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FOR CURTIN

Submission to the Inquiry into the Thriving Kids Initiative

House Standing Committee on Health, Aged Care and Disability

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Overview

I am pleased to present this submission on behalf of stakeholders in the Curtin electorate.

This submission draws on the findings of a community survey conducted in Curtin, capturing the lived experiences of parents, carers, educators, allied health professionals, and medical specialists navigating support systems for children with developmental delay or autism.

The responses reveal widespread challenges in accessing timely and affordable assessments, navigating fragmented services, and securing appropriate support in educational settings.

Families consistently reported long waitlists, high costs, and a lack of coordination between health, education, and disability services.

The introduction of the Thriving Kids initiative presents an opportunity for the development of a better, more integrated system of support for children with developmental delay and autism.

This submission makes 11 recommendations, which call for a streamlined, inclusive system that enables early identification and support for children with developmental delays through trained mainstream professionals, clear eligibility criteria, and integrated therapy services. Delivery should leverage existing WA infrastructure, involve families in service design, address workforce shortages, and be backed by increased funding and professional development.

I thank the Committee for the opportunity to submit the views of stakeholders in Curtin and look forward to continuing to engage constructively to ensure that children with developmental delay or autism and their families are supported appropriately in our community.



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Summary of Recommendations

The Thriving Kids initiative should:

1. Be focused on clear and well understood pathways to services which assist in the identification of developmental delays.
2. Ensure referrals are accepted from existing mainstream services including Child Health Nurses, GPs, early childhood educators and teachers.
3. Ensure staff in these mainstream services are trained to identify developmental delays and make appropriate referrals.
4. Clearly define the criteria which will be used to decide who will have access. This should be done in collaboration with the NDIS to determine which children will now be eligible for NDIS support.
5. Give children with mild to moderate developmental delay and autism and their families access to an integrated package of therapy supports.
6. Include both individual and group interventions for children and their parents and families.
7. Be delivered through existing WA Child Development Services in partnership with the existing WA Child and Parent Centres.
8. Ensure any further service design work includes representatives of people with disability and their families.
9. Provide funding to the Child Development Service and Child and Parent Centres to scale up their services and address current service gaps and long waiting lists.
10. Support all educators and allied health professionals with increased professional development.
11. Investigate options to address the shortage of paediatricians, psychiatrists and other allied health professionals.

Background

On 2 September 2025 the Minister for Health and Ageing, the Hon Mark Butler MP, referred an inquiry into the Thriving Kids initiative to the House Standing Committee on Health, Aged Care and Disability.

My office conducted a survey of the Curtin electorate to gain an understanding of our community's views on the Thriving Kids initiative. We had 79 constituent responses, largely from parents of children with developmental delay or autism and health professionals.

This submission is based on those survey responses and conversations I have had with constituents. Feedback is provided on Terms of Reference 1, 2 and 4.

Survey Results

Broadly, our community has found it challenging to access services, experienced frequent delays and is concerned about workforce training.

Results show that more than 70% of respondents found it difficult to access identification and support services for children with mild to moderate developmental delay or autism.

Almost all respondents (96%) had experienced delays in accessing assessments or interventions, with 73% reporting frequent delays.

Respondents had mixed views about how well services have met the needs of children with mild to moderate support needs in our community, with 41% describing services as meeting needs poorly or very poorly and 35% describing services as meeting needs well or very well.

More than 60% believe that the majority of the workforce in this area is not adequately trained.

Details of the quantitative responses to the survey can be found in **Appendix 1**.

Term of reference 1

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

Constituents note significant difficulties in accessing assistance to confirm developmental delays and autism. They identify the high cost of private services and the limited public services. Delays in diagnosis lead to a lack of timely intervention for children.

Respondents also make the point that “mild” and “moderate” are not terms used in the diagnosis of autism (DSM 5 – Diagnostic and Statistical Manual of Mental Disorders, 5th Edition). Therefore, it is not clear how children with “mild” and “moderate” autism would be identified.

Similarly, children are often identified as developmentally delayed, which is a general description rather than a formal diagnosis, in the absence of any more appropriate diagnosis. Formal diagnosis may come at a much later time. The community is understandably concerned about how the distinction between “mild” and “moderate” and “severe” will be made in relation to autism and developmental delay.

Recommendations:

The Thriving Kids initiative should:

- 1. Be focused on clear and well understood pathways to services which assist in the identification of developmental delays.**
- 2. Ensure referrals are accepted from existing mainstream services including Child Health Nurses, GPs, early childhood educators and teachers.**
- 3. Ensure staff in these mainstream services are trained to identify developmental delays and make appropriate referrals.**
- 4. Clearly define the criteria which will be used to decide who will have access. This should be done in collaboration with the NDIS to determine which children will now be eligible for NDIS support.**

Term of reference 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.

Constituents report that the current system is fragmented and difficult to navigate. Respondents suggested programs and initiatives with the best outcomes for younger children with developmental delay and autism are:

- Integrated into schools, both public and private, to support children in familiar environments.
- Located in a hub or centre where support and therapy can be delivered in an integrated manner.
- Coordinated across health, early learning, education, and disability services.
- Designed to provide support for families including respite options.
- Supported with adequate funding.

Additionally, programs and supports that work best are co-designed with people with disability and/or their families. The recently announced Thriving Kids Advisory Group which is charged with the final design of the Thriving Kids program does not include representation from any people with disability or their families.

The current Western Australian Child Development Service, which is part of the Child and Adolescent Health Service within the WA Health system, was praised by respondents as a model for service delivery. The Child Development Service provides a range of assessments, early intervention and treatment services to children with developmental delays or difficulties which impact on function and participation. This service currently has a very long waiting list.

The WA Child and Parent Centres offer another model for delivery of services. These centres are located at schools and give access to advice and programs to assist children to be ready to start school. There is an opportunity to upscale these services to deliver Thriving Kids.

It should be noted that several respondents showed a strong preference for the delivery of services to younger children through the individualized model of funding offered by the NDIS.

Recommendations:

The Thriving Kids initiative should:

- 5. Give children with mild to moderate developmental delay and autism and their families access to an integrated package of therapy supports.**
- 6. Include both individual and group interventions for children and their parents and families.**
- 7. Be delivered through existing WA Child Development Services in partnership with the existing WA Child and Parent Centres.**
- 8. Ensure any further service design work includes representatives of people with disability and their families.**
- 9. Provide funding to the Child Development Service and Child and Parent Centres to scale up their services and address current service gaps and long waiting lists.**

Term of reference 4

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

Respondents believe the current workforce is not adequately trained. They suggested more training for professionals in neurodiversity, trauma-informed care, and inclusive education. It was noted that teachers are often involved in identifying developmental delays although teacher education does not include significant emphasis on neuro divergence. Schools do not have the resources to support students who have conditions that do not attract funding.

As previously noted, significant gaps exists in the availability of paediatricians and psychiatrists with shortages also evident in other allied health professions, especially for educational psychologists.

Recommendations:

The Thriving Kids initiative should

- 10. Support all educators and allied health professionals with increased professional development.**
- 11. Investigate options to solve the shortage of paediatricians and psychiatrists and other allied health professionals.**

Appendix 1: Quantitative Results

The following table shows the breakdown of responders.

Group	Number of Responses
Parent or carer of a child with developmental delay or autism	39
GP or medical specialist	5
Allied health professional (e.g. speech therapist, OT, psychologist)	12
Primary school educator	5
Disability or community service provider	2
Other	11
Total	79

The following quantitative responses were received.

How easy has it been to access early identification and support services for children with mild to moderate developmental delay or autism in your area?

Very difficult:	36 responses
Somewhat difficult:	19
Somewhat easy:	12
Very easy:	2
Neutral:	3
Not applicable:	6

Have you or families you work with experienced delays in accessing assessments or interventions?

Yes, frequently:	52 responses
Yes, occasionally:	16
No:	3
Not applicable:	6
Not sure:	1

How well have services met the needs of children with mild to moderate support needs in your community?

Very poorly:	7
Poorly:	23 responses
Neutral:	18
Well:	19
Very well:	7
Not applicable:	4

Do you believe the local workforce (educators, health professionals, support workers) is adequately trained and supported to meet the needs of these children?

No:	48 responses
Yes:	15
Unsure:	15