

SUBMISSION

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AMA submission to Parliamentary Inquiry into the Thriving Kids initiative

Submitted via: Health.Reps@aph.gov.au

Introduction

The Australian Medical Association (AMA) strongly believes every child has the right to a safe and healthy start to life, regardless of the circumstances into which they are born, or what their individual needs to thrive may be.

The AMA thanks the House Standing Committee on Health, Aged Care and Disability for the opportunity to submit a response to the inquiry into the Thriving Kids initiative. We commend the Australian Government's commitment to early childhood development and its recognition for the need for additional foundational supports outside existing systems. Our members consistently raise concerns that they cannot support children and families to access the necessary allied health and medical input for mild to moderate developmental delay unless the child is enrolled with the NDIS.

The Thriving Kids initiative's approach must build on existing systems rather than creating parallel systems and programs. General Practitioners are often the first point of contact for families concerned about their child's development and their trusted role in the community places them in a unique position to identify early signs of developmental delay, including autism and other neurodevelopmental conditions.

Time-appropriate MBS and other funding is critical to supporting children and their families with developmental concerns to access primary care. Utilising a format that already exists such as MBS Health Assessment item numbers builds on a system that is already understood and operates effectively in general practice. The current GP-led immunisation programs (at six weeks, four months, six months, 12 months, 18 months, and four years of age) provides an opportunity for developmental screening and for parents to share any concerns.

Supporting General Practitioners through longer consultations for all children, expanding digital and phone-based supports, streamlining referral processes to ensure timely access to paediatricians, child psychiatrists, allied health practitioners, we can achieve better diagnosis and ongoing support for children.

We must ensure that where developmental concerns are identified there are appropriate resources to support team-based care – be that within an integrated multi-disciplinary general practice environment or through referral to external providers with appropriate feedback and communication channels. Funding models should reflect the importance of integrated multidisciplinary care by ensuring adequate compensation for all members of the multidisciplinary team. Additionally, a flexible funding system is essential to support evidence-based, up-to-date primary healthcare models, including the implementation of novel approaches to care.

Funding arrangements continue to constrain the number of nurses and allied health professions that general practices can engage. This limits the potential for multidisciplinary care within general practice and reducing patient access. Modernising the Workforce Incentive Program (WIP) is a strategic investment in patient-centred care. By removing the WIP cap and indexing it appropriately, the government can empower general practices to build the teams patients need — keeping care local, continuous, and effective.

We call on the Thriving Kids Advisory Committee to consider nine guiding recommendations that will achieve timely intervention and lead to better lifetime health outcomes for the child.

1. **Integration into primary care:** Support GPs to be embedded as central supports in the early identification of developmental concerns and as providers of continuous, team-based care for young children.
2. **Sustainable funding:** Build on a system that is already understood and operates effectively in general practice. For example, a return of targeted health assessment items for developmental screening and considering an expanded chronic condition type program to support therapeutic multidisciplinary team involvement.
3. **Timely intervention:** Timely and streamlined referral processes to allied health, paediatricians and child psychiatrists are needed.
4. **Education:** GPs, maternal and child health workers, allied health professionals, early childhood educators, and primary school teachers must be equipped with appropriate education to identify and effectively manage early signs of developmental delay, autism and other neurodevelopmental concerns.
5. **Equitable access:** No child should be left behind. Cultural safety is an essential component of clinical safety and quality for First Nations children and families. The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 recognises how various factors influence health at different stages of life, and the Thriving Kids Initiative must align with the Health Plan's focus on healthy babies and children (aged 0 to 12). For many rural and remote areas in Australia, GPs have no paediatricians and child psychiatrists to refer to nearby. Funded telehealth/video conferencing is essential.
6. **Consideration of social determinants of health:** Where we are born — and how we live, grow, work, and age — impacts our health. All parents and carers must be supported to provide their children with the foundations they need to thrive. Aboriginal Community

Controlled Health Services (ACCHS), for example, have led the way in providing a holistic model of early years care and support, using a wraparound approach to promote positive and healthy childhood development.

7. **Workforce:** A strong and sustainable workforce is critical to this program's success. Invest in medical workforce growth and support existing workforce strategies such as the National medical workforce strategy 2021-31 and National Mental Health Workforce Strategy 2022-2032 to address shortages in general practice, paediatrics, and child and adolescent psychiatry.
8. **Strengthening digital health:** Support seamless transitions across systems through integrated digital health records.
9. **Consideration of older children:** Some children will require ongoing supports beyond the age of 8. This highlights the importance of regular GP engagement throughout Thriving Kids, long-term care planning and ongoing support opportunities for children older than 8 years of age, including enrolment in the NDIS where appropriate.

The Thriving Kids initiative represents a significant opportunity to build a more inclusive, equitable and effective system of support for children and families. To ensure the initiative delivers meaningful outcomes, we call for the government to leverage existing structures in general practice. The construction of duplicate systems and programs will lead to further fragmentation of health services. General practice can be strengthened through MBS support for GP-led developmental assessments, expanded referral pathways to allied health through general practice, and fully funded options for families facing financial or geographic barriers to accessing private sector services. Where appropriate, access to NDIS supports should be facilitated. Research consistently shows intensive early support can significantly improve developmental trajectories, reduce long-term service reliance, and promote better health and education outcomes. We urge the committee to ensure this initiative is child rights-centred, adequately resourced, community-led, and grounded in evidence and equity.

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