the Thriving Kids model, particularly given that existing services for children are largely governed by the NDIS Quality and Safeguards Commission and it is unclear at this stage which framework such services would fall under. Establishing appropriate oversight will have implications for workforce capacity, onboarding, and service delivery standards. Additionally, embedding qualified professionals to facilitate the Thriving Kids Initiative, such as social workers within schools to lead holistic assessments, will require targeted investment to ensure adequate resourcing, training, and support.

Conclusion

We welcome the opportunity to contribute to the House Standing Committee on Health, Aged Care and Disability's inquiry into the Thriving Kids Initiative. This initiative has the potential to improve support for children, provided it is underpinned by holistic assessments and a streamlined, centralised system of support. We hope this inquiry marks the beginning of ongoing dialogue and collaboration to ensure the Thriving Kids Initiative is implemented effectively and delivers meaningful outcomes for children and families across Australia.