

RACGP submission

Inquiry into the Thriving Kids initiative

October 2025



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1. Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Inquiry into the Thriving Kids initiative. General practitioners (GPs) play a vital role in supporting patients to achieve positive health outcomes throughout their lives and the RACGP welcomes this important investment in the health and wellbeing of Australian children.

The first 2000 days of a child's life are critical to their long-term health and social outcomes. Their GP will be the principal healthcare provider for most children during this period. Interventions during this time can result in significant improvements to a child's early life experiences, health and development.¹ Early detection, appropriate screening and surveillance and immunisations facilitated by a family's GP during these years leads to better outcomes and early intervention to give children a better chance at achieving normal ranges of development and connecting families with appropriate specialist care where required.² Immunisation visits often provide the opportunity to address these aspects of health and development. For every age group, investing in primary care delivers more benefits than it costs. The biggest gains are mostly seen in children aged 0–9 years, where every \$1 spent in a well-connected general practice results in about \$3.24 in health system savings and benefits.³

The RACGP is the voice of general practitioners (GPs) across our nation, representing more than 50,000 members in our growing cities and throughout rural and remote Australia. For more than 60 years, the RACGP has supported the backbone of Australia's health system by setting the standards for general practice education, practice and continuous professional development.

Given the foundational role general practitioners play in the first 2000 days of a child's life, as the peak organisation for general practice we ask to be formally included at all levels of government engagement for the development of the Thriving Kids initiative. We also recommend the inclusion of representatives from the National Aboriginal Community Controlled Health Organisation (NACCHO) to ensure alignment with the National Agreement on Closing the Gap and relevance for Aboriginal and Torres Strait Islander children and their families.

2. Summary of Recommendations

We make several recommendations throughout this submission:

- Utilise the [RACGP Guidelines for preventive activities in general practice \(Red Book\)](#) and the [NACCHO-RACGP National guide to preventive healthcare for Aboriginal and Torres Strait Islander people \(National Guide\)](#) as key evidence-based clinical resources.
- Ensure mental health and wellbeing is included in early childhood health checks, in line with the [National Guidelines for including mental health and wellbeing in early childhood health checks](#).
- Equity, culture and trauma awareness need to be embedded into services delivered within Thriving Kids to effectively support vulnerable children and their families.
- A nationally consistent framework must be developed with specialist GPs at the centre of the child's care.
- Enable and support GPs to provide comprehensive care in early childhood to improve timely access, equity, and outcomes, particularly in rural areas including adequate funding to do so.
- Adopt a nationally consistent, evidence-based and flexible approach to support GPs to deliver health assessments in the first 2,000 days guided by the [RACGP Red Book](#) and the [NACCHO-RACGP National guide](#) as based on a child's needs.
- Extend health assessment MBS items to cover all children in the first 2,000 days and expand access to allied health services based on clinical need.

3. Response to Terms of Reference

3.1 Examine evidence-based information and resources that could assist parents identify if their child has mild to moderate development delay and support parents to provide support to these children.

The [RACGP Guidelines for preventive activities in general practice \(Red Book\)](#) is the key Australian evidence source for preventive activities in childhood. The Red Book provides information for GPs and their teams and is freely available. The Red Book includes chapters on [Developmental Delay and Autism](#) and [Preventive Activities in Childhood](#), with recommendations summarised in the [Lifecycle Chart – Children](#) and associated chapters on [pre-conception](#), [pregnancy](#), and [perinatal health](#).

In the Red Book, the Parent's Evaluation of Developmental Status (PEDS) is recommended as a tool to support case finding* where concerns are identified. Children at higher risk of developmental delay include those with^{4,5}:

- Prematurity
- Low birthweight
- Birth complications
- Poor maternal health during pregnancy
- Prenatal exposure to alcohol or drugs
- Infections
- Genetic characteristics
- Trauma
- Maltreatment
- Exposure to toxins
- Lead poisoning
- Low socioeconomic status

Specific approaches for Aboriginal and Torres Strait Islander children are outlined in the [NACCHO-RACGP National guide](#), ensuring culturally safe and appropriate practice.

Mental health and wellbeing are also essential in early childhood health checks, and should be considered in line with the [National Guidelines for including mental health and wellbeing in early childhood health checks](#).

RACGP recommendations:

- Utilise the [RACGP Red Book](#) and the [NACCHO-RACGP National guide](#) as key evidence-based clinical resources.
- Ensure mental health and wellbeing is included in early childhood health checks, in line with the [National Guidelines for including mental health and wellbeing in early childhood health checks](#).

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

The Healthy Kids Check, which was launched in 2008 reflected a significant shift in towards prevention, but was discontinued by the Australian Government in 2015. The decision was influenced by concerns over rising cost, limited evidence supporting some components, slow uptake and potential overlap with existing state and territory services.⁶ Despite these reasons, ending the program removed an important preventive measure, reducing opportunities for early

* Case finding is the examination of an individual or group suspected of having, or at risk of, a condition, and is a targeted approach to identifying conditions in a select group of patients who may or may not already have symptoms.

identification and intervention for children's developmental and health needs.⁶ The Thriving Kids initiative is a valuable investment to restore the gap left by the discontinuation of this program.

General practice is the most accessible service across Australia's healthcare system and in regional, rural and remote areas, it is often the only service available. Specialist GPs are usually the first point of contact for families, addressing concerns from parents and providing care through all stages of life. They are well placed to identify children with developmental delay or autism and to coordinate ongoing management, referrals, and supports.

While state-based maternal and child health checks identify some concerns, there is no nationally consistent framework for developmental surveillance. Current programs can miss children who primarily access care through general practice rather than community health services.

GPs frequently refer families to allied health providers (such as speech pathology, occupational therapy, psychology, physiotherapy) and collaborate with early childhood education settings. However, fragmented referral pathways and capped Medicare-funded allied health visits often limit effectiveness, particularly for children with mild to moderate needs who may require ongoing support.

The most effective approaches build on the trusted relationship families already have with their GP,⁷ supported by clear referral pathways and adequate allied health resourcing. This combination enables timely intervention and more consistent support for children with mild to moderate developmental needs and their families.

RACGP recommendation: A nationally consistent framework must be developed with specialist GPs at the centre of the child's care.

3.3 Identify equity and intersectional issues, in particular, children who identify as First Nations and culturally and linguistically diverse.

3.3.1 Equity issues

Rural and remote families, children from low-socioeconomic backgrounds, and those without stable housing face significant barriers in accessing developmental screening, allied health, and early intervention programs. GPs frequently provide care to these families and are well placed to coordinate support; however they require adequate resources and funding flexibility. The developmental outcomes of children and young people are almost entirely related to the circumstances they inhabit. Incarcerating children harms them and their communities. It is also very expensive and does not reduce rates of crime.⁸ As a nation we must look after children who experience the impacts of trauma and deep disadvantage.

Experiences of abuse and neglect, out-of-home care, domestic violence, social and educational exclusion, homelessness, physical and mental health, or impaired cognitive development should lead to intensive trauma informed support for these children.⁸ A low age of criminal responsibility results in punitive measures which compound trauma and reduce the opportunity for achieving wellbeing.⁸ These are children powerless to alter most factors that propel them further into the system.

Early intervention, diversion and joined-up services work and are particularly effective for diversion of young people and for young Aboriginal and Torres Strait Islander people when it is community led.⁸

3.3.2 Aboriginal and Torres Strait Islander children

Child growth and development is best supported by families and communities that are well resourced and well informed. Access to knowledge, tools, and appropriate supports enables families to create nurturing environments that give children the best start in life.⁹ Culture plays a central role in optimising the growth and development of Aboriginal and Torres Strait Islander children. Strong cultural identity and connection provide a foundation for wellbeing, alongside other important factors such as quality relationships, good nutrition, adequate physical activity, adequate sleep, learning opportunities, and healthy living environments.⁹

Children living with chronic health conditions, disability, developmental delay, or specific neurodevelopmental disorders, such as fetal alcohol spectrum disorder, attention deficit hyperactivity disorder, and autism spectrum disorder, require comprehensive, holistic, and wrap-around support to reach their full potential and achieve the best possible health outcomes.⁹ Families and kin may also need dedicated navigational support to access both specialist and mainstream services. Such support can help ensure timely access to care, reduce barriers, and promote equity in health and developmental outcomes.⁹

GPs play an important role in providing culturally safe, continuous, and family-centred care. Collaboration with Aboriginal Community Controlled Health Organisations (ACCHOs) is essential to ensure developmental supports align with community needs and contribute to [Closing the Gap targets](#). A specific focus on child and family wellbeing in the first 2,000 days is essential to achieving government commitments under the Closing the Gap framework. Early-life interventions are critical to closing gaps in health and social outcomes for Aboriginal and Torres Strait Islander children.¹⁰ Aboriginal and Torres Strait Islander-led programs, such as [Connected Beginnings and the Replanting the Birthing Trees initiative](#), demonstrate the importance of community-driven approaches.

3.3.3 Culturally and linguistically diverse (CALD) children

GPs are often the first point of contact for CALD families navigating the Australian health system. Access to interpreter services and culturally appropriate resources is critical for early identification and ongoing support.

RACGP recommendation: Equity, culture and trauma awareness need to be embedded into services delivered within Thriving Kids to effectively support vulnerable children and their families.

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

Specialist GPs play a significant role in providing ongoing care to women, children, and their families during pregnancy and throughout the early childhood years.² This holistic, family-centred care is pivotal to a child's long-term health and wellbeing. With the right support, GPs can positively influence a child's life during this critical period by improving health and development in the formative years when intervention is most consequential.

Early detection, screening, and surveillance facilitated by a family's GP during these years leads to better outcomes and timely intervention, giving children the best chance of achieving healthy developmental milestones.¹¹ GP visits for childhood vaccinations are an important opportunity to also check for growth and development, enabling early identification and timely support for any concerns which are not offered by other immunisation providers. Children and families who experience continuity of care with a regular GP report a higher level of satisfaction, have lower rates of hospitalisation and emergency department attendance, experience lower mortality rates, and are more likely to receive appropriate and child-centred care.¹²

As mentioned under Terms of Reference 2, every year more than 2 million Australians visit a specialist general practitioner (GP) for their health care, making GPs the most accessed health professional in the country, particularly in rural areas where their care is often the only service available. Access to non-GP specialist care is very limited, with only around 4000 paediatricians across Australia¹³. As an example, to address a key gap in non-GP specialist workforce availability, enabling GPs (especially specialist GPs with additional training) to initiate, modify, and continue ADHD treatments could reduce wait times, increase equity of access, and relieve the burden on specialist services.¹⁴

RACGP recommendation: Enable and support GPs to provide comprehensive care in early childhood to improve timely access, equity, and outcomes, particularly in rural areas including adequate funding to do so.

3.5 Draw on domestic and international policy experience and best practice.

The RACGP's Red Book states children who are at risk of developmental delay can be screened using tools such as the Parent Evaluation of Development (PED) checklist and responding to concerns raised in childcare or pre-school settings.

Current evidence does not support structured screening for speech and language delay for the whole population. For low-risk children without identified parental concerns the evidence does not support population screening with standardised tools for developmental delay or autism spectrum disorder in children under 5 years of age.¹⁵ While all states and territories include wellbeing milestones in their early childhood health checks, there is currently no nationally consistent approach. These should be based on best practice evidence as outlined in the [RACGP Red Book](#) and the [NACCHO-RACGP National guide](#).

Health assessments in general practice within the first 2,000 days of life provide an opportunity for proactive, team-based care to explore these issues. Ideally, regular evidence-based health assessments should be available at recommended intervals varying depending on a child's healthcare needs. This is preferable to singling out specific conditions upon which to base eligibility, which creates a hierarchy of diseases and is open to debate. These health assessments should be evidence-based, using the RACGP's Red Book to guide appropriate preventive activities to undertake for each individual patient.

Where concerns are identified, appropriate follow-up can include referral, extended developmental screening, or a chronic condition management plan with access to funded allied health services for further assessment and support. Health assessments also enable checks that preventive measures are up to date including advice about prevention of sudden infant death syndrome, motor-vehicle accidents, passive smoking, sun damage, oral health, nutritional health, physical activity, growth parameters.¹⁵

GPs with support from multidisciplinary teams located in general practice must remain central to the delivery of health assessments and coordination of follow-up services. Health systems with a strong foundation in general practice will deliver better health outcomes.

RACGP recommendation: Adopt a nationally consistent, evidence-based and flexible approach to support GPs to deliver health assessments in the first 2,000 days guided by the [RACGP Red Book](#) and the [NACCHO-RACGP National guide](#) as based on a child's needs.

3.6 Identify mechanisms that would allow a seamless transition through mainstream systems for all children with mild to moderate support needs.

The [First 2,000 Days Implementation Strategy 2020-2025](#) provides recommendations that could form the foundation for children's health based incentives to ensure a seamless transition from maternity to child and family health services as facilitated by their GP.

While the RACGP welcomes additional funding for child health checks in general practice, there has to be flexibility within the delivery of the health check. While a health check at three years of age may be ideal, there will be circumstances where children require a check earlier or they may have missed that milestone. Additionally, there will be instances where the best approach is to offer the check opportunistically. The proposed new Medicare item for bulk-billed 3-year-old health checks may need to be revised to better support the delivery of this care as bulk-billing requirements risk becoming increasingly complex over time and often fail to reflect the true cost of providing care. The RACGP recommends health assessment item numbers should be extended to children within the first 2000 days, with a recommendation to review and address any developmental concerns or vulnerabilities.

Utilising existing health assessment Medicare Benefits Schedule (MBS) items should be considered and be based on best practice evidence, such as the [RACGP Red Book](#). Chronic Condition Management Plans are already available for children with chronic conditions, even without a confirmed or finalised diagnosis, and they could be expanded to cover increased intervention for children with a single area of developmental delay (eg. speech delay, fine motor delay) as these children are not currently eligible for early intervention under the National Disability Insurance Scheme (NDIS). The annual limit on allied health services following referral should be based on clinical need rather than capped at five. There is already provision for additional services to support the diagnosis and management of autism, and a similar approach should be considered for other conditions.

RACGP recommendation: Extend health assessment MBS items to cover all children in the first 2,000 days, and expand access to allied health services based on clinical need.

The RACGP thanks the House Standing Committee on Health, Aged Care and Disability for the opportunity to provide feedback on the Inquiry into the Thriving Kids initiative. For any enquiries regarding this submission, please contact Su Mok, Program Manager, Quality Care, Practice management, Standards and Quality Care on 03 8699 0302 or su.mok@racgp.org.au.

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