



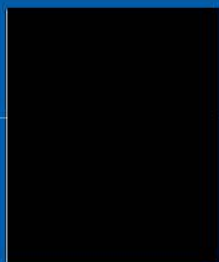
Submission to the Australian Parliament

House Standing Committee on Health, Aged Care and Disability.

Inquiry into the Thriving Kids Initiative

“No Child Left Behind”

Exercise & Sports Science Australia



3 October 2025

Dr. Mike Freeland MP
Chair of Standing Committee on Health, Aged Care and Disability
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

**Re: The House of Representatives Standing Committee on Health, Aged Care and Disability Inquiry into the proposed Thriving Kids initiative
'No Child Left Behind'**

Dear Dr. Freeland MP,

Thank you for the opportunity to provide feedback in relation to the House of Representatives Standing Committee on Health, Aged Care and Disability Inquiry into the Thriving Kids initiative.

Exercise and Sports Science Australia (ESSA) is the national governing and accrediting body for more than 8,600 Exercise Physiologists across Australia. Exercise Physiology is a recognised allied health service, accessible through Medicare since 2006. ESSA is also a member of the National Alliance of Self-Regulating Health Professions (NASRHP). Australians can be referred by General Practitioners (GPs) to Accredited Exercise Physiologists via Medicare and other compensable schemes to support clinical care and manage health risks.

Accredited Exercise Physiologists and Accredited Exercise Scientists are university-qualified professionals who achieve ESSA accreditation after meeting rigorous registration standards. They work across a wide range of clinical and community settings, including chronic disease management, surgical prehabilitation, injury rehabilitation, mental health support, obesity and weight management, healthy ageing, cancer recovery, dementia care, disability services, and general fitness for the population.

ESSA's submission, *No Child Left Behind*, calls for urgent action to ensure every child living with disability in Australia has equitable access to timely, evidence-based allied health therapy and support. **Without this commitment, too many children will continue to experience poorer social, educational, physical, and emotional outcomes across their lifespan.** The Committee must ensure that all recommendations made will protect children living with disability from further disadvantage. No child should be left behind because of their postcode, their family's capacity to navigate complex health systems, or the lack of an available, skilled and experienced workforce.

For children with disability, particularly those with autism spectrum disorder (ASD) and global developmental delay (GDD), the need for early, consistent, and specialised intervention is critical. Evidence-based therapies provided by Accredited Exercise Physiologists (AEPs) and Accredited Exercise Scientists (AESSs) offer evidence-based approaches that can improve motor skills, physical literacy, social participation, and mental health outcomes. These interventions are not simply about physical activity - they are structured, tailored, and **clinically informed therapies designed to address developmental barriers and enhance functional independence.**



“Movement is such a powerful driver for neuroplasticity, and the most sensitive window is zero to five years. Through movement, we can teach the brain how to communicate with the body – and the body how to communicate with the brain.” – Eliza, Accredited Exercise Physiologist

Whilst comprehensive national data collection remains a barrier across the allied health sector, ESSA does know that in the previous twelve months, Accredited Exercise Physiologists (AEPs) have directly supported more than 3,000 children living with autism spectrum disorder (ASD) and global developmental delay (GDD) through early intervention. Importantly, this includes approximately 500 Aboriginal and Torres Strait Islander children. This demonstrates not only the scale and reach of the profession but also the capacity of ESSA's workforce to provide culturally responsive and targeted early intervention services to children who are often at higher risk of health and developmental inequities. This reinforces the importance of embedding AEPs and AESSs in the Thriving Kids Initiative frameworks currently being developed by the states and Territories.

“We know that the NDIS is incredibly important for the individual, but it's also important for our society. And the NDIS shouldn't be seen as just a cost. What the NDIS does is enable people to fully participate in society, to make a contribution to the economy, to make a contribution to their family and their communities. So, it's a very positive scheme. That is what it was designed to assist with, and that's what my Government's very focused on.” – Prime Minister, Anthony Albanese in a 2023 Media Q&A

ESSA is deeply concerned that state-based programs may lack the capacity to provide children with the supports they need, when they need them. This puts at risk not only children's futures, but also the wellbeing of families and the strength of the Australian economy. Without urgent action and appropriate funding, families will continue to experience long waitlists, inequities between states and territories, and fragmented service pathways.

These concerns are well-founded, as shifting to state-based delivery under Thriving Kids threatens to undermine the original purpose of the NDIS. The scheme was specifically designed to break down these barriers and ensure children with disability have equitable access to nationally consistent, early intervention supports. Without this, the prospects of children remain at serious risk.

“The NDIS is a once-in-a-generation reform that will change the way we support Australians with disability” – Former Prime Minister Hon Julia Gillard in her Speech at the Opening Address to the Conference of National Disability Services CEOs.

“The risk of disability is universal, so our response must be universal. The only solution is therefore a nation-wide, demand-driven system of care tailored to the needs of each individual ... The legislation is designed to ensure ... that the scheme remains sustainable over the long term. It will facilitate the development of a national approach in access to, and planning and funding of, supports to people with disability, and will promote innovation and quality in the provision of those supports” – Hon. Julia Gillard in her House of Representatives, Second Reading Speech, 29 November 2012 – Transcript 18932

ESSA recognises that this inquiry represents a valuable opportunity to ensure that the voices of families, professionals, educators and the wider community are central to designing a program that meets the real and evolving needs of Australian children. ESSA looks forward to contributing to the development and working with all levels of government, federally and locally, to ensure that policies reflect real-world needs, and remain equitable, accessible and impactful.



This Committee is challenged by primarily serving the interests of Australian children while making recommendations on the design of Thriving Kids. ESSA argues the risk of Thriving Kids may be unintended. That is, reduced costs to the Commonwealth in the short to medium term and future scheme complexities may lead to weaker paediatric development outcomes, which lead to more profound disability with a greater burden on children, their families, NDIS, public health, community health, society and the broader economy. The video we have provided highlights these risks and are clearly articulated by the incredible parents of these amazing children.

ESSA gives permission for this submission to be published in full or in part, We welcome the opportunity to provide further detail or appear before the House of Representatives Standing Committee if invited. Please contact Scot MacDonald, Acting CEO, [REDACTED] for further information. arising from the following submission.

Yours sincerely,

Scot MacDonald
Acting CEO
Exercise & Sports Science Australia



0.1 About Accredited Exercise Professionals

Accredited Exercise Physiologists (AEPs) are allied health professionals with at least four years of university training. AEPs are recognised under Medicare, NDIS, DVA, workers' compensation, and private health insurance for their role in the prevention, treatment, and management of complex chronic conditions, disabilities, and injuries. In the disability sector, AEPs design and deliver targeted exercise interventions that improve strength, coordination, emotional regulation, and functional independence. **For children with ASD and GDD, AEP programs have been shown to improve gross motor skills, reduce behavioural challenges, and enhance participation in school and community life.**

There are more than 8,000 AEPs in Australia, delivering services across hospitals, schools, community health centres, and private practice, demonstrating the availability of a skilled and experienced workforce to continue to support Australian children in a variety of settings that meet the individual children's needs.

Accredited Exercise Scientists (AESs) are university-qualified professionals trained in the assessment, design, and delivery of exercise programs for health, fitness, and performance. In disability contexts, AESs often work as therapy assistants under the supervision of AEPs or other allied health professionals, providing cost-effective and scalable support for children with developmental needs. **They play an important role in embedding exercise into daily routines and community programs, particularly for children with ASD and GDD.**

There are close to 1,000 AESs working in Australia today, across allied health, disability, education, sport, and community sectors.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: Ensure the Thriving Kids Initiative includes exercise physiology and exercise science services as core components of early intervention supports for children with disabilities, particularly those with ASD and GDD

Recommendation 2: Guarantee equitable access to allied health services across all jurisdictions to prevent postcode-based inequities and reduce waitlist times for families in need.

Recommendation 3: Preserve families' genuine choice and control in therapy selection, including access to AEPs and AESs, with the ability to select providers and approaches that best meet their individual needs.

Recommendation 4: Establish integrated service pathways that reduce the burden on families to navigate complex systems and ensure children receive the right support, from the right professional, at the right time.

Recommendation 5: Legislate regular statutory reviews of disability services for children under 9 with ASD and GDD, reporting directly to the Australian Parliament. The review should focus on the efficacy of state-based therapy programs, equity, regional service delivery, impact on NDIS and other health systems as the children age



RECOMMENDATION 1:

Ensure inclusion of exercise physiology and exercise science services remain core components of early intervention

The [Early Childhood Targeted Action Plan](#), part of Australia's Disability Strategy 2021–2031, highlights the need for early identification of disability or developmental concerns, along with **clear pathways and timely access to supports**. To give children the best start in life and maximise long-term outcomes, the Thriving Kids program must provide early assessments and appropriate interventions, including allied health services. The involvement of allied health professionals — and the extent to which they are embedded — will be critical to the success of the program, and to Australian's children's futures (Waddington et al., 2024).

The Thriving Kids Initiative must explicitly include exercise physiology and exercise science services within its frameworks for early intervention, and it must do so consistently across the States and Territories. Accredited Exercise Physiologists (AEPs) and Accredited Exercise Scientists (AESs) are the most qualified allied health professionals in Australia to deliver **structured, evidence-based, clinical exercise interventions that are proven to improve cognitive function, behaviour regulation, and social skills in children with ASD and GDD** (Autism Awareness Australia, n.d.; Kou et al., 2024; Rivera et al., 2025).

“When Kai started at three years old, he couldn’t sit on his own. Within the first week of intensive therapy he became more aware, curious, and started trying to move his whole body. Even his personality changed.” - Marcia, Parent of Kai

Exercise & Sports Science Australia (ESSA) Accredited Professionals are a critical part of the solution to early intervention and sustainable Australian health and disability budgets.

Currently, around twenty-five percent (25%) of ESSA accredited professionals are registered NDIS providers, actively supporting children with mild to moderate ASD, GDD, and other disabilities where exercise interventions are proven to improve function and participation in life and, in future workforce. This skilled and safe workforce is ready to keep supporting children and families. Their choice and control must not be removed during the transition to Thriving Kids. The shift is already creating stress and fear for many families, who are seeking, and deserve, certainty, consistency, and access to evidence-based care with practitioners they are already familiar with (Bennett et al., 2025; Grattan Institute, 2025).

“Here at the Centre of Movement, we run both weekly sessions and intensive models. In a three-week intensive, children see multiple therapists daily – and we see huge developmental gains. But without consistent follow-up, regression happens.” – Eliza, Accredited Exercise Physiologist

ESSA has a [Delegation Framework](#) that has been enacted for several years, and provides the Thriving Kids Initiative an opportunity to embed both professions into the program consistently across the States and Territories, utilising a cost effective, sustainable, and proven model of care.

“An eight-week block would not have achieved what we’ve achieved with Valentino. You cannot rewrite neural pathways in just eight to ten weeks; it takes years of consistent therapy.” — Jess, Parent of Valentino

ESSA is calling on the Committee to recommend the Government explicitly recognises, embeds, and appropriately funds allied health therapy, including AEPs and AESs, consistently in all jurisdictions within the frameworks of the Thriving Kids Initiative. Excluding this proven, evidence-based clinical intervention would leave a significant gap in service delivery, create further fragments in timely clinical care, and deny children access to therapies that can improve holistic health and **address the foundational barriers that impact both the child, and the Australian economy across the lifespan** (Rivera et al., 2025; Kou et al., 2024).

RECOMMENDATION 2:

Guarantee equitable access to allied health services across all jurisdictions to prevent postcode-based inequities and reduce waitlist times for families in need.

Access to therapy must not be determined by postcode. Research shows that there are significant disparities both between states and between metropolitan, regional, and remote communities access to healthcare. In some areas, waitlists for allied health services extend for months or even years, delaying critical interventions and placing children at risk of poorer long-term outcomes (Mulaney et al., 2021).

Australian's value the freedom to move around the country to chase their personal and professional dreams and goals. Yet inconsistencies in state and territory frameworks mean that when families of children with ASD or GDD relocate, they face additional barriers. These families must not only search for new therapy supports but also restart the exhausting process of navigating funding approvals and advocating to ensure their children do not fall through the cracks of fragmented systems.

Regional and rural families already face significant barriers, including limited local service availability, longer waitlists, and additional financial burdens linked to travel costs and time away from work (Cummins et al., 2020). Without deliberate action, these inequities will continue to widen, leaving many children without timely or appropriate support. The Thriving Kids Initiative must consider the therapies available in these regions and ensure that no child is left behind.

There is plenty of evidence demonstrating that extended health care waitlists are harmful for children. Delays can worsen existing symptoms, negatively affect mental health and wellbeing, and disrupt both school engagement and family functioning. Research shows that long waits for allied health services place significant strain on families, adding stress and anxiety and heightening the risk of psychosocial harm. A diverse and well-distributed allied health workforce is essential to meet growing demand, reduce wait times, and ensure no child is left behind.

“Movement-based therapy supports not only gross motor milestones, but also cognition and executive function. It helps children engage in schooling, community, and live as independently as possible.” –

Eliza, Accredited Exercise Physiologist

Accredited Exercise Physiologists (AEPs) must be consistently embedded in state-based frameworks to meet this need and ensure that critical services are accessible, impactful, and timely. Exercise physiology is a unique allied health disciplines that directly addresses both physical and psychosocial development, making it essential for children with ASD, GDD, and other complex developmental needs. **Evidence shows that timely, structured exercise interventions can improve motor skills, emotional regulation, and social participation, which in turn support better educational, health, and future workforce participation outcomes.**



ESSA AEP Workforce by Location

State	Total AEPs
ACT	250
NSW	3187
NT	34
QLD	2290
SA	559
TAS	156
VIC	1495
WA	943
Total	8944

2025 ESSA Workforce Data showing availability of AEPs by jurisdiction

Embedding AEPs and AESs therapy services within the Thriving Kids Initiative will also help alleviate pressure on overstretched health and education systems. By providing scalable, evidence-based interventions, these critical professionals can complement existing supports and reduce reliance on oversubscribed professions that may not have the workforce to meet the demand (Grattan Institute, 2025; Bennett et al., 2025).

ESSA is calling on the Committee to recommend the Government(s) prioritises equitable access to AEP and AES services across all jurisdictions to reduce disparities, improve continuity of care, and ensure that all children, regardless of where they live or their family income or health literacy, receive timely, high-quality supports to thrive.

RECOMMENDATION 3:

Children living with Autism Spectrum Disorder (ASD) and Global Development Delay (GDD) and their families must retain genuine choice and control over their therapy supports, with the ability to select providers and approaches that best meet their individual needs.

Accredited Exercise Physiologists (AEPs), like other allied health professionals, support children and families across communities across Australia. Ensuring every child can access early intervention therapies that help them reach their full potential is **not just a policy goal, it is a lifeline**. The Thriving Kids Initiative must embed a skilled and diverse allied health workforce, including AEPs, while preserving families' choice and control over the supports their children receive. This is particularly vital in culturally safe settings, where **respect for family values, traditions, and preferences directly impacts engagement, outcomes, and trust** (Cummins et al., 2020). By doing so, every child can thrive, and the future burden on Australia's health and disability systems can be reduced.

“Without movement support, children may not meet developmental milestones – from swallowing and breathing to independence in daily function – leading to greater reliance on hospitals and care services.”

– Eliza, Accredited Exercise Physiologist



The Thriving Kids Initiative must establish nationally consistent, integrated referral and service pathways. Evidence shows that early therapy prevents lifelong disadvantage, yet without guaranteed access, inequities between states and regions will continue (Waddington et al., 2024). Nationally coordinated models of care reduce fragmentation, improve continuity when families move across jurisdictions, and streamline access to supports. Fragmented systems delay intervention, create inequities, and place unnecessary burdens on families. Embedding consistent, family-friendly pathways will ensure timely and equitable access to early intervention, strengthen workforce capacity, and provide accountability mechanisms so no child is left behind.

Accredited Exercise Physiologists (AEPs) are currently supporting nearly four thousand Australian children with ASD or GDD. Excluding AEPs from the Thriving Kids Initiative—or failing to include them consistently across the country—would leave these children without their therapists, throwing families into further uncertainty and removing their choice and control over therapies that work for their children.

Evidence shows that parental involvement is critical: a recent qualitative study of families accessing early intervention services found that being listened to, respected, and included in decision-making strongly shapes both trust in services and children’s developmental outcomes (Waddington et al., 2024).

“Exercise physiology has made a massive difference to Chloe’s independence. She can now use play equipment, get dressed, and drink without choking. Most importantly, she’s ready for mainstream school — something that would not have been possible without this support.” — Rachel, Parent of Chloe

Children and families must retain genuine choice and control in selecting therapy supports under the Thriving Kids Initiative. Families must be empowered to choose providers and therapeutic approaches that best align with their child’s needs, preferences, and cultural contexts. This also aligns with the original intent of the NDIS. Former Prime Minister, Julia Gillard, made it clear at the founding of the NDIS that choice and control were not optional extras but foundational principles of the scheme. As she said in her 2012 second reading speech: *‘For the first time they will have their needs met in a way that truly supports them to live with choice and dignity.’*

“It’s not just about therapy consistency — this is often the only time families meet others in the same situation. Without it, they feel isolated.” — Lauren, Accredited Exercise Physiologist & Clinical Lead

Restricting access to certain providers or professions risks creating “one-size-fits-all” models that fail to reflect children’s diverse needs and will limit the health and economic outcomes that early intervention, with the right therapist, at the right time, are repeatedly demonstrated to achieve (Rivera et al., 2025; Kou et al., 2024).

Increasing risk of poor physical health outcomes	93%
Slower development of fine and gross motor skills	95%
Poorer psychosocial development and well being outcomes	95%
Greater risk of injury without tailored-exercise intervention to build physical resilience	79%
Lack of adequate information on other access and support	84%

2025 ESSA workforce analysis of AEPs working explicitly with this cohort of children, highlights clear and significant risks to Australian children if continuation of care is cut



ESSA is calling on the Committee to recommend the Government(s) ensures that policy frameworks preserve flexibility for families to choose a diverse allied health workforce, that includes AEP and AES services where these meet their child's goals and support needs.

RECOMMENDATION 4:

Establish integrated service pathways that reduce the burden on families to navigate complex systems and ensure children receive the right support, from the right professional, at the right time.

The [2023 NDIS Review](#) found that many Australian families describe the current system as “complex and exhausting,” with parents often forced to re-advocate for their child and reapply for supports at each annual review. Families already face significant barriers in securing timely therapy, and the introduction of inconsistent frameworks across states and territories risks compounding these challenges. Without nationally integrated systems that share information and streamline access, the Thriving Kids Initiative risks adding complexity and unintentionally increasing stress and disadvantage for families who are already under significant pressure (NDIA, 2023).

The 2021 Australian Census found that **1 in 5 Australian children** experience developmental vulnerability at school entry, including speech, language, and social-emotional delays (ABS, 2023). Evidence tells us that parents of children with developmental disorders report significant **financial strain, loss of work hours, and increased stress** due to repeated time off work for appointments and the **complexity of navigating multiple service systems** (Cummins et al., 2020; Mulraney et al., 2021b).

Without integrated service pathways, families already stretched by time, costs, and stress will continue to face inequities and risk poorer outcomes for their children. Integrated care models are proven to reduce fragmentation, streamline referrals, and improve both family wellbeing and child outcomes, and integrated care is particularly important in rural and regional areas, where allied health workforce numbers and travel distances compound barriers to timely intervention. We know that **early intervention reduces lifetime support costs by up to 75%** by improving school readiness, independence, and long-term participation, highlighting the need for integrated care a very clear requirement of Thriving Kids (Sharma et al., 2019).

“Consistency is incredibly important for movement. Neural networks don’t change overnight – it’s all about repetition.” – Eliza, Accredited Exercise Physiologist

Embedding coordinated referral and integrated service pathways within the Thriving Kids Initiative will ensure:

- Timely access to early intervention, reducing waitlists and lifelong disadvantage.
- Equity across jurisdictions, so that moving interstate, or regionally, does not reset therapy access or funding approvals.
- A sustainable workforce, by distributing demand across healthcare professionals such as Accredited Exercise Physiologists (AEPs) and Accredited Exercise Scientists (AESs)
- Family-friendly systems, where navigation is straightforward, culturally safe, and respectful of family choice and control.
- **Accountability mechanisms that guarantee no child is left behind.**

International and Australian evidence alike confirms that when families are supported through streamlined, integrated pathways, children achieve better developmental, social, and emotional outcomes, while health and education systems benefit from reduced duplication and more efficient and cost-effective service delivery (Sharma et al., 2019; Waddington et al., 2024).

ESSA is calling on the Committee to recommend the Government(s) to establish integrated service pathways that reduce the burden on families to navigate complex systems and ensure children receive the right support, from the right professional, at the right time. Without this commitment, further inequities will risk undermining the aims of the Thriving Kids Initiative and perpetuating disadvantage for children who are already vulnerable.

RECOMMENDATION 5

Thriving Kids should include regular statutory review of disability services for children under 9 years of age with ASD and GDD across Australia. The review should report to the Australian Parliament.

The review should focus on efficacy of state based therapy programs, equity, regional service delivery, impact on NDIS and other health systems as the children age

Robust and transparent evaluation is essential to ensure that the Thriving Kids Initiative achieves its intended outcomes and adapts quickly to emerging gaps. Families of children with Autism Spectrum Disorder (ASD) and Global Developmental Delay (GDD) cannot afford to wait years for program adjustments if systems prove ineffective or inequitable.

Legislative changes enacting the Thriving Kids Initiative should include a requirement for regular statutory reviews of national disability services for children under 9 years of age with Autism Spectrum Disorder (ASD) and Global Developmental Delay (GDD). These reviews should be conducted independently and report directly to the Australian Parliament.

Regular, transparent review is critical to ensuring the program meets its stated objectives of timely access, equitable service delivery, and improved child and family outcomes. Families cannot wait years to learn whether the system is working—course corrections must occur quickly if problems emerge (Australian Association for Research in Education, 2024).

There are strong precedents for embedding statutory review within Commonwealth schemes. For example, Medicare Benefits Schedule (MBS) reviews are legislated to ensure services remain clinically appropriate and cost-effective. Similarly, NDIS reviews and Productivity Commission inquiries have provided mechanisms for accountability, evaluation, and public reporting. Embedding these processes in Thriving Kids will provide confidence to families, service providers, and governments alike.

At minimum, reviews should be required at 12 months and 24 months post-implementation, and at regular intervals thereafter. Key metrics should include:

- Wait times for therapy and assessment.
- Equitable access across states, territories, and regions.
- Workforce capacity and distribution.
- Family experience, including choice, control, and cultural safety.
- Child outcomes across physical, developmental, social, and educational domains.
- Impact on NDIS and other health systems as the children age.

It is not appropriate for the Commonwealth to simply remove these vulnerable cohort of Australian children from the NDIS and into the States and Territories without ensuring they are adequately funded and accessing appropriate therapy supports. Anything less undermines the original intent of the NDIS, once again leaving vulnerable children and families unsupported and further disadvantaged (Bennett et al., 2025).



Embedding regular statutory review will ensure Thriving Kids remains accountable to its original purpose: to deliver early, equitable, and effective supports, so that no child is left behind.

ESSA are therefore calling on the Committee to recommend that the Government(s) includes regular statutory review of national disability services for children under 9 years of age with ASD and GDD.



RESPONSES TO TERMS OF REFERENCE

ESSA's submission addresses the following select terms of reference and extends support to Allied Health Professions Australia (AHPA) submission to the inquiry that also calls for similar, sector wide solutions that solidify the readiness and expertise of allied health professionals as a unified workforce.

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

Allied health professionals, including Accredited Exercise Physiologists (AEPs) and Accredited Exercise Scientists (AESs), are well positioned to provide parents with accessible, evidence-based information to help recognise developmental delay. Parent-friendly resources such as developmental milestone checklists (e.g., Raising Children Network) are useful first steps, but parents often report these alone are insufficient when they lack direct professional guidance.

Families experiencing developmental concerns frequently report feeling isolated, uncertain, and under pressure to “prove” their child's needs before accessing therapy. The 2023 NDIS Review found parents describe the system as “complex and exhausting,” requiring repeated advocacy and re-justification of their child's needs. This burden particularly affects parents in regional and rural areas, where there are fewer services, longer waitlists, and significant travel costs (McGill et al., 2020; Muraney et al., 2021).

Evidence shows that when parents are supported early with accessible resources and professional coaching, child outcomes improve significantly across cognitive, physical, and social-emotional domains (ALHW, 2020). Parent coaching models, combined with structured clinical therapy, reduce family stress and empower parents to implement therapeutic strategies at home. However, families need timely access to trained professionals — not just information resources — to act on concerns effectively.

2) Examine the effectiveness of current (and previous) programs and initiatives that identify children with developmental 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.

Current initiatives such as Medicare-funded allied health items and community-based early childhood programs highlight the value of allied health services, but are limited by session caps, low rebates, and reliance on GP referral pathways. Families often face out-of-pocket costs, with lower-income households disproportionately disadvantaged (NDIS Review, 2023).

The shift to the NDIS saw the withdrawal of many state-based disability supports, leaving gaps for children not eligible for the scheme. Community programs such as supported playgroups and parenting workshops provide social connection and capacity-building but cannot replace individualised clinical therapy for children with functional impairments. Research shows that children with autism and global developmental delay (GDD) often require structured, ongoing, clinical input to achieve participation in school and community life (Kou et al., 2024).

Moreover, many children with developmental delay are unable to participate fully in community settings (e.g. preschool, playgroups) without tailored clinical supports. Teachers and facilitators often lack the training to adapt environments without allied health input. This means families are left juggling multiple systems, with inequitable access depending on their postcode or ability to self-fund therapy. Embedding AEPs and AESs within Thriving Kids pathways would help close these gaps, by expanding therapy options, promoting physical and psychosocial development, and reducing stress on families and overstretched education staff (Whiteford, 2020).

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

First Nations children are more than twice as likely to be developmentally vulnerable at school entry compared



with their non-Indigenous peers (AEDC, 2021). They also face systemic barriers including limited service access in rural and remote areas, lack of culturally safe models of care, and historical mistrust of mainstream systems. This contributes to lower participation in early intervention and poorer outcomes across education and health (AIHW, 2020).

For families from culturally and linguistically diverse (CALD) backgrounds, barriers include language, health literacy, and services that are not culturally responsive. Many report delays in accessing supports due to miscommunication or stigma, leading to late diagnoses and missed opportunities for early intervention.

Equity requires embedding choice and control for families to select therapies and providers that align with their cultural values — a founding principle of the NDIS (Gillard, 2012). Embedding culturally safe AEP and AES services, co-designed with Aboriginal Community Controlled Health Organisations and CALD community leaders, ensures that children and families receive supports that are both clinically effective and culturally meaningful.

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

Workforce shortages remain one of the most significant barriers to early intervention in Australia. A 2020 study found waitlists for allied health services can extend months to years, particularly for speech pathology, occupational therapy, and psychology (McGill et al., 2020). These delays worsen family stress, disrupt participation in education, and risk poorer lifelong outcomes (Mulraney et al., 2021).

The workforce is also maldistributed, with shortages more acute in rural and regional areas. Families in these locations incur high travel costs and time off work to attend appointments, compounding disadvantage.

Thriving Kids must expand and diversify the workforce by embedding underutilised but highly qualified professions such as AEPs and AESs. These professionals bring expertise in physical health, psychosocial wellbeing, and participation, complementing other allied health services. They can also train and support educators, nurses, and teachers to implement practical strategies in mainstream settings, reducing reliance on oversubscribed professions. Workforce mapping, targeted training, and sustainable recruitment incentives will be essential to ensure Thriving Kids can meet demand nationally.

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

The NDIS was created to replace fragmented, inequitable systems with nationally consistent, needs-based supports that enshrined choice and control for participants (Gillard, 2012; NDIS Review, 2023). Thriving Kids risks reintroducing fragmentation if states and territories operate under different models, requiring families to re-navigate systems each time they move.

Best practice — domestically and internationally — highlights the importance of integrated, multidisciplinary, family-centred care. The Australian Best Practice Framework for Early Childhood Intervention outlines the need for timely access, family involvement, and coordinated allied health services. International examples, including early childhood hubs in Canada and multidisciplinary preschool support in Scandinavia, show that embedding allied health within schools and community health centres improves access and long-term developmental outcomes (Sharma et al., 2019).

Thriving Kids should draw on these lessons, embedding AEPs and AESs within multidisciplinary teams, ensuring national consistency, and legislating accountability mechanisms that guarantee equity and reduce family burden.

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

Currently, families describe navigating disability and early intervention systems as “complex and exhausting” (NDIS Review, 2023). They face duplication of assessments, inconsistent eligibility rules, and repeated advocacy to maintain supports. This not only delays therapy but also places enormous psychosocial stress on parents, often requiring time off work, financial sacrifice, and emotional resilience (Cummins et al., 2020).



Children with ASD and GDD frequently require individualised clinical care to access community and education settings. Without therapy supports, many cannot fully participate in childcare, preschool, or school, leading to exclusion and further disadvantage. Families report that the lack of continuity when moving between states or sectors forces them to “start over,” losing therapy progress and adding unnecessary stress.

Thriving Kids should establish nationally consistent, integrated referral and service pathways, including shared care plans and interoperable information systems. This would reduce duplication, support continuity when families move, and ensure that children receive the right support, from the right professional, at the right time. Embedding AEPs and AESs in mainstream systems will provide a broader, scalable workforce that bridges health, education, and community, ensuring transitions are seamless and no child is left behind.

AUSTRALIAN STATISTICS: PREVALENCE OF ASD AND GDD

In 2023, Professor Bruce Bonyhady claimed that approximately twenty percent (20%) of Australian children have a developmental delay. Evidence suggests that this is only a temporary state in a child’s development when there is early intervention to support normal development. Without the right therapy, at the right time, the risk is clear that the delays will remain longer and continue to further disadvantage the child across the lifespan. The children currently receiving NDIS support as part of a GDD, meet strict criteria: that the delays are due to mental or physical impairments, substantially reduces functional capacity, and requires specialist services. These children are most at risk of continued delays and negative impacts on their lives, unless early intervention supports allow access to the right therapy, at the right time. Without this, not only will their lives be significantly impacted, but the cost to the Australian economy will balloon.

- About 11 per cent of all kids aged five to seven were on the scheme at the end of June — 13.7 per cent of boys and 6.4 per cent of girls.
- Roughly 23 per cent of all participants were younger than nine.
- About 40 per cent of participants of all ages had a primary diagnosis of autism, and 11 per cent developmental delay.
- NDIS participation rates peak at 12 per cent around age six, before declining steadily to around 1 per cent at ages 35 — 40

Source: NDIS quarterly report

Age Group	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	ALL
0 to 6	233	7396	0	3926	1625	435	4477	1603	19828
7 to 14	1785	32099	764	25517	10914	2053	30123	9299	112565
15 to 18	572	9639	190	8363	3928	744	8461	3472	35374

Table 1: Number of NDIS participants with diagnosed autism per state



State/ Territory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Global Developmental Delay	1%	38%	1%	18%	12%	2%	19%	9%
All Participants	2%	30%	1%	21%	9%	2%	27%	9%

Table 2: Active NDIS participants 0-9years with GDD per state

THE IMPORTANCE OF EARLY INTERVENTION

Early intervention is universally recognised as critical for child development. Research consistently demonstrates that children who receive the right therapy, at the right time, show improved educational achievement, stronger social skills, and reduced behavioural issues (AIHW, 2020).

Delays in intervention increase the risk of long-term disadvantage, including higher rates of mental health conditions, chronic disease, and unemployment in adulthood, all of which not only significantly reduce the quality of the child's life, but also creates an increased burden on the Australian economy (Productivity Commission, 2022). It is clear that the investment now, will benefit the Australian economy across the lifespan.

“It is important that the Thriving Kids program is co-designed with the disability community, to ensure that the therapy aspect of Thriving Kids is well considered and contains the necessary therapies, in the volume required, that are indicated for the number of participants. Failure to do this will mean that the children and young people of the scheme will be disadvantaged by its implementation. There is so much evidence that supports the need for early intervention services, and if children and young people are delayed in receiving the therapies that they need, this will impact their growth and development, with possible flow on implications for their social and community participation.” – Amanda, Accredited Exercise Physiologist and Director

Structured exercise delivered by AEPs and AESs play a key role in developmental support and early intervention. Evidence from the Journal of Science and Medicine in Sport (2021) shows that early motor skill development is directly linked to better academic performance, social inclusion, and mental wellbeing. Without access to early, adequate, and sustained therapy, children face unnecessary and lifelong challenges.

When Former Prime Minister Julia Gillard introduced the legislation in 2012-2013, DisabilityCare (later named the NDIS) was described as a *transformational reform intended to replace the previous patchwork of disability supports which were inconsistent, underfunded, and based on historical allocations*. The new scheme was pitched to give people with disability certainty, choice & control, long-term support, early intervention, and shared responsibility.

“The scheme will respond to each individual's goals and aspirations for their lifetime, affording certainty and peace of mind for people with disability and their carers alike.”

“It will offer early intervention therapies and supports, where it will improve a person's functioning, or slow or prevent the progression of their disability over their lifetime.”



“The scheme will move away from the crisis model, where families only receive support if they are unable to continue in their caring role and there are no other options. Instead, it will work with families before they reach crisis to make sure that the valuable informal care they provide is sustainable.”

– *Julia Gillard in her House of Representatives: National Disability Insurance Scheme Bill 2012, Second Reading Speech*

As Australia moves children with ‘mild to moderate’ ASD and GDD from the NDIS to Thriving Kids, it is imperative that evidence and real world clinical practice build the frameworks in all jurisdictions. These children and families must not go back to previous models we know do not work, leaving children and families in crisis and with uncertain futures.



CASE STUDIES: THE REAL IMPACT ON AUSTRALIAN CHILDREN

Case Study 1: 18 month old boy, living with ASD

18 month old boy, diagnosed with ASD at 12 months. He has been seeing an AEP for approximately 6 months.

When he first started seeing his AEP, he was unable to even lift his head. Within 6 months, he is not only lifting his head but he is now starting to walk.

Clinically, this child has seen significant improvements in: Fine and gross motor development; Motor and locomotor skills; Cognitive functioning and executive skills; Behaviour regulation, including reduction in stereotypy and aggression; Improvements in physical health

His mother says *'Seeing an Exercise Physiologist got my son walking. If we did come here....he would not be walking.'*

Case Study 2: 5 year old girl, living with GDD

5 year old girl, diagnosed with GDD at 4 years. Has been seeing an AEP for approximately 1 year.

This child presented with significant delays, and negative behaviours impacting the child, and families, quality of life.

Clinically, this child has seen significant improvements in: Fine and gross motor development; Improved motor and locomotor skills; Cognitive functioning and executive skills; Behaviour regulation, including reduction in stereotypy and aggression; Socioemotional functioning; Improvements in physical health.

Her mother says *'Seeing an Exercise Physiologist has turned out to be one of the best types of intervention. The most noticeable changes have come from this intervention in regards to social interactions in public spaces. Allowing for relationships and play'*

CONCLUSION

The *Thriving Kids Initiative* is more than a policy reform. It is a promise to every Australian child that their future will not be determined by geography, lengthy wait times, or fragmented healthcare systems. If States and Territories fail to deliver on that promise, children will continue to be left behind; waiting for therapy, missing vital stages of development milestones, and carrying disadvantage into adolescence and adulthood.

We know what works. The evidence is clear: early, adequate, and consistent intervention changes lives, and reduces the cost burden to the Australian economy. Exercise & Sports Science Australia, and our skilled workforce of Accredited Exercise Physiologists and Accredited Exercise Scientists are trained, willing and able to continue to be part of the solution.

ESSA is urging the Dr. Freeland and the Standing Committee to recognise the evidence and recommend that Accredited Exercise Professionals are embedded in Thriving Kids Frameworks consistently across the country to continue delivering proven, structured exercise interventions that help children reach their development milestones, and build their health, function, confidence, and participation in community and in life.

The cost of inaction is high, resulting in poorer educational outcomes, greater social and emotional distress, reduced workforce participation for families, and long-term health burdens for the nation. In contrast, the benefit of action is higher still: providing opportunity for children who grow, learn, and thrive; families who feel supported; and a system that delivers on its vision of equity and dignity.

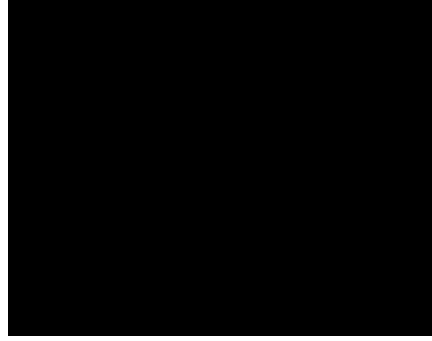
No child should ever be left behind. The Committee now has the opportunity, and the responsibility, to ensure that every child, no matter where they live or what challenges they face, has the chance to thrive.



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Children and families:



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