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Submission to Inquiry into the Thriving Kids initiative

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Submitted by: Ravi Krishnamurthy

Position: President, Australian Multicultural Action Network (AMAN)

Introduction

AMAN welcomes the Government's commitment to the *Thriving Kids Initiative* and the recent commencement of the Parliamentary inquiry. Foundational supports for children with developmental delay or autism (especially mild to moderate support needs) are critical, and AMAN is pleased to offer this submission to help ensure the initiative is both ambitious and effective, equitable, and sustainable.

What AMAN Supports – Positives

From what AMAN has reviewed so far (Terms of Reference; Media Release "Shaping a brighter future for foundational supports") AMAN particularly welcomes:

- 1. Emphasis on Foundational Supports**

The Initiative recognises that early, foundational supports - in areas such as primary care, allied health, early childhood education, preschool, etc. - are pivotal to improving developmental trajectories for children. The focus on mild to moderate developmental delay and autism is important.

- 2. Inclusive Stakeholder Engagement**

The media release confirms a broad spectrum of stakeholders will be consulted: families, carers, healthcare professionals, educators, service providers, disability

- representative organisations. AMAN is pleased the design will draw directly on those with lived experience and professional expertise.
3. **Equity and Intersectionality Focus**
The Terms of Reference explicitly require that the Initiative examine equity and intersectional issues, particularly for First Nations children and culturally and linguistically diverse (CALD) populations. This is essential if supports are to reach those most marginalised.
 4. **Attention to Seamless Transitions and Mainstream Engagement**
There is a clear intention to identify mechanisms by which children with mild to moderate support needs can transition through mainstream systems - child and maternal health, primary care, early childhood education, schools - rather than being siloed. This is likely to promote inclusion, reduce duplication, and lead to more efficient use of resources.
 5. **Evidence-based, Best Practice Approach**
The Initiative (via the Terms of Reference) asks for evidence-based information, draws on current and past programs, includes domestic and international policy experience. AMAN supports this as essential for designing interventions that work, rather than reinventing failing models.
 6. **Importance of Workforce Support and Training**
Recognising that having capable, well-trained workforce is crucial. The TO-R (Terms of Reference) explicitly asks to identify gaps in workforce support and training. AMAN supports ensuring that allied health, educators, and community service providers have the skills, capacity, and resources needed.
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Areas for Improvement / Recommendations

While AMAN strongly supports the Initiative and its goals, there are several areas where enhancements or clarifications would strengthen its impact, effectiveness and ensure risks are managed. Below are recommendations:

1. **Clarify Definitions and Eligibility**
 - *What constitutes “mild to moderate” developmental delay or autism* needs clearer operational definitions, to ensure consistency across jurisdictions and between providers. Without clarity, families may experience uncertainty or inconsistent access.
 - The criteria for eligibility (age, severity, geographic location, etc.) should be transparent, including how comorbidities are handled.
2. **Ensure Adequate Funding and Resourcing**
 - The Initiative’s scope is broad. For it to succeed, sufficient and stable funding must be committed-not just for pilot phases, but for ongoing service provision.
 - Funding models should consider rural, remote, and disadvantaged communities, where costs are higher and workforce harder to recruit.
3. **Strengthen Workforce Capacity and Distribution**

- Beyond identifying gaps, AMAN recommends proactive strategies: training more allied health professionals, incentivising them to work in underserved areas, building capacity in mainstream services (e.g. schools, preschools) so that they can better support children with mild-moderate needs rather than always referring out.
- Consider accreditations, continuous professional development, cultural competency training (especially for First Nations / CALD contexts), and possibly new roles or paraprofessional supports.

4. Improve Access and Navigation

- Families often struggle to navigate systems. The Initiative should include mechanisms for coordination/navigation support-case management, family liaison, or advocacy services to help families understand what supports are available, eligibility, pathways etc.
- Streamline referral pathways so children don't fall through gaps between services (e.g. from primary care to allied health, from early childhood education to school).

5. Ensure Equity in Delivery

- For First Nations children and CALD communities, supports must be culturally safe and appropriate, possibly delivered through community-controlled organisations.
- Geographic equity: ensure remote, rural, and very remote communities have access comparable to urban settings. Telehealth, mobile outreach, local workforce development etc. should be part of the model.
- Consider socio-economic barriers (cost, transport, awareness) and reduce out-of-pocket costs where possible.

6. Outcome Measurement, Monitoring, and Transparency

- Define clear, measurable outcome metrics-both short-term (e.g. earlier identification, parent satisfaction, access times) and long-term (e.g. developmental gains, school readiness, ongoing wellbeing).
- Use data collection with disaggregation (by location, cultural background, disability type etc) to monitor equity.
- Ensure transparent reporting: publish regular progress reports, independent evaluations.

7. Coordination Across Jurisdictions

- Because health, early childhood, education, disability services are shared or varying responsibilities across the States/Territories, the Initiative must include mechanisms to ensure consistency, avoid duplication, align policies.
- Federal-state/territory cooperation is necessary-e.g. funding, workforce, standards.

8. Sustainability and Scale

- Pilot or trial phases are fine, but to maintain momentum and avoid "patchiness", there must be structures for scaling up successful programs, sustaining them beyond political cycles.
- Consider building the Initiative into existing systems rather than creating wholly new separate structures that may be vulnerable.

9. Family / Carer Support

- Supports for families and carers are just as important: parent education, peer support, respite, mental health support. The emotional, financial burden on families can be high and can negatively affect outcomes if unaddressed.
- Engagement with families in designing programs to ensure they meet lived-needs, flexibly delivered (e.g. timings of services, locations).

10. Flexibility and Innovation

- Allow for flexible delivery models (e.g. telehealth, blended service delivery, community delivered, mobile outreach) to accommodate diversity in geography, culture, family situations.
- Encourage innovation: perhaps via grants to community organisations, research partnerships to trial new evidence-based models.

Suggested Specific Measures / Proposals

To flesh out the above, here are some concrete proposals AMAN would support or advocate for:

- Establish a *National Thriving Kids Framework* which sets minimum service standards, definitions, outcome indicators, that all States/Territories agree to.
- Create a '*one-stop portal*' for families, with information, referral paths, communication about availability of services in their region, eligibility, costs etc.
- Fund "Navigator / Family Liaison" roles in each region to assist families in accessing foundational support services.
- Expand tele-allied health services to remote and rural areas, supported by infrastructure (internet connectivity etc).
- Special funding stream for First Nations community-controlled health and disability organisations, to deliver culturally safe and locally appropriate services.
- Scholarships, incentives (e.g. rural allowances) to attract allied health and early childhood educators to underserved areas.
- Strong evaluation and feedback loops, including co-design and continuous improvement (e.g. regular stakeholder forums).

AMAN's View on Risks / Challenges

While optimistic, AMAN notes some potential risks which the Inquiry should anticipate and plan to mitigate:

- Underestimating the cost and resource demands, leading to under-funded, over-promised programs.

- Workforce shortages, especially in rural/remote and in allied health specialisations, may severely limit capacity.
 - Inconsistent implementation across states/territories leading to unequal access.
 - Cultural mismatch: programs not designed in culturally safe ways leading to low uptake in First Nations or CALD communities.
 - Fragmentation: multiple agencies delivering overlapping services, duplication, or lack of clarity in who is accountable.
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Conclusion

AMAN is strongly supportive of the *Thriving Kids Initiative*. It represents a major opportunity to significantly enhance how Australia supports children with developmental delays and autism, especially those with mild to moderate needs, early in their lives. With careful design, sufficient and sustainable resourcing, strong focus on equity, and built-in mechanisms for monitoring, the Initiative can make a real, lasting difference.

We urge the Committee to adopt the proposals above, and we look forward to being part of stakeholder consultations, co-design processes, and to supporting the implementation in whatever ways AMAN can contribute.

Sincerely,

Ravi Krishnamurthy

President, Australian Multicultural Action Network (AMAN)