



AASW

.....
Australian Association
of Social Workers

Submission to the Parliament of Australia

Thriving Kids Initiative

3rd October 2025

Social Work in Australia

Social work is a tertiary-qualified profession recognised nationally and internationally. The Australian Association of Social Workers (AASW) is the national professional body representing more than 17,000 social workers throughout Australia. To be eligible for AASW membership, applicants are required to hold a Bachelor of Social Work, or a Social Work Qualifying Master's degree (or a qualification recognised as being equivalent and assessed by the AASW).

The AASW works to promote the profession of social work including setting the benchmark for qualifications, ethical conduct and professional practice in social work, while also advocating on matters of human rights to advance social justice.

Acknowledgements

This submission has been informed by feedback from AASW members. We are grateful for their valuable insights to ensure policy recommendations are informed by practice.

Recommendations:

The Australian Association of Social Work makes the following recommendations:

- Social workers must be involved in the codesign of the Thriving Kids Initiative.
- Social work services must be embedded into the delivery of the Thriving Kids Initiative.
- The Initiative must be based on holistic child-centered care.
- The Initiative must be informed by those with lived experience of neurodiversity.
- All professionals engaging within the Thriving Kids Initiative should undergo training that is designed, developed and delivered by those with lived experience.
- Support from the Thriving Kids Initiative should be individualised and accessible (including those in rural and remote areas).
- Children should not require a diagnosis in order for them or their family members to engage with, or to receive preliminary services via the Thriving Kids Initiative.
- First Nations People and people from Culturally and Linguistically Diverse (CALD) communities must be involved in the development of this Initiative.
- The design of new Medicare Benefits Schedule (MBS) items must include Accredited Social Workers and Accredited Mental Health Social Workers as eligible professionals to provide psychosocial therapy.
- The development of new MBS items must be based on the real costs and value of Social Work services and Accredited Mental Health Social Workers.

Social Work and the Thriving Kids Initiative

The AASW welcomes the opportunity to make a submission to the Parliament of Australia Inquiry into the Thriving Kids Initiative, which considers a community voice in establishing the future services and supports that enhance outcomes for children aged 0 – 8 who have autism or mild to moderate developmental delays.

Social workers are uniquely positioned to support the design and implementation of this initiative. We have been engaging with children, young people, and families in all contexts for decades in

Australia. Social workers also already maintain a critical role in identifying and assessing developmental or neurological differences, in the early years. Through their tertiary training, social workers can skillfully assess a child's individual and environmental factors that influence or interplay with their daily experiences, including functioning.

The social work profession is expertly skilled at working at the interface between the individual and society,¹ meaning that while working in a person-centred way, social workers consider the systemic and societal contexts. This positions us to understand both the individual's experience as well as the broader system that can support them. This integrated and holistic approach to practice ensures that child and family needs are identified and that they are promptly able to access support. Social workers can deliver assessment services as well as evidence-based therapeutic interventions.

With social workers informing the design of the initiative, the Government is accessing, enabling and leveraging the expertise of a profession that has engaged with neurodiverse people, families and communities, their support structures around neurodiversity. Not only do social workers engage with those who are neurodiverse, but the social work profession has advanced the recognition of neurodiversity around the world through challenging neuro-normativity², building practitioner capability for working with clients with autism³, contributing to the understanding of person first vs identity first language⁴, challenging stereotypes for neurodiverse people while normalising neurodiversity within professional settings⁵ and more.

With social work embedded in the structure of the Thriving Kids Initiative, the Government is utilising an expert profession that is already deeply rooted within the various community contexts in which the initiative is seeking to operate. In enabling social worker engagement in the initiative, there may be a reduction of pressure on existing systems and professionals. Enabling an existing and skilled profession will only strengthen this initiative as social work is well founded in evidence, theoretical frameworks, professional and is very well versed in supporting individuals with neurodiversity, including functional assessments, care planning and coordination, care team meeting facilitation, psychosocial interventions, crisis intervention, support for families and carers, awareness of broader contexts and societal or systemic contexts impacting on individual needs, and more^{6 7}.

¹ Australian Association of Social Workers. (2020). *Code of Ethics*. AASW.
<https://www.aasw.asn.au/about-aasw/ethics-standards/code-of-ethics/>

² Katy Johanna Benson, Perplexing Presentations: Compulsory Neuronormativity and Cognitive Marginalisation in Social Work Practice with Autistic Mothers of Autistic Children, *The British Journal of Social Work*, Volume 53, Issue 3, April 2023, Pages 1445-1464,

³ Karni-Visel, Y., Atun-Einy, O., & Ben-Sasson, A. (2023). Social workers' knowledge of autism and self-efficacy in its diagnosis and interventions. *Research in Autism Spectrum Disorders*, 108, Article 102251. <https://doi.org/10.1016/j.rasd.2023.102251>

⁴ Botha, M., Hanlon, J. & Williams, G.L. Does Language Matter? Identity-First Versus Person-First Language Use in Autism Research: A Response to Vivanti. *J Autism Dev Disord* 53, 870-878 (2023). <https://doi.org/10.1007/s10803-020-04858-w>

⁵ Guthrie, J. (2023). Swimming with the current but against the tide: Reflections of an autistic social worker. *The British Journal of Social Work*, 53(3), 1700-1710.

⁶ Australian Association of Social Workers. (2023). *Practice Standards 2023*.

⁷ Australian Association of Social Workers. (n.d.). *What social workers do*. AASW. Retrieved September 29, 2025, from <https://www.aasw.asn.au/social-work/about-social-work/what-social-workers-do/>

We recognise the enduring importance of language and self-determination, especially concerning neurodiversity. We also recognise the right of every person to use language that best reflects their experience and identity. To this effect, in this document we will use the specific terms 'autism' or 'developmental delays'. We also use the terms 'neurodivergent' or 'neurodiverse', and in doing so we respectfully acknowledge that the term encapsulates a wide range of neurological diverse experiences including, but not limited to, autism, ADHD, developmental variations and learning differences.

The need for self-determination also extends to all areas of engagement with children who are acknowledged as being inherently vulnerable due to their age, dependency and other elements of their being, like their abilities relating to communication, physical development, intellectual and interpersonal capacities. The early years for children present a critical window in which accessing correct supports as early as possible is critical to improving the outcomes for children and families.

It is also important to understand neurodiversity in relation to Autism or developmental delays. Neurodiversity is the concept that humans have natural neurological variations in how people process, learn and interact with people and the environment around them. This means that ultimately, people don't come in a 'one-size-fits-all' neurological state. Neurodiversity is seen as a movement by many towards more equal treatment and more widespread acceptance of our natural neurological differences.⁸ While neurodiversity is a natural occurrence, it is the individual's context that can pathologise, and in doing so, potentially increases barriers to inclusion, poorer health, wellbeing or developmental outcomes. It is not physical, cognitive or sensory variances that cause all challenges relating to neurodiversity, but rather the systemic barriers that exist and the way in which societies fail to accommodate natural aspects of difference between people.

As such, social workers prioritise a holistic understanding of the person, seeing their neurodiversity as only one aspect of what makes them who they are. Social work practice is often grounded in a person-in environment approach that includes the belief that individual wellbeing and development is formed through a person engagement with family/friends, community, structures and cultural elements. Social workers believe that all people regardless of difference have the right to be included in society and to have outcomes equal to other citizens. This view is driven by a deep belief in the intrinsic worth of all human beings and their inalienable right to inclusion, dignity and self-determination. Drawing on the significant contributions of the self-advocacy movement, social workers understand that neurodiverse people are an immensely diverse group and have a wide range of experiences, abilities and potential.

It is this understanding and commitment that social workers bring when working with neurodiverse people. Social workers affirm that all people, including those who engage with this Initiative and its future development, have the right to self-determination, inclusion, participation and equitable opportunities to achieve their fullest potential.

To this effect, children's voices must be listened to and respected in the delivery of this Initiative. The Royal Commission into Institutional Responses to Child Sexual Abuse (2013-2017) concluded that children are safest when organisations create environments where their voices are heard, respected, and acted upon. This Royal Commission's Recommendations, alongside other key

⁸ Bennie, M. (2016, April 12). *What is neurodiversity?* Autism Awareness Centre.
<https://autismawarenesscentre.com/un-adopts-new-goals-disabilities/>

studies into child safe engagement must be considered in the design of this Initiative as well as other key studies regarding safe inclusive practices with neurodiverse populations.

We recommend that appropriate consultation be undertaken to establish the Thriving Kids Initiative that ensure existing professions and networks, including social workers, are included in the design and incorporated within service delivery structures. The Initiative should adopt neuro-affirming, person-centred and child safe approaches that are strongly founded on the voices of those with lived experience. This is for both the safety of those engaging with the service but also for the sustainability of the Initiative. There must be clear communication established between the NDIS and other support services as well as the Thriving Kids Initiative to support the experience for those transitioning out of the NDIS and to ensure continuity of care. There should be no gaps in service continuity. Continuity of care is particularly critical for children who have autism or mild to moderate developmental delays, as their experiences mean that change can be particularly challenging for them. The system should enable sufficient transparency and timelines to allow all community members the time to navigate changes.

Response to Terms 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.

It is indisputable that parents and caregivers play a fundamental role in their child's health, development and wellbeing; however, throughout a child's life course, parents and caregivers often require support from professionals to identify and support their child's health for a range of reasons.

"If for early identification we are leaving it up to parents, I think a lot of kids are going to fall through the net...we have to consider that the parents may be falling through the net themselves because of their own undiagnosed neurodiversity. There needs to be emphasis on education and early childhood supports and not just leaving this as a responsibility for the parents."

- AASW Member (2025)

Parents and primary carers play a fundamental role in their child's life, and while families must remain central to the service design model, the system must avoid over-reliance on them. This Initiative must look to the external support networks that families engage with and consider enhancing accessibility.

Many AASW Members stressed that developmental concerns often emerge through rapport-building, gentle conversations, and trust over time. This highlighted the need for non-stigmatising entry points, not requiring a diagnosis, into a support service that invites people to join the conversation in their own time.

Neurodiversity is a journey for individuals and parents as well. It is this concept that the Initiative should consider. The barriers that exist to proper support are not just systemic but also individual for each person. Access needs to be open and inclusive without the existence of pressure. When AASW Members were asked about best practice influencing positive outcomes for neurodiverse people, common themes emerged.

"I think going back to what works, it's actually gentleness and patience. If you're not ready to hear that your child may be autistic, or maybe there are really negative neurodiversity myths in your family, it has to be a slow process. You can't just land a diagnosis on a parent's lap."

- AASW Member (2025)

All people need to feel and be safe and welcomed to enter into a space with the right information, ensuring that diagnosis is framed in an open way (with both strengths and challenges highlighted early). This can help them enter into the conversation when ready, improving outcomes for children and families.⁹ Therefore, how systems are shaped is critical. Acknowledging that autism or developmental delays, as well as other forms of neurodiversity, is a different experience for each individual, means that we also acknowledge supports must be individualised. We must make space for voices of lived experience, "move away from a normative agenda," and allow for developmental trajectories, internal experience, and autonomy to lead supports and interventions.¹⁰

Recommendation:

1. Support from the Thriving Kids Initiative should be individualised and accessible (including those in rural and remote areas).
2. Children should not require a diagnosis in order for them or their family members to engage with, or to receive preliminary services via the Thriving Kids Initiative.

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.

AASW Members who had engaged with professionals and targeted services relating to neurodiversity or disability support, were often under skilled. They require additional and more specialised education and training with regards to responding appropriately to autism or other neurodivergent people.

"I worked [at a support service in the youth mental health sector] for 3 ½ years, where they rapidly learned that I actually understood what neurodivergence was and how to work with people with that...the other therapist there just didn't know what to do or how to do it. I did have one of them actually approach me and say 'apparently you're really good with autism. What do I need to know?' And because I couldn't explain it to them in three minutes or less, they didn't really want to know."

- AASW Member (2025)

⁹ Anderberg, L., & South, M. (2021). *Changing the story: How diagnosticians can support a neurodiversity-aligned 'story of autism'*.

¹⁰ Leadbitter, K., Buckle, K. L., Ellis, C., Dekker, M., & others. (2021). *Autistic Self-Advocacy and the Neurodiversity Movement*. In *Frontiers in Psychology*.

In stating this, it was not necessarily the lack of good intent from the workplace or the worker that resulted in this service delivery gap but was perhaps considered to be more of a reflection of the workplace pressures and high rate of service demand vs output capacity, resourcing or other.

Workforce culture and workload pressures can influence practices that depart from the program or services' original intent – to support certain individuals. Often, work becomes task orientated to the point where it is to the detriment of genuine person centred care, intervention or compassion.¹¹

Ultimately, due to attuned person-centred practice, rights-based approaches, expert holistic assessment capacities, existing experience within the disability sector and within private practice, social workers, including Accredited Mental Health Social Workers (AMHSWs), are best positioned to support the delivery of this critical initiative. Social Workers are renowned for their inclusive and equitable practices that are founded on a strong evidence base but also grounded in the knowledge of lived experience. Social workers are person-centered and co-create spaces of reflection and action, which start with where the individual is at. Social workers also maintain a family orientated perspective which enables the experiences of family members or others within their context to be considered as they come to understand what neurodivergence looks like for them.

The funding structure of this new Initiative must ensure that any new Medicare items include Accredited Social Workers and AMHSWs as approved providers, that accurately reflects the value and expertise of the profession. The billing and fee structures embedded into the initiative should support access to appropriate social work engagement and ensure that funding structures do not create barriers. Financial funding constraints related to how services are funded or reimbursed can be a definitive barrier to delivering services.¹² Fee structures should enable engagement for clients and not act as a barrier to equitable service delivery.

Recommendation:

1. Social workers must be involved in the codesign of the Thriving Kids Initiative.
2. Social work services must be embedded into the delivery of the Thriving Kids Initiative.
3. All professionals engaging within the Thriving Kids Initiative should undergo training that is designed, developed and delivered by those with lived experience.
4. The development of new MBS items must be based on the real costs and value of Social Work services and Accredited Mental Health Social Workers.

3) Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse.

¹¹ Garnett, A., Hui, L., Oleynikov, C. *et al.* Compassion fatigue in healthcare providers: a scoping review. *BMC Health Serv Res* 23, 1336 (2023). <https://doi.org/10.1186/s12913-023-10356-3>

¹² Robson, K., Nelson, S., Kleinschafer, J., Dent, E., & Ganguly, R. (2021). The barriers and enablers for allied health professionals working in aged care and adult disability: A scoping review. *Journal of Multidisciplinary Healthcare*, 14, 2875-2887. <https://doi.org/10.2147/JMDH.S328348>

When considering the way that culture influences a child's experience of autism or mild to moderate developmental delays, we again need to preface this by reiterating that each experience of neurodiversity is different, and it is a journey.

Culture is one of the ways this journey can be influenced, and it can have impacts in various ways. While neurodiversity can challenge individuals, families and communities, on the contrary, cultural perspectives can mean that:

"autism isn't seen as a disability, it's seen as just another way of being within their culture."

- AASW Member (2025)

Some cultures hold world views of autism or developmental delays and perceive these experiences as a natural variation of human experience. Cultural lenses can embrace neurodiversity as another way of being, as opposed to pathologising the individual and their experience.¹³ Creating culturally safe support services for First Nations Australians is an important part of this initiative and future research agenda. As the Australian Institute of Health and Welfare, (AIHW, 2024) outlines, Indigenous Australians are almost two times more likely to have a disability than non-Indigenous Australians; however, access to culturally safe services is extremely limited. As part of the 2023-2027 CALD Strategy, the NDIA reports that "improved availability and provision of culturally and linguistically appropriate NDIS services is needed in the marketplace"¹⁴. The AASW acknowledge this and supports this notion.

In the establishment of the Thriving Kids Initiative, it is critical that First Nations and those from CALD Backgrounds are involved in the design and ongoing service delivery of this initiative.

While culture can positively influence experiences of neurodiversity, it can also negatively impact individual and family experiences and outcomes. Evidence highlights that cultural attitudes towards autism can delay access to support services, with CALD status being a significant predictor of both delayed recognition and the degree in which autism interplays with the individuals experience.¹⁵ Not only can CALD status correlate to delayed access to support but the concept of 'cultural blame and parental shame' has been indirectly observed in Wilkinson, Davy & Racine (2020) study. The study reported that in Australia, parents who have children with autism often report feeling blamed for their child's differences, resulting in feelings of shame and lowered self-worth. The parents also referenced incorrect narratives which associate autism with poor parenting.¹⁶ Service systems were constantly being framed in deficit based or pathologising terms which reinforced stigma and exclusion for them and their children.¹⁶ Furthermore, it was noted that when parents and their children with autism were able to reclaim narratives and

¹³ Bruno, R., Pellegrino, L., Varcin, K., Sarafian, D., Eapen, V., & Bent, C. (2025). Global Indigenous perspectives on autism and autism research: Colonialism, cultural insights and ways forward. *Autism*, Advance online publication. <https://doi.org/10.1177/13623613251317461>

¹⁴ National Disability Insurance Agency. (2022). *CALD Strategy 2023-2027 Discover Phase Report*. <https://www.ndis.gov.au/media/5230/download>

¹⁵ Hussain, A., John, J. R., Dissanayake, C., Frost, G., Girdler, S., Karlov, L., Masi, A., Alach, T., & Eapen, V. (2023). Sociocultural factors associated with detection of autism among culturally and linguistically diverse communities in Australia. *BMC Pediatrics*, 23, Article 415. <https://doi.org/10.1186/s12887-023-04236-2>

¹⁶ Wilkinson, Davy & Racine (2020), *Narrative ethics and autism stigma: Transforming stories of cultural blame and shame (Ethics and Social Welfare, 14(4), 362-379)*:

reframe them in a way that highlighted their strengths, identity and rights, it created opportunities to counter stigma and foster a culture of inclusivity.¹⁶

Social workers are experts in intersectionality, person-centered practice and narrative-based frameworks, with rights-based approaches grounded in collaboration. These are the foundational theories and approaches required to lead engagement in safe and collaborative ways with children and families from all backgrounds.

Recommendation:

1. First Nations People and people from Culturally and Linguistically Diverse (CALD) communities must be involved in the development of this Initiative.
2. Social workers must be involved in the codesign of the Thriving Kids Initiative.
3. Social work services must be embedded into the delivery of the Thriving Kids Initiative.

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

The current most critical gap in service delivery in this sector is the lack of inclusion from the voices of those with lived experience. Ensuring that this Initiative is informed by those with lived experience of neurodiversity is paramount to its success. Involving people with lived experience in a meaningful way with all phases of design (not just as consultants) increases the likelihood that services meet the individual needs, gain uptake, and are better sustained.¹⁷ If the Initiative does not include the voices of those with lived experience, there are risks that the service will not meet the specific needs of that community. This may reproduce existing power imbalances and fail to meaningfully respond to barriers that already exist for those whom the service is seeking to support.¹⁸ Ultimately, this can lead to lower uptake, wasted resources (financially or otherwise), and poor sustainability.¹⁷ One of the most significant risks could be the impact this would have on the children and families who engage with the service. While changes to support structures may be challenging for a lot of people, people who have specific types of neurodiversity may find these experiences more challenging. For example, experiences like sensory overload, social exclusion or transitions may be traumatising and can have sustained impacts.

“when it doesn't work, it's really, really damaging. When it goes wrong, and it can go wrong really easily, it was just a case of the disability person at school..., for some reason, didn't read the e-mail that came through to her about him. He missed all of year seven and had to start again the next year at a new school”

- AASW Member (2025)

¹⁷ Morley, C., Jose, K., Hall, S. E., Shaw, K., McGowan, D., Winzenberg, T., & Wyss, M. (2024). Evidence-informed, experience-based co-design: A novel framework integrating research evidence and lived experience in priority-setting and co-design of health services. *BMJ Open*, 14(8), e084620. <https://doi.org/10.1136/bmjopen-2024-084620>

¹⁸ Benz, C., Scott-Jeffs, W., McKercher, K. A., Welsh, M., Norman, R., Hendrie, D., Locantro, M., & Robinson, S. (2024). Community-based participatory research through co-design: Supporting collaboration from all sides of disability. *Research Involvement and Engagement*, 10, 47. <https://doi.org/10.1186/s40900-024-00573-3>

The need for lived experience to lead this initiative is paramount to its success and positive outcomes for children and families.

The earlier notion of under skilled professionals across diverse care and service sectors in Australia is supported by several studies. For example, Alshammari et al., (2022) found that only 10% of 182 healthcare professionals rated their autism knowledge as “excellent” or “very good,” with many lacking access to clinical guidelines or tools.¹⁹ Another study by Urbanowicz et al. (2020) surveyed 78 Australian health professionals and found that only around 63% felt knowledgeable, 62% felt competent, and many requested further training.²⁰

Support for people with neurodiversity, requires knowledge grounded in lived experience. Further specialised training for the successful implementation of this initiative is paramount.

Another key existing gap in the current system is the underutilisation of social workers across the disability and support services sector. Social workers are specialists in working with people who require disability and other related support services. They are essential providers, navigators and capacity builders ready and able to directly engage with the community through this Initiative. Social workers bring diverse skills across assessment, client engagement, crisis management, planning, intervention and more.²¹ Social workers have the professional capacity, expertise and skills required to support the successful delivery of this critical Initiative.

Recommendations:

1. The Initiative must be informed by those with lived experience of neurodiversity.
2. Social workers must be involved in the codesign of the Thriving Kids Initiative.
3. Social work services must be embedded into the delivery of the Thriving Kids Initiative.

5) Draw on domestic and international policy experience and best practice.

Other than social work best practice, AASW Members provided positive examples of practice models including:

- Peer-led Initiatives (the Yellow LadyBugs Conference 2025)
This lived experience led-design model is a neuro-affirming model that challenges stereotypes and positively encourages the reframing of narratives.
- Co-occurring needs

¹⁹ Alshammari, T. M., Bakhsh, T., & Alqahtani, N. (2022). Adult autism spectrum disorder: Knowledge, attitude and practice of healthcare professionals. *Journal of Mental Health Training, Education and Practice*, 17(7), 615-628. <https://doi.org/10.1108/JMHTEP-07-2022-0066>

²⁰ Urbanowicz, A., Cummins, R. A., Heussler, H., Hodges, J., & Dissanayake, C. (2020). The experiences, views, and needs of health professionals who provide care to adults on the autism spectrum. *Journal of Autism and Developmental Disorders*, 50(10), 3707-3717. <https://doi.org/10.1007/s10803-020-04424-x>

²¹ Australian Association of Social Workers. (2021). *Australian social work education and accreditation standards (ASWEAS): Professional capabilities for social work practice*. AASW. <https://www.aasw.asn.au/practitioner-resources/professional-standards>

Best practice for neurodiversity must integrate support for other challenges related to autism, mild to moderate developmental delays (e.g. gut health, anxiety, medication, learning supports). We know that autism, developmental delays and other forms of neurodiversity often co-exist alongside health ailments.

- Orange Door

This service delivery model was named for its low-pressure, community orientated and collaborative approach. It helps enhance accessibility to professional services as people can attend an Orange Door hub and engage with various professionals for information, support, guidance or practical assistance in taking the next steps.

For the Thriving Kids Initiative to be considered as 'best practice', the Initiative and its policies must be grounded in key concepts and values already highlighted throughout this submission. Including but not limited to:

- Co-designed and informed by those with lived experience.
- Strongly founded on the voices of those from various CALD and First Nations Communities.
- Integrated within existing systems and professions in a way that considers current workload pressures and workplace culture.
- Ensure appropriate resourcing enabling clear access to funding.
- Ensure the program is able to support the journey that individuals undergo with regard to neurodiversity and not just address those with a diagnosis.
- Ensuring it is a holistic service that considers other neurological, physiological or physical experiences that often co-exist with neurodiversity.
- Prioritise neuro-affirming, strengths based and narrative approaches that do not pathologise neurodiversity but recognise it as a natural point of difference for all.

Recommendations:

1. Social workers must be involved in the codesign of the Thriving Kids Initiative.
2. Social work services must be embedded into the delivery of the Thriving Kids Initiative.
3. The Initiative must be based on holistic child-centered care.
4. The Initiative must be informed by those with lived experience of neurodiversity.
5. Support from the Thriving Kids Initiative should be individualised and accessible (including those in rural and remote areas).
6. Children should not require a diagnosis in order for them or their family members to engage with, or to receive preliminary services via the Thriving Kids Initiative.
7. First Nations People and people from Culturally and Linguistically Diverse (CALD) communities must be involved in the development of this Initiative.

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

- Ensure sufficient and ongoing funding and resourcing is available via the Initiative, including appropriate funding for professions including Accredited Social Workers and AMHSWs.
- Ensure the program is accessible for all people, including those in rural or remote areas.
- Fund access to assessment for diagnosis for children as this is currently a critical barrier to timely intervention.
- Embed child-centered and family-centered planning that considers the importance of timeliness, affordability, cultural safety, structure, accessibility, reliability, and considers the reality of the home context (eg, A family who has several children of different ages

and stages, some of whom are neurodiverse, school and after school commitments, parental work commitments and more).

- Ensure continuity of professional care as children transition from NDIS to Thriving Kids Initiative.
- Ensure families are not forced into repeated re-diagnosis when children move between systems or age out of eligibility.
- The initiative must have clearly defined measures of success, determined with the voices of those with lived experience and professionals who provide services.

Recommendation:

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2. Social work services must be embedded into the delivery of the Thriving Kids Initiative.
3. The Initiative must be based on holistic child-centered care.
4. The Initiative must be informed by those with lived experience of neurodiversity.
5. The design of new Medicare Benefits Schedule (MBS) items must include Accredited Social Workers and Accredited Mental Health Social Workers as eligible professionals to provide psychosocial therapy.
6. The development of new MBS items must be based on the real costs and value of Social Work services and Accredited Mental Health Social Workers.

Conclusion

The Thriving Kids Initiative is at a critical point. The planning and foundations for the initiative have the ability to directly influence the Initiative's success and in turn, directly shaping the experiences for children and families. This is an opportunity to shape how young children and their families access information and supports regarding neurodiversity or developmental differences. The social work profession is strongly aligned with the values of this work and possess critical enablers (including expertise, theoretic knowledge, assessment capacity and intervention skills) required to support the successful delivery of this imperative Initiative.

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