



2 October 2025

Chair
Standing Committee on Health, Aged Care and Disability
Parliament House
Canberra ACT 2600

Via Inquiry submission portal

Dear Dr Freeland

Re: Inquiry into the Thriving Kids initiative

HealthWISE provides primary care programs and clinical services across the New England and North West (NENW) regions of New South Wales and the Darling Downs and West Moreton regions of Southern Queensland. We are a specialist provider of rural and remote services.

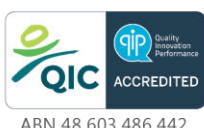
Our submission specifically addresses the Terms of Reference:

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

During Minister Butler's presentation to the National Press Club in August he identified Early Childhood Education and Care centres as a potential place for families to access support through *Thriving Kids*.

HealthWISE Speech Pathologists have developed and delivered specific training for educators based in Early Childhood centres (teachers working with children aged 3-6 years) to support children's learning, literacy skills and preparation for school. This was in response to the scarcity of Speech Pathologists visiting early education centres and delivering services to children in this setting. Furthermore, personnel working with children with additional needs in early education settings in rural areas have inadequate opportunity for support from allied health professionals. The 'Sounds good to me' program aims to support educators and teachers in promoting and teaching phonological awareness skills in early childhood and school settings. The program has also been adapted for Family Day care and parent-led learning. Evaluation suggests that where there is a shortage of educators/ competing demands in the centre, it is more difficult for educators to have the time to train in the program and then effectively deliver. For this point of delivery, *Thriving Kids* should support increased staffing levels with specialist outreach into centres.

HealthWISE have been contracted to deliver Priority Allied Health services (PAHS) in communities across the NENW for over 10 years. This program provides access to allied health for priority populations and has been successfully supporting rural and regional communities through an employed and contracted workforce delivering individual and group sessions locally. The PAHS model could be replicated to meet the needs of children and their families under the *Thriving Kids* initiative, with increased levels of investment, as current demand exceeds available sessions.



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In addition to PAHS, our Speech Pathologists are privately contracted by multiple schools across northern NSW to deliver speech pathology services in individual primary schools.

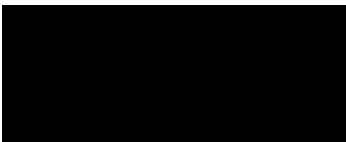
Delivering speech pathology directly into schools has been highly successful in delivering consistent therapy while removing the burden of parent and carers to travel to appointments during business hours. This allows equity of access to early intervention therapy services for children, regardless of parental capacity to engage or deliver home therapy. HealthWISE speech pathologists are supported with vehicles and resources to travel to schools. School staff identify the children receiving the service. Our multidisciplinary service team also delivers in person mental health services to support young people, and their families, from our offices across our footprint.

Strengthening community capacity for improved health and wellbeing is a strategic priority for our organisation. We strongly support health promotion activities and support the proposal to introduce a bulk billed health check for all children who live in Australia when they are aged 3 years, providing funding is extended to allow further assistance to be accessed where developmental delays are identified during the health check.

Rural and regional workforce capacity is stretched to meet current demands under the NDIS. Some clients have reported trying telehealth services, but find the setting is extremely difficult for children to interact effectively. Therefore, they choose to go on a waitlist for face-to-face therapy. The provision of telehealth services through *Thriving Kids* will not improve access to services for these children.

Where the NDIS delivered generational change for disability support in Australia, the identification of support needed for Australian children in modern Australian life and society structures (more childhood years spent in formal care, followed by their school years) provides another opportunity for generational change - better outcomes for all children - and may require wider cross portfolio thinking around this important life stage for the best outcomes. HealthWISE would be pleased to contribute to further discussion around delivery of services to children in community settings.

Yours sincerely



Fiona Strang

CEO