ASDP
Australasian Society for Developmental Paediatrics

5 December 2025

ASDP Submission to the Department of Social Services
Re: A New Approach to Programs for Families and Children

Introduction

The Australasian Society for Developmental Paediatrics (ASDP) welcomes the opportunity to comment on the Department of Social Services' proposed reforms to programs for families and children. ASDP strongly supports the intent of a more coordinated, flexible, and prevention-oriented system. The vision, outcomes, and funding streams outlined across the Discussion Paper, Evidence Summary and Consultation Summary reflect principles long advocated by developmental paediatricians: early investment, proportionate universalism, community-connected services, and genuine collaboration with families and service providers.

However, ASDP emphasises that reform will only succeed if its design explicitly includes the biological and psychological as well as the social dimensions of child development—and if operational models include clear referral pathways to accessing medical and allied health expertise, integrated networks of social and health care and educational providers and strong longitudinal frameworks to support optimal long term health outcomes. Without this, evidence-based early intervention risks being replaced by under-supported workforces confronting complex developmental, health, and mental-health conditions that exceed their scope.

Strong Support for a Public Health, Proportionate Universalism Approach

ASDP endorses the proposed three-stream model, which aligns with a tiered public health framework and the evidence that prevention, early intervention, and integrated systems deliver the strongest long-term outcomes. ASDP supports universal access to high-quality information, targeted early intervention, and intensive supports for families facing complex disadvantage.

The Missing Piece: Biology and Clinical Governance

These streams represent high priority cohorts, however prioritising these cohorts may underplay the significant needs of other cohorts. Children's development is impacted by critical neurobiological periods for growth, and one of these most significant periods is the first 5 years. However, neuroplasticity remains throughout childhood, and there remains the opportunity to intervene early in life to meet the needs of older children and adolescents during this period of plasticity.

Developmental timing is not the only factor which determines developmental risk.

In addition to using critical periods of neuroplasticity in prioritising care for particular groups it is also recommended that consideration be given to other key determinants of developmental risk, including adverse life experiences for children, and children's physical and mental health.

Identifying children at risk of entering the child protection system is one way of defining a population at high risk of adversity, however it runs the risk of not intervening earlier for those cohorts of children impacted by adverse childhood experiences, such as parent mental health, poverty, parent incarceration, and family and domestic violence.

The other significant risk to children's long term outcomes is child mental and physical health, development and disability. Whilst the streamed cohorts may have some of their needs met in a health context, common pathways of adversity towards difficulties with mental health physical health and development mean that this group often have increased needs related to their environments, health needs and disability.

We urge the DSS to consider integrating pathways for children throughout childhood so that their health, education and social needs are addressed in a coordinated and comprehensive way.
This may involve:

- Access to medical, developmental, and mental-health expertise in community hubs.
- Evidence-based assessment, diagnostic pathways and intervention options, where health, educational and social needs are considered.
- Formal supervision and escalation systems for practitioners.
- Defined clinical governance frameworks across all service tiers.

Workforce Development Must Include Clinical Workforce Integration

The consultation documents highlight workforce pressures. ASDP recommends investment in:

- Integrated pathways and collaboration with developmental paediatrics, psychology, child mental health and allied health.
- Shared-care arrangements and multidisciplinary collaboration.
- Supervision and mentoring structures to support non-clinical staff.

Strengthening Community Hubs Through Health–Education–Social Services Integration

ASDP supports integrated hubs and recommends explicit partnerships across early childhood settings, health services, ACCOs, allied health providers, multicultural services and local government. True integration requires joint governance, shared outcomes and coordinated planning.

Evidence-Informed Design Should Include Child Development Science

DSS documentation clearly shows the importance of early childhood development. ASDP recommends embedding developmental screening, neurodevelopmental expertise, early pathways for diagnosis and intervention, and attention to co-occurring physical or mental health vulnerabilities.

Improving Outcomes for First Nations Children

ASDP supports ACCO-led service delivery, co-design and community control. Support should include cultural governance, workforce pipelines, transitional funding and data sovereignty principles.

Reporting, Outcomes, and Relational Contracting

ASDP supports simplified grant reporting, outcomes frameworks and relational contracting. Outcome measures should include developmental health, family functioning, safety and culturally relevant measures. Consumer feedback should be prioritised.

Conclusion

ASDP supports the direction of reform and recommends strengthening clinical governance, multidisciplinary integration and practical implementation frameworks to ensure the vision is achievable.

Who we are:

The Australasian Society for Developmental Paediatrics (ASDP) is the peak professional body representing over 950 medical doctors (paediatricians) with special interest in developmental paediatrics. Our members work with children and families across Australia and New Zealand to improve the developmental, physical, emotional and social wellbeing of children. ASDP promotes excellence in clinical care, education, research, and advocacy. The Society provides leadership across policy, training and system reform and works collaboratively with families, government, and sector partners to strengthen outcomes for children and young people.

Appendix A – Selected Discussion Questions

Below we address those questions from Appendix A which relate specifically to child development.

1. Does the new vision reflect what we all want for children and families?

Yes. ASDP supports the vision and recommends explicit inclusion of children's developmental, physical and mental health.

2. Are the two main outcomes the right ones?

Yes, but ASDP recommends that the authors consider including thriving and engaged communities as a third option, with the understanding that strong communities build connections around children and families to enable development.

3. Will a single national program provide more flexibility?

Yes. It reduces fragmentation and enables better multidisciplinary collaboration.

4. Do the three streams reflect community needs?

These streams are high priority cohorts, however prioritising these cohorts may underplay the significant needs of other cohorts. Children's development is impacted by critical neurobiological periods for growth, and one of these most significant periods is the first 5 years, however neuroplasticity remains throughout childhood, and there remains the opportunity to intervene early in life to meet the needs of older children and adolescents during this period of plasticity.
In addition to using understanding of critical periods in prioritising care for particular groups it is also recommended that consideration be given to other key determinants of developmental risk, including adverse life experiences for children, and children's physical and mental health.

5. Additional changes to overcome challenges

ASDP recommends clinical governance requirements, funded care pathways, workforce development and practitioner supervision structures, and stronger integration with health, education and child protection.

6. Are the investment priorities appropriate?

ASDP supports them and recommends adding investment in a clinically supported workforce.

7. Other priorities to consider

Early screening, disability pathway support, access to medical and allied health professionals, and workforce sustainability.

8. Do the proposed focus areas match service needs?

Yes. Additional attention is needed for developmental concerns in middle childhood and adolescence.

9. Other groups or approaches DSS should consider

- Better horizontal integration across sectors.
- Improved longitudinal integration over time- to support improved longitudinal trajectories for children and families across childhood.

Groups:

- Children with biological and psychological risk
- Families experiencing mental illness, financial and housing instability
- CALD families
- Children unable to access supports

10. Effective ways to connect services beyond co-location

Shared governance, multidisciplinary case coordination, warm referrals, outreach clinicians, and regional consultation networks.

11. Assessment criteria for demonstrating community connection

Co-design evidence, partnerships with ACCOs and schools, needs analysis, referral pathways, digital modelling, consumer feedback

12. Additional factors beyond locational disadvantage

AEDC vulnerability, disability and developmental needs, service access, cultural diversity, youth mental health, housing instability and family violence prevalence.

This submission has been prepared by the Australasian Society for Developmental Paediatrics and submitted on 5 December 2025.

Further consultation is welcomed.

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