

Shona Redmile

Inquiry into the Thriving Kids Initiative

Thank you for the opportunity to make a submission to this important inquiry. I am a single parent of two young children, one of whom is autistic. My family relies on stable, evidence-based supports. I write to highlight serious concerns about the proposed Thriving Kids program and its impact on autistic children, their families, and the already overstretched education system.

Autism is a lifelong neurological difference, not a delay that a child “catches up” from. By framing autism under developmental delay, there is a risk of minimising the permanent and significant needs autistic children have. Removing or reducing access to supports on the basis of “mild” or “moderate” labels ignores that support needs fluctuate across time, environments, and stages of development. Without consistent support, children will fall further behind, leading to long-term negative outcomes in education, mental health, and social participation.

Parents also need access to clear, evidence-based resources that help them understand the neurological differences of our children and navigate support options. These resources should use practical neuro-affirming language, not deficit-based, and should focus on empowering parents to try to reduce stress at home and strengthen their child’s wellbeing. Families need more than diagnostic labels; they need trustworthy information and actual tools that build resilience and confidence.

Parents of autistic children already experience high levels of stress, exhaustion, and social isolation. Caring for a child with complex needs without reliable, funded support places enormous strain on mental health. Programs that increase uncertainty, such as unclear transitions away from the NDIS, risk worsening anxiety and depression in carers. Expecting parents to navigate mainstream systems alone adds to the administrative and emotional burden. Gaps in support also force many parents, especially single parents like myself, out of the workforce permanently. A program designed without carer mental health at its core will fail families.

The proposed Inklings program is deeply concerning. It is behaviourist in design and draws on principles similar to Applied Behaviour Analysis (ABA). ABA and ABA-like interventions have been widely criticised by autistic adults and advocacy organisations because they focus on compliance and masking, rather than supporting authentic communication and regulation. They increase trauma, anxiety, and a sense of failure in children who cannot meet imposed ‘norms’. They teach children to suppress their natural autistic traits, which is linked to long-term harm

including depression and suicidality. Rolling out a program like Inklings risks entrenching practices that autistic voices have already warned are harmful.

The Thriving Kids program also appears to assume that teachers will take on additional responsibilities such as developmental screening, monitoring, and delivering interventions. This is unrealistic and unsafe. Educators are already under enormous strain, facing staff shortages, growing class sizes and are under funded. Teachers are educators — not substitute therapists, case managers, or developmental specialists. Mandating further training requirements without additional staffing or resources will only add pressure and increase burnout. Expecting educators to fill the roles of speech pathologists, occupational therapists, or psychologists undermines both education and therapeutic quality.

Equity must also be considered. First Nations families and those from culturally and linguistically diverse backgrounds often face additional barriers when seeking support. If Thriving Kids is to succeed, it must ensure cultural safety, provide interpreting and translation where required, and recognise the strengths and priorities of these communities. A one-size-fits-all model risks deepening inequity.

International best practice also demonstrates that successful early support is family-centred, neuro-affirming, and embedded in community. Other countries have reduced reliance on compliance-based therapies by investing in peer mentoring, parent networks, and community supports that work alongside health and education systems. Australia should learn from these approaches rather than doubling down on behaviourist models that autistic people themselves reject.

For the Thriving Kids program to succeed, it must also be built on public trust. Families are already deeply concerned about how NDIS funds have been misused or wasted in the past. Without clear accountability, there is a risk that resources will be diverted away from children who need them most. The government and NDIA should commit to ongoing internal reviews that identify where funds have been wasted or misused by the scheme itself and savings from these reviews should be redirected into evidence-based systems, streamlined processes, and better staff training. Families and participants should also be actively educated about what is and is not allowed in terms of provider behaviour. Empowering participants with this knowledge helps prevent fraudulent practices before they occur, reduces vulnerability and exploitation, and builds stronger confidence in the system. Embedding accountability and transparency at the heart of the program ensures that families see not only better services, but also a system that protects them and their children from misuse.

To address these issues I recommend the following:

1. Recognise autism as permanent and avoid minimising it under “developmental delay” categories.
2. Protect parental mental health by reducing administrative load, providing reliable respite, and maintaining access to funded therapies.
3. Reject ABA-based models such as Inklings, and centre neuro-affirming, strengths-based practices co-designed with autistic people.
4. Support the education system rather than overloading it, by funding specialist staff and allied health collaboration in schools instead of shifting responsibilities to already

overworked teachers.

5. Commit to genuine co-design that involves autistic people, parents, and grassroots organisations in building policy, not just top-down experts.
6. Strengthen accountability and transparency through internal reviews of wasted funds and active participant education on fraud prevention.
7. Ensure cultural safety and accessibility for First Nations and culturally and linguistically diverse families, so they are not left behind.
8. Incorporate international best practice, drawing on models that prioritise family-centred, neuro-affirming support rather than compliance-based therapy.
9. Provide clear transition pathways through mainstream systems, with dedicated coordination roles that link health, education, and disability supports to avoid gaps for families.

The Thriving Kids initiative has the potential to reshape childhood supports in Australia. But if it is implemented without listening to autistic voices and lived experience, it risks creating gaps in support, harming children's development, and worsening outcomes for parents and schools. I urge the Committee to consider the long-term impacts of withdrawing or diluting support, and to prioritise approaches that respect autism as permanent, protect parent wellbeing, reject harmful therapies, and realistically support educators.