Australian Government response to the House Standing Committee on Health, Aged Care and Disability's Inquiry into the Thriving Kids initiative

No child left behind

AUGUST 2026

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Overview

The Australian Government appreciates the Committee's wide engagement as part of the Inquiry process, including hearing from the disability community and those with lived experience, peak bodies and representative organisations, government departments and agencies, industry groups, academics, health practitioners, medical organisations and service providers. The Australian Government thanks the Committee and all those who generously provided their valuable time, insights and experience to the Inquiry.

In December 2023, all governments agreed to jointly invest in new services known as Foundational Supports in response to a recommendation of the Independent Review of the National Disability Insurance Scheme (NDIS) that supports outside the NDIS be established to support people with disability.

On 20 August 2025, the Minister for Health and Ageing, Minister for Disability and the National Disability Insurance Scheme, the Hon. Mark Butler MP, announced, as the first part of Foundational Supports, a new system of supports for children aged 8 and under with developmental delay and/or autism with low to moderate support needs, and their families, carers and kin, known as Thriving Kids. To support developing Thriving Kids, Minister Butler established the Thriving Kids Advisory Group to advise on a national model and referred an inquiry into Thriving Kids to the Committee to ensure community involvement in the design of these supports.

The Australian Government appreciates the opportunity to respond to the House Standing Committee on Health, Aged Care and Disability's (the Committee) Recommendations arising from the Inquiry into the Thriving Kids initiative (the Inquiry). This response provides the Australian Government's position on the Inquiry's recommendations and outlines intended actions where applicable.

Overall, the Australian Government supports 6 recommendations, supports 8 recommendations in principle, notes 2 recommendations, and does not support 2 recommendations.

Thriving Kids

On 30 January 2026, National Cabinet reached a landmark agreement to deliver record funding to state and territory hospitals and secure the future of the NDIS. The agreement included joint investment of $10 billion over 5 years in Foundational Supports, with $4 billion of this commitment to establish and deliver Thriving Kids.

Thriving Kids will better support children aged 8 and under with developmental delay and/or autism, with low to moderate support needs, outside the NDIS. It will seek to identify developmental delay earlier and connect children and their families with evidence-based supports, matched to the child's level of need.

The development of Thriving Kids was informed by the Thriving Kids Advisory Group which was co-chaired by the Hon Mark Butler, the Minister for Health and Ageing, Minister for Disability and the NDIS, and Professor Frank Oberklaid AM from the Murdoch Children's Research Institute. The group included experts from a range of fields, including parents with lived experience, paediatrics, child development, research, disability, child and family services, health care, early education and schools, First Nations and state and territory representatives.
The Advisory Group heard from Committee co-chairs during their meetings to ensure the work of the Committee informed their final advice.

The Thriving Kids Advisory Group final report, which proposed a Thriving Kids national model, was provided to governments at the end of 2025 for consideration. The report was published on 3 February 2026 and can be found at https://www.health.gov.au/committees-and-groups/thriving-kids-advisory-group.

The Thriving Kids national model, which National Cabinet committed to deliver, has been informed by the Committee's final report, advice from the Thriving Kids Advisory Group, national consultation on Foundational Supports over 2024, and significant engagement undertaken through the Independent Review into the NDIS.

The Thriving Kids national model will include supports that help:

- improve awareness of developmental delays
- better identify developmental delays
- parents and families to build their skills, connect with others and find quality information and advice
- connect children and families to 'targeted supports', focused on development and based on level of need.

Governments have agreed there will be a range of different supports available under Thriving Kids. This will include scaled existing services and new services that will be provided in environments where children live, learn and play.

Recommendation 1

The Committee recommends that the Thriving Kids Advisory Group undertake an inclusive co-design process and embed evidence-based policies and interventions, as well as the ability to formally review progress on these processes.

Included in this process should be recognised organisations and peak bodies with an established history in providing services and support for children with physical or psychosocial disabilities and intellectual disability, as well as individuals with lived experience of disability or care of persons with disability, First Nations, and culturally and linguistically diverse backgrounds.

The Australian Government supports this recommendation in principle.

The Australian Government acknowledges the importance of ensuring that Thriving Kids design and implementation is inclusive and informed by a wide range of sources, including appropriate expertise and lived experience, and evidence-based policies and interventions.

The Thriving Kids Advisory Group's inclusive process involved multiple 'deep dive' meetings supported by relevant stakeholders. This included disability representative organisations, service providers, and colleagues with specialist expertise in relevant fields. The deep dives focused on best practice service models for allied health, identification, needs assessment and referral pathways, a key worker approach, and education and workforce considerations.

The Advisory Group also held sessions with people with lived experience, encompassing both parent and children's perspectives, including First Nations families and culturally and linguistically diverse families, as well as considering information shared by the Australian Government and state and territory governments. These sessions allowed for further detailed consideration of the best service models for Thriving Kids. Thriving Kids design was also informed by national consultations held in 2024, consultations that informed the Independent Review of the NDIS, and through the work of Committee Members.

Advisory Group members and government officials met with stakeholders and advocacy groups to update on their work and test the Thriving Kids national model. There were several engagement sessions that specifically tested the Advisory Group's proposed national model, including with:

- Disability Representative Organisations
- Parents with lived experience, and
- Disability and Health Sector Consultation Committee.

Throughout the implementation of Thriving Kids, all governments will continue to work closely with disability communities and advocacy groups, experts in early childhood interventions, peak bodies and service providers, and value and trust the voices of people with lived experience.

The Australian Government also provides funding for Disability Representative Organisations and other representative and advocacy bodies to support their participation and members' involvement in reforms such as Thriving Kids.

Additionally, a key principle proposed by the Advisory Group and agreed through the Bilateral Agreements governing Thriving Kids, is that supports should be evidence informed, based on contemporary research, and shaped by the perspectives of children, families, and carers.

Formal reporting and evaluation arrangements between the Australian and state and territory governments is a critical element of Thriving Kids. All governments have agreed that Foundational Supports will undergo a 3-year review to assess implementation progress and ensure services are operating as intended.

The terms of reference for this review will be jointly developed between the Australian Government and states and territories and agreed by First Ministers, with findings of the review intended to be published. People with lived experience, Disability Representative Organisations and other representative and advocacy bodies and service and support providers will be included in the review process.

More information on the 3-year review is included in the response to Recommendation 10.

Recommendation 2

The Committee recommends that the Australian Government establish a Thriving Kids Advisory Council, to advise Federal, State and Territory governments, and disability ministers, on the implementation of the Thriving Kids initiative.

The Australian Government supports this recommendation in principle.

The Australian Government is committed to ongoing engagement and community connection throughout Thriving Kids implementation, including with people with lived experience and with culturally and linguistically diverse backgrounds, families and carers of people with disability and delay, First Nations representatives, community services, intersectional cohorts, and the early childhood, health and education sector.

To avoid duplication, National Cabinet agreed governance mechanisms that align with existing structures will be utilised wherever possible. In this context, the Australian Government considers that current cross- government governance architecture is well suited to support Thriving Kids.

Thriving Kids governance architecture is articulated in the *Heads of Agreement on the National Health Reform Agreement, the National Disability Insurance Scheme reforms and Foundational Supports,* the *National Agreement on Foundational Supports 2026–31* and Thriving Kids Bilateral Agreements. All documents can be found at https://federalfinancialrelations.gov.au/agreements/national-agreement-foundational-supports

Thriving Kids governance is primarily coordinated through the Disability Reform Ministerial Council, with engagement with health and education Ministerial portfolios and First Ministers. Australian Government and state and territory senior officials will oversee the implementation of Thriving Kids, involving Health, Education and other portfolios to progress specific design and implementation matters.

Other groups such as the NDIS Reform Advisory Committee, Disability Representative Organisations and relevant Australian Government and state and territory government advisory groups and others with lived experience will also be important support for Thriving Kids governance.

Recommendation 3

The Committee recommends that the Thriving Kids initiative be implemented in phases and that the Thriving Kids Advisory Group consider appropriate safeguards to prevent loss of supports for children.

The Committee also recommends that the *National Disability Insurance Scheme Act 2013* be amended to ensure that foundational supports are appropriately implemented.

The Australian Government supports this recommendation.

The first tranche of Thriving Kids supports will be progressively rolled out from 1 October 2026. The phased rollout will ensure services are in place ahead of changes to NDIS access arrangements. All services are expected to be fully scaled by 1 January 2028.

To support the rollout of Thriving Kids, the Australian Government and all state and territory governments have agreed in principle to change NDIS access arrangements for children. These changes will ensure children and their families are supported through the system that is best suited to their needs.

Between now and 1 January 2028, children with developmental delay and/or autism with low to moderate support needs will continue to be eligible for the NDIS. The overlap between the rollout of Thriving Kids and NDIS access requirements is intended to provide time to establish servicing arrangements to ensure that nobody falls between the service systems.

Changes will apply from 1 January 2028 to children aged 8 and under with developmental delay and/or autism with low to moderate support needs, who will be supported through mainstream and Thriving Kids. Children with permanent and significant disability will continue to be eligible for the NDIS, subject to usual NDIS arrangements. These access changes require amendments to the National Disability Insurance Scheme Act 2013 (NDIS Act).

Children aged 8 and under enrolled in the NDIS prior to 1 January 2028 with developmental delay and/or autism with low to moderate support needs will continue to receive supports, subject to usual arrangements, including eligibility reassessments.

As Thriving Kids is not a NDIS support, implementation is enshrined in the Heads of Agreement on the National Health Reform Agreement, National Disability Insurance Scheme reforms and Foundational Supports, National Agreement on Foundational Supports 2026–31 and Thriving Kids Bilateral Agreements.

Recommendation 4

The Committee recommends the Australian Government establish an Inspector-General of the National Disability Insurance Scheme.

This Australian Government does not support this recommendation.

Oversight of the NDIS goes beyond the scope of the Thriving Kids initiative and is duplicative of the NDIS Quality and Safeguards Commission.

The NDIS Quality and Safeguards Commission is an independent Australian Government regulator and has regulatory powers and oversight of the NDIS through functions outlined in the NDIS Act, including to:

- uphold the rights of and promote the health, safety and wellbeing of people with disability receiving supports or services, including those received under the NDIS
- improve the quality and safety of NDIS supports and services
- regulate and register NDIS providers
- take complaints when NDIS providers or workers do the wrong thing, and
- respond to concerns, complaints and reportable incidents, including abuse and neglect of NDIS participants.

As part of implementing Thriving Kids, governments will leverage existing regulatory and other safeguarding arrangements to maintain appropriate quality, safeguards and standards that are effective and proportionate for these services.

Recommendation 5

The Committee recommends that Thriving Kids initiative include a provider registration process that is streamlined and proportionate. The process should recognise and leverage existing registrations under other schemes for similar services, reducing duplication and administrative burden while maintaining appropriate safeguards and quality standards.

The Australian Government notes this recommendation.

In the area of general parenting supports, local information, advice and navigation, and targeted allied health supports, states and territories are responsible for delivering these services through either scaling existing services or establishing new Thriving Kids supports where required.

In doing so, National Cabinet agreed that, as part of Thriving Kids, existing regulatory and quality systems that currently govern Australian Government and state/ territory programs and services will remain in place without additional regulatory or quality requirements. New requirements will only be applied to the extent necessary to provide clarity on: additional funding; numbers of people supported; method and intensity of support; and program effectiveness.
This information will be shared reciprocally between all Parties. As such, a provider registration process is not proposed as part of the national model.

The Thriving Kids model is different to NDIS arrangements which provide participants with plan funding that allow for individuals to purchase the services they require from a range of registered and unregistered providers.

Recommendation 6

The Committee recommends that that the government adopt a commissioned service model for the Thriving Kids initiative to ensure appropriate and quality services are delivered across all jurisdictions. Wherever possible already existing services with appropriate regulation and safeguards should be used.

The Australian Government supports this recommendation in principle.

All governments have agreed to build on existing evidence-based services where appropriate, and, where needed, establish new services to deliver Thriving Kids. Given the bulk of the Australian Government's investment in Thriving Kids will be provided to states and territories to help kids thrive, service delivery approaches will be determined by individual governments.

As part of the *National Agreement on Foundational Supports 2026–31*, governments have committed to ensure effective compliance with relevant service, quality and safeguarding standards.

Services funded under Thriving Kids must align to the agreed national model and service principles. This includes ensuring services are evidence based, delivered by appropriately skilled workforces, are culturally appropriate, neuro-affirming, respond to intersectional considerations, and consider effective service approaches for rural, regional and remote communities.

Additionally, as part of the response to the Disability Royal Commission, the Australian Government committed to establishing a *Disability Support Quality and Safeguarding Framework,* and the *Disability Support Ecosystem Safeguarding Strategy*.

Recommendation 7

The Committee recommends that the Australian Government fund and implement improvements to technology for access to online and health advice services, with additional focus on improving these services in regional, rural and remote areas.

The Australian Government supports this recommendation.

States and territories are responsible for delivering Thriving Kids supports in their jurisdiction, aligned to the national model. As part of this, they will need to consider the service needs of those in regional, rural and remote areas.

The Australian Government is responsible for Thriving Kids measures that will enable the program to operate effectively at a national level. This will include investment in online and phone advice, information and resources as well as enabling functions that benefit from a national approach.

Existing national services such as My Health Record and the 1800MEDICARE app provide Australians with streamlined access to their My Health Record and supports individuals to navigate health services. Through these services, families and carers living in rural, regional and remote areas can access key health information, reducing the need to repeat or retell information to multiple healthcare service providers.

The 1800MEDICARE app includes direct links to the 1800MEDICARE helpline, Healthdirect and digital advice and information, supporting all Australians to access reliable health information regardless of their location. Under Thriving Kids the Commonwealth will invest $120.9 million over 5 years from 2026–27 for phone and online advice, information and resources focused on early childhood development and autism– this is detailed further under the response to recommendation 9.

More broadly, the Australian Government is continuing to invest in improving access to digital and online services in regional, rural and remote areas through the Better Connectivity Plan, a key initiative and part of the Australian Government's telecommunications agenda, which is investing more than $2.2 billion in regional communications.

Additionally, Medicare Benefits Scheme (MBS) telehealth arrangements provide for a wide range of telephone and video services by qualified health practitioners and support safe and equitable telehealth services.

The Australian Government also funds a range of nationally available, free or low-cost digital mental health services, including online treatment programs, peer support forums and web chats, email and telephone counselling, and crisis lines. This includes services which target children and young people, and their parents and carers.

Recommendation 8

The Committee recommends that dedicated funding and staffing be allocated in the development of the Thriving Kids initiative to ensure the integrity and effectiveness of data management. Specifically:

- Adequate resources should be provided to implement systems and processes that guarantee data accuracy, reliability, transparency and adherence to Indigenous Data Sovereignty principles.
- Data infrastructure must support interoperability, enabling seamless sharing and integration across relevant platforms and agencies to avoid duplication and enhance efficiency.
- Data collection and analysis should be structured to inform decision-making and drive best possible outcomes for families and children in need.

The Australian Government supports this recommendation in principle.

The Australian Government recognises the important role evidence and monitoring arrangements play in ensuring the ongoing effectiveness of investments in Thriving Kids. As part of agreements governing Thriving Kids, a Thriving Kids Evaluation and Reporting Framework will be developed.

As part of the agreements governing Thriving Kids, governments have agreed to collect data on services funded under Thriving Kids. As existing services are being scaled, existing reporting arrangements will be used where appropriate. Governments will agree the relevant data domains to ensure national reporting and the ability to effectively report on outcomes. Transparency and adherence to Indigenous Data Sovereignty principles will inform the development of the Evaluation and Reporting Framework.

Data will be collated for public reporting as well as to drive continuous improvement and best practice.

Governments have also agreed to undertake an independent review of Foundational Supports including Thriving Kids. The review will assess if supports are meeting stated objectives, outcomes and outputs, and report on the sustainability, capacity, efficiency and effectiveness.

In line with Priority Reform 4 of the National Agreement on Closing the Gap, and as part of Thriving Kids reform, the Australian Government is investing in updating the Child Health Record with digital capabilities to capture and share child health information (currently not captured) and display this information in a single, longitudinal view. This would support shared decision-making, supporting improved outcomes for families and children in need.

The Child Health Record would leverage existing national digital health infrastructure, including My Health Record and the 1800MEDICARE app, to support secure, standards-based sharing of child information across jurisdictions and services, reducing duplication and improving data quality and align with Indigenous Data Sovereignty principles.

Recommendation 9

The Committee recommends that there should be a single portal of entry with multiple referral pathways for all children with developmental concerns whether they are in the NDIS or not.

The Australian Government notes this recommendation.

Thriving Kids services and supports will be embedded within and/or connected to existing services that families and children already interact with. Advice from the Thriving Kids Advisory Group and other consultations have confirmed the value of multiple soft entry points1 to better support families to access timely support regardless of where and how they start their Thriving Kids journey.

The advisory group used the term 'soft entry points' in the context of referrals to, within, and from Thriving Kids being user focused, flexible and responsive, meeting children and families where they are and building on their existing strengths and networks. This approach also recognises the expertise of families, carers, and professionals, and values the diverse pathways through which families can access supports.

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[1] Soft-entry refers to easy to access services, for example a parent can approach the service directly to explore participating in a peer support group or course, they do not need a formal referral.

The *National Agreement on Foundational Supports 2026–31* commits governments to entry points that are clear, accessible and transparent and allow for referral from multiple pathways/ systems that people routinely interact with.

Thriving Kids will also help to ensure that service providers and professionals involved in making referrals have access to relevant training and resources that are inclusive, child- and family-centred, culturally sensitive, empowering and respectful of the family's choice of providers.

These arrangements will be supported by coordinated communication between the Australian and state and territory governments and service delivery partners to ensure easy navigation for families.

Points of entry will include Australian Government funded national online and phone information and advice, wayfinding supports which will complement state-based navigation assistance. This investment will include $120.9 million over 5 years from 2026–27 to provide information and advice to parents and families on childhood development, including through a national Medicare Thriving Kids phone line, and a national autism information and advice helpline and online digital hub with information, resources and Thriving Kids service finder.

It is expected that as part of Thriving Kids implementation planning, each state and territory is considering where best to place their intake point/s to ensure children can be easily connected to the appropriate level of support based on their need.

Access to general parenting information, advice, supports and groups is expected to allow for self-referral so that families can access these supports quickly and easily. In addition to self-referral-, children and their families can be referred from a range of pathways including general practitioners, those who may interact with children in natural settings such as child and maternal health workers, early child education and care and schools. Access to targeted allied health supports will include an assessment based on function to ensure children are matched to the right supports.

To support the interface between mainstream services, the NDIS and Thriving Kids, governments have agreed to ensure that smooth transitions and referral processes are facilitated for service users by working together on complementary approaches, including assessment approaches. This includes appropriately sharing information to support transition between systems and mutual recognition of supporting evidence to facilitate access and eligibility decisions.

The Committee also recommends that the Thriving Kids Advisory Group ensures that participation in the Thriving Kids initiative will not preclude an individual from seeking to participate in the National Disability Insurance Scheme, once their time in the Thriving Kids initiative has concluded.

The Australian Government supports this recommendation.

NDIS access requirements are set out in the NDIS Act. As such, the Thriving Kids Advisory Group does not have a role in this area.

The NDIS will continue to be available for those who meet legislated thresholds for access and maintain their eligibility status. This means that a child identified as having a significant and permanent disability who has accessed Thriving Kids services will not be precluded from accessing the NDIS. This is affirmed through the Thriving Kids Bilateral Agreements, which outlines that a child who accesses Thriving Kids may concurrently be eligible for the NDIS, subject to the usual NDIS arrangements, where they also have substantially reduced functional capacity.

Many children who access Thriving Kids are expected to benefit from these services and supports and as a result may not require support through the NDIS.

Accessible mainstream and universal parenting supports will remain available to all families and their children.

Under Thriving Kids, governments have agreed that state and territory governments will be responsible for the delivery of general parenting supports, local information, advice and navigation, and targeted allied health supports.

The Australian Government will oversee national measures that support the Thriving Kids model to operate across jurisdictions. This includes:

- national information and awareness raising
- national online/digital and phone information and advice on developmental delay, autism and service finding
- national enabling elements, and
- an evaluation of Thriving Kids, including a 3-year review.

Recommendation 10

The Committee recommends that the Australian Government refer an inquiry to the Committee to undertake a rapid review of the Thriving Kids initiative after twenty-four months in operation. The Committee further recommends that the review be presented to the House in accordance with Standing Orders.

The Australian Government supports this recommendation in principle.

All governments have agreed that a rapid independent review to assess Foundational Supports implementation progress will commence 3 years after Thriving Kids Bilateral Agreements are signed. The terms of reference of this review will be jointly developed between the Australian Government and states and territories and agreed by National Cabinet.

Recommendation 11

The Committee recommends that a consultative group of professional organisations (including allied health peak bodies, paediatricians, child psychiatrists, child & family nurses, early childhood educators, and school educators) and parents involved in the system themselves, be part of the review process.

The Australian Government supports this recommendation in principle.

The Australian Government acknowledges the role professional and lived experience insights can provide to support the 3-year review of Thriving Kids. The Australian Government supports the review being informed by relevant expertise, including parents, carers, families and people with lived experience, Thriving Kids and other mainstream service providers, educators, professional organisations and peak bodies, including First Nations Health peak bodies.

Recommendation 12

The Committee recommends that the Australian Government works with the States and Territories to fund support improvements for children and families during times of transition. These would support families when children are (sic) transitioning into early education, from early education into primary education, or from primary education to higher education, as appropriate.

The Australian Government supports this recommendation in principle.

Supporting children aged 8 and under, who are in scope for Thriving Kids, to successfully navigate transitions at key points will be a focus under the Thriving Kids model. This would include at key transition points such as starting early childhood education and care or school. In addition to assistance provided under Thriving Kids parenting supports, the national model articulates that under targeted supports, children and families who require additional support can seek access to more intensive capacity building. This support would also assist families during these key transition stages.

Details on what this looks like, in terms of scaled services and any new supports, is being refined in Australian Government and state and territory governments' implementation plans.

The Commonwealth's investment in Thriving Kids will include $120.9 million over 5 years from 2026–27 which includes national and local information and advice to parents and families on childhood development through a new Medicare Thriving Kids national phone line, a national autism information and advice helpline and online information and resources hub.

The Commonwealth has also announced a further $99.5 million over 5 years from 2026–27 to empower parents, carers and kin with the skills to support children with developmental concerns or autism through Mental Health in Primary Schools and the Positive Partnerships Program.

This investment also includes a National Digital Child Health Record in my Health Record. Partial funding for this measure will be held in the Contingency Reserve until the Government has considered a business case for future stages of the Child Health Record.

Recommendation 13

The Committee recommends that the Australian Government use both existing and new resources to work with the States and Territories to support children and their families in regional, rural and remote areas.

This is particularly important for children in regional, rural, and remote areas who have developmental issues and who can be supported through various means, such as using multidisciplinary teams using a hub and spoke system in regional, rural and remote areas.

By increasing funding and resources to already existing organisations who can deliver through a hub-and-spoke system, these supports can be made more readily available and therefore can improve equitable access for these children and their families, thereby ensuring that cost and distance is not a barrier.

The Australian Government supports this recommendation.

Thriving Kids will include the scaling of existing services and supports that align with the national model as well as investment in new services where required. This would include a range of service models including multidisciplinary teams using a hub and spoke, as well as other approaches. Exact details will be outlined in Implementation Plans.

Recommendation 14

The Committee recommends that workforce and resources be developed across all areas of support for families to navigate an extremely complex system and that, wherever possible, support should be provided by a range of workers to ensure equitable access for all, including:

- regional, rural and remote areas, CALD and Indigenous communities, children in out-of-home care, parents and carers with disabilities themselves, and other high-risk communities

The Australian Government supports this recommendation.

While states and territories will deliver measures in their jurisdictions to assist workforce capability readiness in key sectors, the Australian Government recognises the importance of providing national support for a skilled workforce to help families navigate complex systems.

In addition to investment in national measures to assist workforce and build capability readiness in key sectors, a range of resources will be developed to support those who may interact with children (i.e. General Practitioners (GPs), early childhood education and care workers, educators, etc.) to help them understand contemporary issues related to developmental delay and neurodiversity.

They will also seek to upskill workers in relation to supporting common developmental disabilities/conditions, working with other professionals, and understanding how to implement reasonable adjustments. Tools and resources will also support those who interact with children to understand what Thriving Kids is, who may be eligible and how to make appropriate referrals.

There will also be investment in tools and training to support primary care professionals better identify and respond to the needs of these children. Consideration will be given to the needs of different cohorts such as those outlined in the recommendation, with the design and delivery of tools and workforce training to reflect the appropriate role of specific professionals and be informed by sector consultation.

To better support children's development, around $140 million in Commonwealth investment will support a range of key workforce measures under Thriving Kids. This will complement any state investment in workforce measures.

Recommendation 15

The Committee recommends that a separate item number, identical to the yearly review process available to geriatricians, be made available to paediatricians to conduct a yearly review for their patients, with case conferencing with other health professionals and educators involved.

The Australian Government does not support this recommendation.

The Medicare Benefit Schedule (MBS) currently provides rebates to support patients to access medical services including seeing a paediatrician. MBS rebates are available for standard consultant physician attendances, the preparation and review of annual treatment and management plans, and a one-off item for the assessment and development of a management plan for patients with complex neurodevelopmental disorders.

A paediatrician can also refer patients with complex neurodevelopmental disorders for 8 allied health assessment services, and 20 allied health treatment services per lifetime. Rebates for telehealth equivalents are also available.

Under the MBS, item 135 supports a referred patient under 25 years of age, to receive a comprehensive assessment by a paediatric specialist in relation to a diagnosis of a complex neurodevelopmental disorder. The item is applicable once per lifetime. According to publicly available Medicare data, a total of 17,598 services were provided under MBS item 135 between July 2024 to June 2025.

The MBS also provides patient rebates for paediatricians to organise and participate in case conferences. Multidisciplinary case conferences can be initiated by a paediatrician with eligible participants through relevant MBS items to review and discuss a patient's history, multidisciplinary care needs and progress towards identified outcomes.

The Medical Services Advisory Committee evaluates new medical services and technologies for public funding under the MBS through a formal health technology assessment pathway. The Australian Government is also considering the availability, cost and equity of access to medical specialist services through a new inquiry into access to and affordability of medical specialists in Australia.

The Committee also recommends that a child development check item number be available for GPs and allied health professionals, as well as similar childhood development checks be made available for early childhood educators, child and family nurses and community nurses in regional, rural and remote areas. This way, all children can have this as another portal of entry into the Thriving Kids initiative.

The Australian Government supports this recommendation in principle.

We note that items on the Medicare Benefits Scheme (MBS) can only be claimed by appropriately qualified health practitioners. Under the MBS, health assessment items are already available to GPs.

The Australian Government considers that child health and development checks should only be administered by health professionals who are qualified to do so, including paediatricians, GPs, maternal and child health nurses and relevant allied health professionals.

The funding of child development checks by practitioners employed in public health settings, including allied health practitioners, child and family nurses and community nurses is a matter for state and territory governments.

Early childhood educators are neither trained nor qualified to conduct formal child development checks as undertaken under the MBS. However, in recognition of the agreement for Thriving Kids to be delivered in early childhood settings, the Australian Government has committed $139.7 million over five years from 2026-27 to facilitate this delivery. This funding is being held in the Contingency Reserve pending consultation and design with states and territories, with detail then settled in their implementation plans.

The Australian Government has also announced $126.1 million over five years from 2026-27 to support the early identification of children with developmental delay or neurodevelopmental difference through a new service, Medicare Healthy Kids Check, which includes funded 3-year-old health and development assessments and an expanded Comprehensive Health Assessment Program.

As is the case for existing MBS health assessment services, if implemented, practice nurses, and Aboriginal and Torres Strait Islander primary health care professionals will be able to assist the GP in undertaking the 3-year-old health assessment, including activities associated with information collection, and providing patients with information about recommended interventions.

Thriving Kids will also help to ensure that service providers and professionals involved in making referrals have access to relevant training and resources that are inclusive, child- and family-centred, culturally sensitive, empowering and respectful of the family's choice of providers. There will also be investment in tools and training to support primary care professionals better identify and respond to the needs of these children. Consideration will be given to the needs of different cohorts such as those outlined in the recommendation.

Recommendation 16

The Committee recommends that the Australian Government work with state and territory governments and the non-government school sector to increase transparency of the Nationally Consistent Collection of Data and the Schooling Resource Standard (SRS) – Students with Disability loading to better identify the need for this funding and ensure it is effectively targeted and used as intended.

The Australian Government supports this recommendation.

Through the 2026-27 Budget the Australian Government will bolster compliance activities to safeguard the Australian Government's $33.3 billion annual investment in schooling. This work will include mechanisms to protect and safeguard the students with a disability loading to ensure funding is directed based on need, introducing additional actions and policy changes to reduce inaccurate claiming and close policy and regulatory loopholes.

Integrity work will be led by the Australian Government Department of Education, in consultation with state and territory governments, and includes:

- improving school compliance activities to better identify where funding may be over-allocated or accumulated
- improving the data collected through the Nationally Consistent Collection of Data on School Students with Disability (NCCD)
- clarifying the NCCD guidelines to deliver system confidence that adjustments are targeted, effective and meet obligations under the Disability Standards for Education and as well as funding requirements.