Royal Far West

Children's health, country-wide

Inquiry into the Thriving Kids initiative

Royal Far West submission to the House Standing Committee on Health, Aged Care and Disability

"I hate to imagine what would have happened if we hadn't got onto it when we did. Her education isn't going to be left behind and we won't be playing catch up in years to come."
RFW Parent

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Executive Summary: Improving Developmental Outcomes for Country Children

The *Thriving Kids* initiative represents a transformative opportunity to close the widening developmental gap between urban and rural children in Australia. Royal Far West (RFW) Australia's only national charity dedicated to the health and wellbeing of country children, strongly supports this initiative and advocates for a place-based, integrated approach to ensure its success in rural and remote communities.

Key Challenges Facing Rural and Remote Children

- Developmental Vulnerability: Nearly 60% of children in remote areas are not developmentally on track to start school; emotional maturity vulnerability is rising sharply.
- Systemic Barriers: Chronic workforce shortages, underfunded services, and fragmented care limit access to essential developmental and mental health services.
- Equity Gaps: First Nations and culturally and linguistically diverse children face compounded disadvantages and limited access to early intervention.

Royal Far West's Reach and Outcomes

- Delivered services to over 31,000 individuals across 387 rural communities in FY25.
- Partnered with 424 schools and preschools, supporting children aged 3–9 years (68% of total).
- Provided multidisciplinary care through telehealth and in-community services, achieving measurable improvements in child development, educator capacity, and family wellbeing.

Strategic Recommendations for the Thriving Kids Initiative

- Early Intervention: Prioritise developmental screening and support in early years settings.
- Workforce Development: Invest in training, supervision, and retention strategies for rural health professionals.
- Integrated Systems: Align health, education, and child protection services to ensure seamless transitions.
- Flexible Funding: Support scalable, community-led models that respond to local needs.
- Cultural Responsiveness: Embed trauma-informed and culturally safe practices across all services.

Call to Action

Bold, equitable action is needed to reverse current trends and ensure that all children – regardless of postcode – can thrive. RFW stands ready to support the implementation of *Thriving Kids* through its proven, scalable, and community-focused models.

We urge the Committee to act decisively and invest in solutions that are evidence-based, community-driven, and tailored to the realities of rural Australia. Let's ensure every child can thrive.

About Royal Far West and Our Mission

Royal Far West (RFW) has supported the health and wellbeing of children in rural and remote Australia for over 100 years.

We specialise in developmental, mental, and behavioural health services, addressing service gaps and supporting vulnerable families. Our approach is culturally sensitive, community-focused, and responsive to local needs.

In FY25, RFW supported 31,441 people across 387 communities, partnering with 424 schools and preschools-with 68% of children aged 3-9. 42% of services were delivered in small rural towns (MMM 5), where workforce shortages are most severe. Our multidisciplinary teams provided face-to-face services in community every other week.

Children in rural and remote Australia face systemic exclusion not only from developmental health services but also from early childhood education and care (ECEC). Despite high need, these communities remain underrepresented in national decision-making.

The 2024 AEDC data reveals:

- 60% of children in remote areas are not developmentally on track to start school.
- 20.3% of children in the most disadvantaged areas—predominantly rural—are vulnerable on two or more domains.
- Emotional maturity vulnerability has risen significantly in regional areas.

These challenges are compounded by childcare deserts, as highlighted in the Mitchell Institute's 2025 report, and by a market-based funding model that disadvantages rural communities. Further evidence from national reports reinforces the urgency:

- The Cost of Late Intervention Report from the Front Project estimates $22.3 billion annually spent on crisis-driven services, with rural areas disproportionately affected.
- NOUS Group Report (2025) highlights that rural Australians miss out on $8 billion annually in healthcare access, with significantly higher rates of preventable hospitalisations and avoidable deaths.
- The economic and social impact of disasters on children and young people 2025 | Deloitte Australia shows that disasters disproportionately impact rural communities, compounding health and infrastructure inequities.

RFW has reshaped how we deliver care to address growing complexity at younger ages, combining face-to-face assessments with virtual care services, engaging families in meaningful ways and listening to the communities we serve.

With advances in technology and healthcare, we have unprecedented opportunities to reach more children with the support they need to thrive.

Response to Inquiry Terms of Reference

Evidence-based resources for parents

At RFW, children and their families are at the centre of our work. To support families and other key adults around the child, our clinicians use resources to explain children's developmental health and how to identify and address concerns. Examples of resources and tools used by RFW clinicians are listed in Appendix A.

Effectiveness of current and past programs

Many programs support healthy development, including mainstream services (e.g. Brighter Beginnings), community-led hubs, AMSs, ACCOs, and private providers. However, rural services face fragmentation, workforce shortages, and unsustainable funding, making navigation difficult for families.

A 2023 NRHA–Nous report highlights low GP access as a major barrier to allied health referrals, leading to increased emergency department use and delayed specialist care. In a recent survey of families using RFW's Paediatric Development Program:

- 70% reported long wait times.
- 60% found services inconsistent.
- 33% said services were too expensive.
- 35% cited travel and lack of local options as key barriers.

RFW has many years of experience delivering early intervention services. Some key insights are below and further information is detailed in Appendix B.

1. Royal Far West's Healthy Kids Bus Stop

The Healthy Kids Bus Stop (HKBS) was a philanthropically funded free mobile developmental screening program run by Royal Far West (RFW) from 2014 to 2022, targeting children aged 3 - 5 years in rural and remote NSW. Over eight years, the program screened over 5,000 children, with 80% referred to at least one other health service. [1]

Despite its success, the HKBS faced a major challenge: the lack of local services for follow-up care. Where available, short term telehealth therapy (up to two 8-week blocks) helped children with mild to moderate concerns, made great progress before starting school.

RFW is concerned that the current Brighter Beginnings initiative that replaced HKBS for many rural communities, offers a less comprehensive check, lacks adequate treatment pathways, and increases workload for educators-particularly in under-resourced rural areas. Without adequate staffing and follow-up, vulnerable children risk being overlooked.

2. Royal Far West's Schools and Early Years service:

RFW's Schools and Early Years service offers a multi-tiered service delivery model that adapts to the diverse needs of rural and remote children, families and educators. Currently, the program partners with over 260 primary schools and early learning centres across New South Wales, Queensland, Victoria, and Western Australia, providing direct therapy to 700-1000 children each week as well as capacity building, coaching and professional development to hundreds of educators each year.

Service model

RFW provides specialist therapy, assessment and capacity building services in Speech Pathology, Occupational Therapy, Social Work and Psychology, tailored to the needs of children and school communities.

An independent evaluation conducted in 2024 by Dandolo partners highlights that the program has delivered significant benefits for children, families, and schools in rural and remote areas.

Key Findings:

1. **Improved Outcomes for Children and Families**
   - Over 85% of children achieved their therapy goals, leading to measurable improvements in confidence, social interaction and classroom engagement and participation.
   - More than 90% of educators reported gaining skills and confidence to better support children with additional needs in their classrooms.
   - 88% of parents and carers learned new skills and strategies, helping them feel better equipped to support their child's learning and development.
2. **Increased Access to Allied Health Services**
   - The program has successfully built a national model, improving access to allied health services for isolated children.
   - It has enhanced professional development opportunities for teachers in areas with limited or no specialist staff.

Equity and intersectional issues:

As a developmental service for country children, we are attuned to the needs of rural and remote families. For us, this includes First Nations families in around 25-30% of the families we work with. We know from existing data and our own research, that rural and remote children have an array of unique developmental, access and support needs that are not being met, with a high level of psychosocial complexity.

The Productivity Commission reports that inclusion support funding for early childhood centres is not getting the expected uptake in lower SES areas, and the wide gap in developmental outcomes compared to their urban peers remains inequitable.

Developmental and mental health outcomes in all children, particularly those living in rural and remote areas, are intrinsically linked. The physical, emotional and social development attained in childhood sets a trajectory for long-term outcomes in health, education and wellbeing. Research linking the 2021 Australian Early Development Census (AEDC) to children's later mental health has found this early elevated developmental risk is related to a higher prevalence of mental health risk in regional communities (Harris et al., 2022). We know that early intervention is critical and can be the difference between kids flying and failing in early school years.

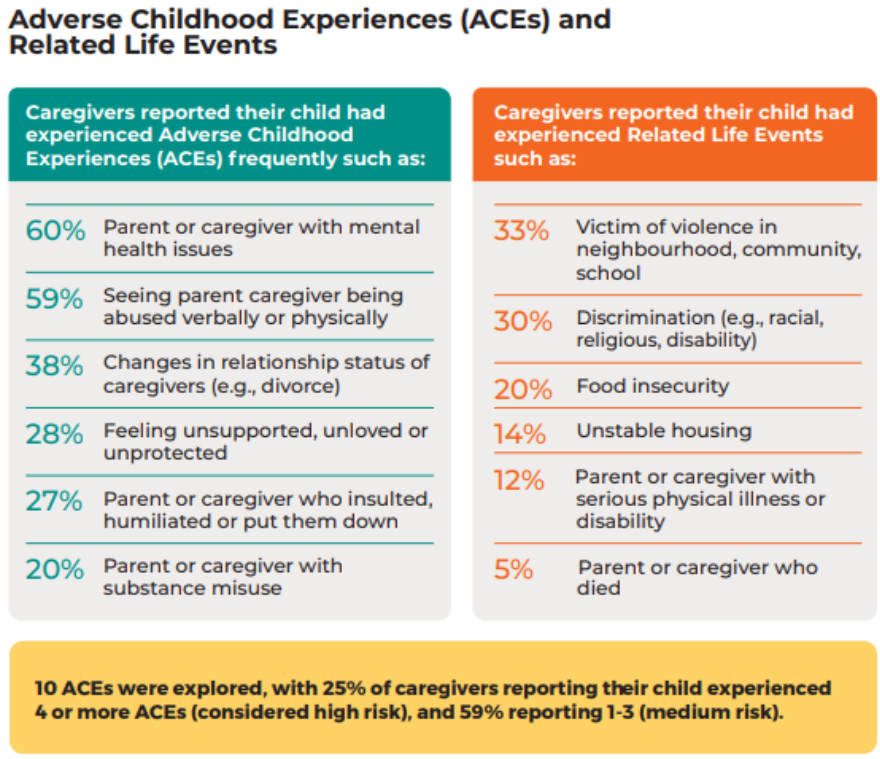
The latest AEDC data (2024) highlights the persistent gap between developmental vulnerabilities and outcomes for rural and remote children compared to their city counterparts, since 2021. For example, developmental vulnerability on two or more domains has significantly increased from:

- 20.7% to 21.7% - for Remote/Very Remote living children
- 13.2% to 14% - for Inner/Outer Regional living children
- compared to 10.5 - 11.7% for children in the Major Cities.

As a result, children in rural and remote areas are needing significantly more support for their developmental and mental health and at a younger age, with complexities increasing. Due to workforce shortages, access to specialised paediatric health services in rural and remote areas is often delayed or unavailable. Many children are not seeing a specialist until they arrive at school – by then many are presenting with significant developmental, learning or behavioural challenges. Teachers are under-resourced, impacting both child and teacher wellbeing and stress.

Data from RFW caregiver focused research – in collaboration with the Growing Minds Australia highlights the frequent exposure to Adverse Childhood Experiences (ACEs), including

intergenerational mental health issues such as self-harm and suicidality were also highlighted, often alongside intergenerational trauma.



Families face multi-layered complexity, clinical, psychosocial, and systemic factors, which require flexible and adapted service models. Four research papers are currently under peer review for publication and can be provided for further background.

Workforce gaps and training needs

Rural Australia faces a health workforce crisis. Shortages in paediatricians, GPs, psychologists, and allied health professionals are straining services and threatening community viability.

Key Data

- Rural Australians received $8.35B less in healthcare funding than urban counterparts in 2023-24-$1,090 per person (Nous Report).
- In very remote areas, people are 2.6× more likely to die prematurely.
- Paediatric waitlists range from 18 months to 6 years; some families are told not to bother joining.
- Private assessments cost up to $3,000, often unaffordable.

- GP access is declining, with bulk billing rates falling and minimal support for rural practitioners.

Broader Impacts

- Children miss critical windows for intervention.
- Families face financial and emotional strain.
- Teachers manage complex needs without adequate support.
- Communities lose young families, affecting local economies.
- Natural disasters further compound these issues.

Structural Failures

- This crisis is not just about staffing-it reflects systemic issues:
- Market-based funding models fail in thin markets.
- Locum contracts are costly and unsustainable.
- Training pipelines don't match regional needs.
- Supervision capacity limits workforce expansion.

RFW supports the NDIS review recommendation to roll out provider panels for allied health in underserved rural areas. Responsibility for thin markets must not be left solely to states and territories, especially where existing systems have consistently failed.

Seamless transitions through mainstream systems

Supporting children with mild to moderate support needs requires community-based engagement. Meeting families where they are and leveraging local networks – such as child health hubs, general practitioners, paediatricians, Aboriginal Medical Services (AMS), Aboriginal Care Navigators, Health Workers, WIN nurses, and related services – can create a strong foundation of support. Equally important is the coordination of care across sectors. Key workers who understand both state and federal systems across health, education, and child protection can prevent siloed approaches and ensure continuity of care.

Solutions must be flexible and region-specific, building on existing services and local knowledge. Clear transition pathways-especially from early years to primary school-are essential. For example, early intervention funding from CCQ Primary Health Network and the QLD Department of Education's SDSS program, enables smoother transitions for children and continuity of care.

Proposed Principles for a Thriving Kids Model

Whilst this is outside the Terms of Reference for the inquiry, RFW clinicians have identified seven key principles for a future Thriving Kids model, especially for children in rural and remote areas vulnerable on two or more domains.

1. Child Development & Education
2. Service Integration & Coordination
3. Accessibility & Flexibility
4. Workforce Development & Capacity Building
5. Quality, Evidence & Reporting
6. Cultural & Community Responsiveness
7. Funding & Sustainability

Further information on proposed principles is outlined in Appendix C.

Appendix A: Resources for Parents and Educators

RFW clinicians use a range of practical, evidence-based tools to support families and educators:

- Handouts outlining developmental milestones (e.g., speech sound acquisition) Speech Pathology Australia
- Demonstration videos (e.g. "10 tips for talking"), drawn from evidence-based programs such as Hanen.
- Education sessions for parents covering behaviour and regulation, motor skills, developmental milestones, red flags
- Resilient Kids Toolkit – a guide with strategies and activities to build mental health and resilience

RFW supports educators in initiating conversations with parents when concerns arise. Their impartial, professional role helps reduce emotional tension in small communities and facilitates more constructive engagement.

Appendix B: Early Intervention Service Models

Details of Royal Far West early intervention services:

Healthy Kids Bus Stop

The Healthy Kids Bus Stop (HKBS) was a philanthropically funded free mobile developmental screening program run by Royal Far West (RFW) from 2014 to 2022, targeting children aged 3–5 years in rural and remote NSW.

The HKBS team included nurses and allied health professionals (speech pathologists, occupational therapists, audiologists, dental and behavioural specialists), working in collaboration with Local Health Districts (LHDs), Primary Health Networks (PHNs), Aboriginal Health Services, and other local providers.

Over eight years, the program screened over 5,000 children, with 80% referred to at least one other health service. Children with complex needs (developmentally vulnerable on two or more domains with limited access to local services) were referred to RFW's Paediatric Development Program (PDP) for further assessment. The HKBS ceased in 2022 because of the announcement of NSW's Brighter Beginnings initiative.

The key issue with the HKBS was the lack of local services to refer to for further assessment, therapy and management. Where there was local allied health or RFW were able to provide short term telehealth therapy (up to two 8-week blocks), child with mild to moderate concerns made great progress and were much more ready to start school.

Royal Far West's Schools and Early Years service

RFW's Schools and Early Years service offers a multi-tiered service delivery model that adapts to the diverse needs of rural and remote children, families and educators. Currently, the program partners with over 260 primary schools and early learning centres across New South Wales, Queensland, Victoria, and Western Australia. The service delivers direct therapy to 700-1000 children each week, capacity building, coaching and professional development to hundreds of educators each year. The multidisciplinary team uses a trauma-informed, culturally responsive approach to address developmental, behavioural, and mental health challenges.
An independent evaluation[2] conducted in 2024 by Dandolo partners highlights that the program has exceeded its performance targets under the Federal Department of Health's funding agreement and has delivered significant benefits for children, families, and schools in rural and remote areas.

Key Findings:

1. Improved Outcomes for Children and Families

- Over 85% of children achieved their therapy goals, leading to measurable improvements in confidence, social interaction and classroom engagement and participation.
- More than 90% of educators reported gaining skills and confidence to better support children with additional needs in their classrooms.
- 88% of parents and carers learned new skills and strategies, helping them feel better equipped to support their child's learning and development.

2. Increased Access to Allied Health Services

- The program has successfully built a national model, improving access to allied health services for isolated children.
- It has enhanced professional development opportunities for teachers in areas with limited or no specialist staff.

3. Scalability and Telehealth as a Solution

- The infrastructure developed can be effectively scaled up.
- The findings strongly support telehealth as a proven, evidence-based approach to overcoming geographical barriers and ensuring access to essential allied health services.

4. Expertise and Best Practice

- The design of the program aligns well to Ealy Childhood Intervention Australian National Best Practice Guidelines which include a focus on being inclusive, family centred, and evidence based.
- The evaluation underscores the expertise of RFW clinicians, finding that RFW's high level of skill is the most important enabler of the program.

5. Positive Impact on Schools and Educators

- Despite serving a relatively small % of rural and remote schools, the service meets a critical need in schools and early childhood education centres (ECECs).
- 77% of educators agreed or strongly agreed that S&EYs service increased their overall wellbeing and job satisfaction.

Service model

RFW provides specialist therapy, assessment and capacity building services in Speech Pathology, Occupational Therapy, Social Work and Psychology, tailored to the needs of children and school communities.

Available Supports

- Screening & Assessment – Identifies learning needs and therapy requirements.
- Individual & Small Group Therapy – Delivered in schools, typically in two-term blocks.
- Parent & Carer Programs – Skill-building workshops.
- Educator Professional Development – Training + coaching on neurodiversity, trauma-informed practice in schools, behaviour and regulation, motor skills, speech, language and literacy.

Assessment Options

- Psychology: Cognitive (WISC-V) & Academic (WIAT-III) assessments.
- Speech Pathology: Language, literacy & speech assessments (CELF-5, TNL, DEAP).
- Occupational Therapy: Visual-motor, fine motor, and handwriting assessments (Beery VMI, BOT2, Handwriting McMasters).

Assessments include standardised and criterion-referenced tools as well as non-standardised assessment methods for diagnosis, gaining a holistic understanding of the child, goal setting, therapy planning, and to inform individual learning plans.

Therapy Delivery

- One-to-One Therapy – Individual sessions delivered via telehealth and in-community. Includes work done directly with children as well as supporting the adults' understanding and support of the individual children's needs.
- Small Group Programs – Therapy groups (up to 4 children) for shared goals in language, motor skills, and anxiety management.

Workshops for Parents & Educators

Topics include Language Lift-Off, Supporting Neurodiverse Students, Calm Classrooms, Trauma-Informed Teaching, Mighty Movers, and Ready, Set, Big School, Circle of Security and Tuning into Kids.

Flexible Model

Services are tailored to each school's needs, budget, and staffing, ensuring support is responsive and sustainable.

Operational Excellence

All clinical services are backed by experienced support staff, secure onshore data systems , and robust clinical and organisational governance.

1. Royal Far West's Family Partner Navigator

RFW has appointed a skilled Early Educator to help families navigate health and NDIS systems. The Navigator builds community connections and ensures families can access the services they need, leveraging deep local knowledge and relationships.

2. New operating model in planning

RFW has just received confirmation of funding from the NSW Government to pilot Allied Health Assistants (AHAs) in our multi-disciplinary teams. The AHA pilot will:

- Increase the number of employees who are working in community, supporting the allied health staff who provide services via telehealth and community visits.
- Improve cost-effectiveness and sustainability of the service
- Increase the frequency of support to children, leading to a better client experience
- Allow allied health clinicians to focus on the most complex service delivery tasks
- Help mitigate current and projected shortages of healthcare professionals in regional communities

Post-pilot phase, Allied Health Assistants will become part of the Schools and Early Years model.

Appendix C: Principles for Thriving Kids

Child Development & Education

- Promote a common language and baseline understanding of childhood development.
- Integrate therapeutic educational modules and school-based group programs.
- Ensure practical support for parents to engage with ECEC
- Recognise the tension between educational goals and disability/extra support funding.

Service Integration & Coordination

- Develop funding policies that bridge health and education silos.
- Strengthen national child and family hubs.
- Use multidisciplinary team (MDT) approaches and telehealth to ensure continuity of care.
- Provide clear service mapping to reduce gaps and overlaps.
- Establish clear pathways for families to access support, including a Navigator role.
- Fund local coordination of services.

Accessibility & Flexibility

- Ensure ease of access to services where the child is based.
- Design scalable and flexible systems that respond to community and individual needs.
- Support local solutions tailored to specific contexts.

Workforce Development & Capacity Building

- Invest in upskilling ECEC staff in trauma-responsive practices.
- Build capacity across services and peer-to-peer networks.
- Upskill primary health models to better support children and families.

Quality, Evidence & Reporting

- Ground services in evidence-informed practices and response to intervention frameworks.
- Maintain consistent quality standards while remaining responsive to community needs.
- Review reporting metrics to reflect impact beyond outputs like billable hours.

Cultural & Community Responsiveness

- Adopt culturally responsive and trauma-informed approaches.

- Engage consumers and partner with community networks.
- Emphasise whole-of-community approaches and parental involvement in child wellbeing.

Funding & Sustainability

- Ensure funding stability to support long-term service delivery.

Appendix D: Acronym Definitions

MMM: Modified Monash Model
AEDC: Australian Early Development Census
NDIS: National Disability Insurance Scheme
AMS: Aboriginal Medical Services
ACCO: Aboriginal Community Controlled Organisation
ECEC: Early Childhood Education and Care
PHN: Primary Health Network
GP: General Practitioner
SDSS: Students with Disabilities Support Services
NCCD: Nationally Consistent Collection of Data on School Students with Disability

[1] HKBS-report-web.pdf
[2] Evaluation-of-Schools-and-Early-Years-Services-Summary-FINAL.pdf