To whom it may concern,

I would like to voice my strong concern about the government's proposed Thriving Kids program and the impact it may have on families, children, and small allied health businesses.

I employ six Occupational Therapists and two Mental Health Social Workers who are highly skilled and passionate about delivering high-quality paediatric therapy. Supporting children to reach their potential is their area of training and expertise. If children with developmental delays and mild to moderate autism are removed from NDIS Early Childhood Intervention (ECI) and placed on the unknown program 'Thriving Kids', many of these clinicians — and countless others across the country — will be forced to work outside of the specialty they have trained for and where they thrive.

Our Occupational Therapy (OT) team supports children in areas that are critical for their early development and school readiness, including but not limited to:

- Emotional regulation
- Sensory processing differences
- Feeding difficulties and aversions
- Handwriting support
- Social and emotional skills
- Toileting challenges
- Sleep and daily routines
- School participation and transitions
- Assessments that inform diagnosis and assist schools, paediatricians, and other professionals

We work closely with families of children with developmental delays to ensure they are ready to begin mainstream school at age 5. Without OT intervention, many children would otherwise be held back — at a time when special or disability schools are no longer accessible in every town or are at capacity. Without these supports, schools and teachers would face immense added pressure to manage children who are not yet able to regulate emotions, follow directions, interact socially or appropriately, or use the toilet independently. This could mean more phone calls for parents to collect children who are unable to regulate, more disruption to classrooms and learning, and more parents at risk of losing jobs due to being seen as "unreliable." I know this challenge personally, as the parent of a child with ADHD who struggles to focus and regulate in the classroom environment.

Approximately 80% of the clients who access services through my business, access supports through NDIS ECI funding, whether in the clinic, at home, in schools, daycare/kindergartens, or in rural and remote communities. Most of these children later go on to receive diagnoses such as ADHD, Autism, or Sensory Processing Disorder. Already, children with ADHD or Sensory Processing Disorder are falling off the scheme at age 7, leaving families unable to afford privately funded services. Only those with an Autism diagnosis or another NDIS-recognised disability may continue, depending on the flexibility of their plan.

A large proportion of our families come from low socio-economic backgrounds. Many are single-income households, child safety placements, families with one or both parents managing their own personal disability or families already under immense financial strain due to the rising cost of living and the lack of affordable housing in North Queensland. Without funding, these families simply could not afford privately funded therapy. In North Queensland, where disadvantage is widespread, the removal of ECI funded therapies for developmental delays and autism would disproportionately affect the most vulnerable children — those who need support the most.

The challenges are even greater in rural and regional areas. In towns like Ingham, Charters Towers, Ayr, and Home Hill, families already face weeks-long waits to see a GP, limited or no access to community services, and in some cases, only occasional outreach from city-based providers.

Since the NDIS introduced half-cost travel fees on 1 July 2025, outreach providers have come under immense strain. Many North Queensland services have already cancelled their outreach programs to rural and remote communities because the costs are simply unsustainable. Delivering outreach carries significant overheads — including room hire in small towns, staff wages, superannuation, insurances, registrations, and rising fuel costs. With travel fees halved, continuing to deliver outreach is becoming almost impossible but without outreach services, families face pulling children out of school, taking time off work, and driving hours to Townsville. For many, this is not feasible — some don't drive, don't have access to a car, are disabled themselves, or can't afford the additional travel costs. If providers pull back further, children in rural and regional towns will lose access to early intervention and ongoing therapy, widening the already significant gap between metropolitan and rural areas.

While telehealth has it's place in providing access for some services where face to face therapy is not a readily available option, it is not a suitable replacement for early childhood therapy. Young children often struggle to sit and engage through a screen, and this becomes even more challenging for those with developmental delays, disabilities, or autism. The tools, resources, and play-based strategies that therapists use in clinics or face-to-face sessions are simply not available through a screen. Instead, parents are left to sit in front of the computer trying to manage their child's attention and participation, which can quickly lead to frustration and resentment. In contrast, trained allied health professionals know how to make therapy fun and engaging, using play and hands-on activities that encourage children to participate and learn. Telehealth cannot replicate this essential aspect of paediatric therapy.

Now, with the government proposing to remove children with developmental delays and mild to moderate autism off NDIS Early Intervention funding and place them into an unknown scheme that appears to rely heavily on community services, GP clinics, playgroups, and schools, the risk of children missing out on face to face and possibly even telehealth early intervention therapies is even greater. Many towns do not have enough children to sustain regular playgroups or therapy groups, and community services are non-existent, minimally staffed, or already stretched thin. If these children have their ECI funding withdrawn, they will simply miss out. And where does this leave small, specialised allied health businesses that have dedicated themselves to providing early intervention therapy or developed their business model around providing supports to rural and remote towns who are already at such a disadvantage?

The NDIS has been life-changing for many families, particularly in rural and disadvantaged communities. Replacing it with a less comprehensive, untested model risks undoing years of progress. I strongly urge the government to reconsider removing children with developmental delay and mild to moderate autism off ECI funding and onto the unknow Thriving Kids Program. We need to ensure that children in their most vulnerable years continue to receive adequate therapy and support from qualified allied health professionals and so far, everything that has been proposed about the Thriving Kids program is proving that under this new program they will not have access to the therapies they need to thrive!

Kind regards,
[redacted]