

Parliamentary Inquiry

Inquiry into the Thriving Kids initiative

A Joint Submission by the Following Organisations:

Australian College of Nursing

Australian College of Children & Young People's Nurses

Maternal, Child & Family Health Nurses Australia

Professional Association of Nurses in Developmental Disability Australia

Standing Committee on Health, Aged Care and Disability

Australian Government

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Email: Health.Reps@aph.gov.au

To whom it may concern,

Re: Inquiry into the Thriving Kids initiative [2025]

The Australian College of Nursing (ACN), the Australian College of Children and Young People's Nurses (ACCYPN), Maternal, Child and Family Health Nurses Australia (MCAFHNA), and Professional Association of Nurses in Developmental Disability Australia (PANDDA) thank the Committee on Health, Aged Care and Disability for the opportunity to comment on the Inquiry into the Thriving Kids initiative.

As nursing bodies committed to equity and inclusion, ACN, ACCYPN, MCAFHNA, and PANDDA form a significant collective voice for the nursing profession, advocating for social models of healthcare that respond to the needs of individuals and communities. We recognise the importance of addressing social, economic, and environmental determinants of health and champion access and equity through evidence-informed, person-centred care across the lifespan.

Nurses, nurse practitioners and midwives are critical to connecting children and families with health and developmental services. In the context of long wait times and fragmented service access, these professionals are uniquely positioned to deliver timely, early interventions to improve lifelong outcomes. Their presence in community settings enables responsive, accessible care that meets families where they are. Our full submission is attached.

If you would like to discuss any aspect of this response, please contact advisory@acn.edu.au

Yours sincerely,



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02 October 2025



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Background

ACN, ACCYPN, MCaFHNA and PANDDA have united to provide a joint response to this consultation, reflecting their shared commitment to advancing equitable, evidence-informed care for children and families through a strong, coordinated nursing workforce.

Each year, around 63,448 children start school at risk of, or already living with, a disability, yet many face significant barriers to early identification and timely access to healthcare.^{1 2} Only 52.9% of Australian children are developmentally on track across all five Australia Early Development Census (AEDC) domains, with 23.5% vulnerable in one or more and 12.5% in two or more, the highest rate recorded.³ Developmental outcomes vary widely, with First Nations children, those in remote and disadvantaged areas, and children from non-English speaking backgrounds disproportionately affected.⁴

These challenges are compounded by critical workforce shortages and gaps in nursing education and retention. Australia is projected to face a shortfall of 79,473 nurses by 2035, with primary healthcare, including child and family nursing, among the most affected.⁵ Many nurses reconsider their careers around seven years post-graduation due to burnout, poor conditions, and limited career pathways.⁶ Despite the need for specialised training, structured support for child and family health nurses remains inadequate.⁷

In 2024, there were 9,886 paediatric nurses, 2,057 school nurses, and 2,811 nurses working in Disability, though the developmental disability nursing specialty is no longer recognised.^{8 9} Of the 2,867 nurse practitioners, 36% work part-time.¹⁰ Nurses, nurse practitioners, and midwives play a vital role in connecting families to health and developmental services.¹¹ With long wait times for support services, these professionals are well-positioned to deliver timely, early interventions that improve lifelong outcomes. This is supported by a 2024 Australian pilot study by Flinders University, which demonstrated the effectiveness of paediatric nurse-led developmental checks for children from birth until five years of age.¹²

¹ Victoria University. (2015). [Early years: Gaps in educational opportunity evident at school entry](#). Victoria University.

² Woolfenden, S., Galea, C., Badland, H., Sheedy, H. S., Williams, K., Kavanagh, A. M., Reddihough, D., Goldfeld, S., Lingham, R., Badawi, N., & O'Connor, M. (2020). [Use of health services by preschool-aged children who are developmentally vulnerable and socioeconomically disadvantaged: testing the inverse care law](#). *Journal of Epidemiology and Community Health*, 74(6), 495-501. doi: 10.1136/jech-2019-213384

³ Australian Early Development Census. (2024). [AEDC National Report 2024](#). AEDC.

⁴ Australian Bureau of Statistics. (2025). [Childhood development](#). ABS.

⁵ Department of Health, Disability and Ageing. (2024). [Nursing Supply and Demand Study](#). Australian Government, DHDA.

⁶ Australian Nursing and Midwifery Journal. (2024). [Australia facing shortfall of over 70,000 nurses by 2035, report reveals](#). ANMJ.

⁷ O'Neill, A., Hooker, L., & Edvardsson, K. (2025). [Clinical Supervision Practices With Australian Child and Family Health Nurses: Exploring Facilitators and Barriers](#). *Journal of Advanced Nursing*. doi: 10.1111/jan.16962

⁸ Department of Health, Disability and Ageing. (2024). [Nurses & Midwives Dashboard](#). Australian Government, DHDA.

⁹ Nursing and Midwifery Board Ahpra. (2023). [Fact sheet: Registered nurses with a sole qualification in mental health nursing, paediatric nursing and disability nursing](#). NMBA.

¹⁰ Department of Health, Disability and Ageing. (2024). [Nurses & Midwives Dashboard](#). Australian Government, DHDA.

¹¹ Yin, H., Ankers, M., Bell, A., Parry, Y. K., & Willis, E. (2025). [Investigating Developmental Status of Children Aged 0-5 Years and Its Association With Child Gender, Family Background and Geographic Locations in Australian Community Based Early Learning Centres](#). *Child: care, health and development*, 51(4), e70097. doi: 10.1111/cch.70097

¹² Parry, Y. K., Sivertsen, N., Willis, E., Briley, A., Lines, L., Anstice, N., Bell, A., Ankers, M., Ahad, Md. A., & Yin, H. (2024). [Improving Health and Developmental Outcomes for Children Aged 0 to 5 Years: Child Development Check Pilot Phase 1](#). The Office for Early Childhood Development and Flinders University, Caring Futures Institute, Adelaide.

Approach

In undertaking this response, ACN, ACCYPN, MCFHNA, and PANDDA addressed the following terms of reference:

2. Examine the effectiveness of current (and previous) programs and initiatives that identify children with developmental 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 their child and maternal health, primary care, allied health playgroups, early childhood education and care and schools.
4. Identify gaps in workforce support and training required to deliver Thriving Kids.

This submission focuses on the terms of reference most relevant to our collective expertise and scope of practice.

This joint peak body submission calls for stronger alignment of child and family health services with the *First 2000 Days Framework*, supported by blended funding models to improve access to developmental assessments and early intervention. It highlights critical workforce shortages, particularly in allied health and nursing, and recommends expanding the role of nurse practitioners by removing regulatory barriers to enable full scope practice, including access to Medicare and telehealth.

It also identifies fragmentation in school nursing systems and calls for a coordinated approach to ensure consistent standards and equitable access. Key system gaps include over-pathologising normal development, loss of essential services like Parentline, long wait times, and inadequate paediatric training in nursing education. The submission calls for revised accreditation standards and improved access to evidence-based resources to support best practice.

2. Examine the effectiveness of current (and previous) programs and initiatives that identify children with developmental 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 their child and maternal health, primary care, allied health playgroups, early childhood education and care and schools.

Programs, Frameworks & Models

The *First 2000 Days Framework* provides a robust scientific and policy foundation for early intervention.¹³ Thriving Kids builds on systems already aligned with this approach, including Child and Family Health services, Early Learning Centres, and Primary Care. However, to meet the vision of Thriving kids, these systems must be staffed by skilled paediatric professionals and operate as a coordinated national network, leveraging existing mainstream and community services to meet families where they are, ensure continuity of care, and deliver impactful early intervention.

The allied health workforce, essential for children requiring therapy, is currently stretched thin, largely due to the impact of the NDIS, which has diverted resources away from mainstream services.¹⁴ Equitable access must be prioritised to ensure children with developmental delays have the opportunity to thrive, regardless of their location or socioeconomic background.

We recommend introducing new blended funding models¹⁵ to increase accessibility to therapy visits and reduce financial barriers for families. This should include funding for initial developmental assessments and subsidised early intervention services delivered in the community setting.¹⁶ Additionally, specialised pathways for children with higher support needs should be redeveloped, with stronger partnerships between government and NGOs to deliver foundational skill development and parenting education.

The *Watch Me Grow program*¹⁷ (WMG) is an evidence-based developmental surveillance model designed to support early identification of developmental concerns during the first 2,000 days of life. It empowers families through digital screening tools, integrated into routine health visits, with reminders sent every six months until age five. The program is scalable, available in 38 languages, and expanding beyond NSW to QLD and WA. WMG aligns with Thriving Kids by promoting timely, family-centred developmental support. We recommend that programs such as the WMG be expanded across all jurisdictions and embedded within both public and private service delivery systems. This approach aligns with the strategic focus of the *First 2,000 Days Framework*, ensuring that early developmental support is accessible, consistent, and impactful nationwide.

¹³ NSW Health. (2021). *The first 2000 days of life*. NSW Government, NSW Health.

¹⁴ National Disability Services. (2024). *#4aBetterNDIS Fact sheet: Why we need to be concerned about NDIS allied health services*. NDS.

¹⁵ Department of Health, Disability and Ageing. (2024). *Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report*. Australian Government, DHDA.

¹⁶ Parry, Y. K., Sivertsen, N., Willis, E., Briley, A., Lines, L., Anstice, N., Bell, A., Ankers, M., Ahad, Md. A., & Yin, H. (2024). *Improving Health and Developmental Outcomes for Children Aged 0 to 5 Years: Child Development Check Pilot Phase 1*. The Office for Early Childhood Development and Flinders University, Caring Futures Institute, Adelaide.

¹⁷ Watch Me Grow Program. (2025). *Watch Me Grow*. WMGP.

Primary Health Care Nurses

While nurses working in primary care settings engage with children, particularly during immunisation visits, they are not typically trained in child health or developmental screening. Studies show that practice nurses often struggle to stay current with child health knowledge and lack confidence in advising parents, leading to calls for closer monitoring of expectations versus actual competencies.¹⁸

We urge caution in assuming that general practice nurses can meaningfully contribute to Thriving Kids without targeted investment in paediatric training and support. We recommend upskilling primary care nurses in child health and developmental screening and removing barriers to enable more nurse practitioners to work in primary care settings. This would strengthen the capacity of the primary health workforce to support early childhood development. Practice nurses could initiate developmental screening during routine visits, with nurse practitioners providing follow-up care and referrals, ensuring a more comprehensive and accessible model of care.

Nurse practitioners are endorsed by the Nursing and Midwifery Board of Australia to provide advanced care, including prescribing medications and ordering diagnostic tests.¹⁹ They are well accepted by the public and offer efficient, cost-effective care, particularly for at-risk populations.²⁰ Despite this, Australia continues to underutilise nurse practitioners in primary health compared to international standards.²¹ Innovative nurse practitioner-led child health programs exist but often rely on external funding due to limited Medicare support.²² While telehealth is technically enabled, the one-in-twelve rule, effective from 1 November 2025, restricts its practical use for many patients.

To address these challenges, the federal government should implement all recommendations from the *Nurse Practitioner Workforce Plan*,²³ the *Primary Care and Workforce Reviews*,²⁴ and the *National Nursing Workforce Strategy*.²⁵ In addition, it should expand access to the Medicare Benefits Schedule, include nurse practitioner-led practices in MyMedicare, and remove regulatory and funding barriers that prevent nurse practitioners from working to their full scope of practice.^{26 27} These reforms would enable more sustainable and equitable models of care, particularly in primary health settings, and better support early childhood development.

¹⁸ Walsh, A., Barnes, M., & Mitchell, A. E. (2015). [Nursing care of children in general practice settings: roles and responsibilities](#). *Journal of Advanced Nursing*, 71(11), 2585-2594. doi: 10.1111/jan.12735

¹⁹ Nursing and Midwifery Board Ahpra. (2024). [Fact sheet: Scope of practice and capabilities for nurses](#). NMBA.

²⁰ Dwyer, T., Craswell, A., & Browne, M. (2021). [Predictive factors of the general public's willingness to be seen and seek treatment from a nurse practitioner in Australia: a cross-sectional national survey](#). *Human Resources Health*, 19(21). doi: 10.1186/s12960-021-00562-7

²¹ Grant, J., Lines, L., Darbyshire, P., & Parry, Y. (2017). [How do nurse practitioners work in primary health care settings? A scoping review](#). *International Journal of Nursing Studies*, 75, 51-57. doi: 10.1016/j.ijnurstu.2017.06.011

²² Bell, A., Parry, Y. K., Ankers, M., Sivertsen, N., Willis, E., Kendall, S., & Yin, H. (2025). [An innovative nurse practitioner-led service for children from families living in housing instability](#). *Primary Health Care Research & Development*, 26, e22. doi: 10.1017/S1463423625000118

²³ Department of Health, Disability and Ageing. (2025). [Nurse Practitioner Workforce Plan](#). Australian Government, DHDA.

²⁴ Department of Health, Disability and Ageing. (2024). [Primary Care and Workforce Reviews Taskforce](#). Australian Government, DHDA.

²⁵ Department of Health, Disability and Ageing. (2024). [National Nursing Workforce Strategy](#). Australian Government, DHDA.

²⁶ Australian College of Nurse Practitioners. (2025). [New Telehealth Rules Threaten Access for Marginalised Australians – Nurse Practitioner Services at Risk](#). ACNP.

²⁷ Australian College of Nursing. (2025). [Unlocking the potential of nurses through scope of practice reforms](#). ACN.

School Nursing

School nurses are well positioned to contribute to the goals of Thriving Kids, yet current state and territory policies often divert their roles away from early intervention and developmental support.²⁸ While every Australian jurisdiction employs school nurses, the role has evolved inconsistently. Preliminary findings from a review of school nursing policies reveal that school nurses are not universally available to all students.²⁹ Moreover, programs vary significantly between primary and secondary schools and are often narrow in scope, excluding many students, particularly those with disabilities.³⁰

Recent research shows that school nurses provide greater support for teachers and families than directly to students.³¹ We caution against overestimating their contribution to Thriving Kids without first addressing systemic limitations in role definition, access and scope. To ensure school nurses can contribute meaningfully, we recommend prioritising school nursing under the *Better and Fairer Schools Agreement*³² [s.84(b)(ii)], supported by a national approach to ensure equitable access and consistent standards.

²⁸ Williams, C., Rankin, E., & Moyes, A. (2025). [Scope of nursing work and models of service delivery in Australian primary and secondary schools: a scoping review protocol](#). *JB I Evidence Synthesis*, 23(5), 967-974. doi: 10.11124/JBIES-24-00151.

²⁹ This review is being undertaken by Dr Brent Hayward from Monash University, and Dr Anita Moyes from Edith Cowan University. The results have not yet been published.

³⁰ This review is being undertaken by Dr Brent Hayward from Monash University, and Dr Anita Moyes from Edith Cowan University. The results have not yet been published.

³¹ Hayward, B. A. (2024). [A job analysis of mental health nursing in a school for students with intellectual and developmental disabilities](#). *International Journal of Mental Health Nursing*, 33(4), 957-966. doi: 10.1111/inm.13297.

³² Department of Education. (2025). [The Better and Fairer Schools Agreement \(2025-2034\)](#). Australian Government, DE.

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

To ensure the success of Thriving Kids, the federal government must address several critical gaps in workforce capability, service access, and public awareness.

Firstly, Thriving kids must explicitly guard against the over-pathologising of normal child development.³³ Developmental variability is typical, yet increasing referrals for assessments without clear clinical indications risks unnecessary diagnoses, anxiety for families, and misallocation of resources.³⁴ The Australian Psychological Society warns against labelling typical behaviours as disorders, noting the potential for stigma, overmedicalisation, and harm to children's wellbeing.³⁵ To counter this, public and professional education must promote accurate understanding of developmental norms and appropriate referral pathways.

Secondly, the availability of services must be protected.³⁶ The closure of programs like Victoria's Parentline raises concerns about the erosion of essential community supports.³⁷ We urge the federal government to require states and territories to maintain existing child development services as part of Thriving Kids implementation, and to build on these by fostering partnerships across public and private sectors to support integrated, co-designed models of care. Preserving existing services and scaling up successful community-based models, such as nurse-led checks in early learning settings, will strengthen early identification and improve outcomes by delivering services in environments where families are already engaged.³⁸

Access to developmental screening and intervention remains inequitable. Families face long wait times, often exceeding 12 months, and rising costs due to the privatisation of allied health services.³⁹ Many parents are unaware of the importance of screening, and mainstream school nursing services are not equipped to assess or support children with developmental or learning difficulties.⁴⁰ Screening must be more accessible in locations and formats that suit busy families and co-designed with parents and key stakeholders to ensure relevance, engagement and trust.

³³ Australian Psychology Society. (2024). [Draft National Guidelines for including mental health and wellbeing in Early Childhood Health Checks \[Consultation Submission\]](#). APS.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Department of Health, Disability and Ageing. (2025). [Thriving Kids – Fact Sheet](#). Australian Government, DHDA.

³⁷ ABC News. (2025). [Victorian government to close Parentline in October after 25 years](#). ABC News.

³⁸ Parry, Y. K., Sivertsen, N., Willis, E., Briley, A., Lines, L., Anstice, N., Bell, A., Ankers, M., Ahad, Md. A., & Yin, H. (2024). [Improving Health and Developmental Outcomes for Children Aged 0 to 5 Years: Child Development Check Pilot Phase 1](#). The Office for Early Childhood Development and Flinders University, Caring Futures Institute, Adelaide.

³⁹ National Disability Services. (2024). [#4aBetterNDIS Fact sheet: Why we need to be concerned about NDIS allied health services](#). NDS.

⁴⁰ The Royal Children's Hospital Melbourne. (n.d.). [Parents' Evaluation of Developmental Status – Revised \(PEDS-R\)](#). RCH.

Findings from the *Sydney Child Neurodevelopment Research Registry* show that while caregivers typically identified developmental concerns by age 3, the average age of a child receiving a developmental assessment was 6.6 years.⁴¹ Only 46.4% of children received a diagnostic assessment by 5 years of age, despite 88% of caregivers expressing concern about their child's development by that age.⁴² These delays in assessment highlight a systemic issue that must be addressed through improved workforce capacity, streamlined referral pathways, and a greater public awareness of developmental milestones. Strengthening these areas will promote timely access to care and reduce the burden on families and services.

Addressing these delays requires a workforce equipped to respond and the nursing workforce is currently underprepared to meet these needs. Pre-registration nursing education does not require training in paediatric care, leaving many nurses without the skills to support children's physical, psychological, and social development.^{43 44} We recommend revising the Australian Nursing and Midwifery Accreditation Council (ANMAC) accreditation standards to mandate paediatric content in undergraduate nursing programs and investing in postgraduate scholarships for paediatric nursing, such as the *primary care nursing and midwifery scholarship program*⁴⁵. Currently, postgraduate qualifications are not a requirement or valued, further limiting workforce capability.^{46 47} Equipping nurses with the necessary training, recognition and career pathways is essential to delivering high-quality developmental care across diverse settings and meeting the growing service demand.

In addition to workforce development, clinical practice must be guided by accessible, evidence-based resources. The *National Guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia*⁴⁸ is a valuable tool, but access is hindered by unnecessary registration requirements. We recommend removing these barriers to ensure practitioners can easily apply best-practice approaches.

In conclusion, the success of Thriving Kids depends on a coordinated national effort to strengthen workforce training, protect and expand service availability, improve access to timely screening and intervention, and promote informed, evidence-based practice. Addressing these gaps will ensure that children and families receive the right support at the right time, in the settings where they live, learn, and grow. A well-prepared nursing workforce, integrated service models, and accessible clinical resources are essential to delivering equitable, high-quality developmental care across Australia.

⁴¹ Boulton, K. A., Hodge, M., Jewell, A., Ong, N., Silove, N., & Guastella, A. J. (2022). [Diagnostic delay in children with neurodevelopmental conditions attending a publicly funded developmental assessment service: findings from the Sydney Child Neurodevelopment Research Registry](#). *BMJ Open*, 13, e069500. doi: 10.1136/bmjopen-2022-069500

⁴² Ibid.

⁴³ Australian Nursing & Midwifery Accreditation Council. (2019). [Registered Nurse Accreditation Standards 2019](#). ANMAC.

⁴⁴ Ali, M. E., & Rebeiro, G. (2024). [Fostering the retention of a skilled paediatric clinical workforce through undergraduate and postgraduate nurse education](#). *Journal of Children and Young People's Health*, 5(1), 12-16.

⁴⁵ Department of Health, Disability and Ageing. (2025). [Primary Care Nursing and Midwifery Scholarship Program](#). DHDA.

⁴⁶ Ali, M. E., & Rebeiro, G. (2024). [Fostering the retention of a skilled paediatric clinical workforce through undergraduate and postgraduate nurse education](#). *Journal of Children and Young People's Health*, 5(1), 12-16.

⁴⁷ Johnson, A., & Copnell, B. (2002). [Benefits and barriers for registered nurses undertaking post-graduate diplomas in paediatric nursing](#). *Nurse Education Today*, 22(2), 118-127. doi: 10.1054/nedt.2001.0672

⁴⁸ Autism CRC. (2025). [National Guideline: For supporting the learning, participation, and wellbeing of autistic children and their families in Australia](#). Autism CRC.

About ACN

The Australian College of Nursing is the peak professional body and leader of the nursing profession. We are a for-purpose organisation committed to our Shaping Health and Advancing Nursing mission.

We support nurses to uphold the highest possible standards of integrity, clinical expertise, ethical conduct, and professionalism through our six pillars of Education, Leadership, Community, Social Impact, Advocacy and Policy.

We are the Australian member of the International Council of Nurses headquartered in Geneva in collaboration with the Australian Nursing and Midwifery Federation (ANMF).

About ACCYPN

ACCYPN is the only national nursing professional organisation that has children and young people as its core focus. Through direct membership ACCYPN forms an influential professional body acting on behalf of children, young people, families and the nurse who cares for them. The Australian College of Children & Young Peoples' Nurses will advocate for and facilitate the continuing development of specialty nursing practices to meet the unique needs of children and young people.

About MCaFHNA

The Maternal, Child and Family Health Nurses Australia (MCaFHNA) organisation is the peak professional body for nurses working in the field of maternal, child and family health. We aim to promote and advocate for optimal health and wellbeing of young children and their families in their communities through the specialty of maternal, child and family health nursing.

About PANDDA

The Professional Association of Nurses in Developmental Disability Australia Inc. (PANDDA) represents the professional interests of nurses who support people who have an intellectual or developmental disability.

Acknowledgements

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