

Response to research request

Prepared for:	Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales
Research officer:	Erin Anderson
Subject:	Foundational and disability supports available for children and young people in New South Wales

Request

A new Select Committee has been established to inquire into and report on foundational and disability supports available for children and young people in New South Wales.

The committee resolved on 13 November 2024 to engage the services of the DPS Research team to prepare a briefing paper to assist in informing members of the inquiry's terms of reference.

The main purpose of the paper would be to provide members of the committee with a shared understanding of the issue, types of supports and services, the current system, recent reviews and recommendations, developments in other jurisdictions, and gaps and barriers.



Response

1. Introduction	4
1.1. Structure of this response	4
1.2. Scope of this response	4
1.3. Terminology used.....	5
2. How many children and young people in NSW have developmental delay or disability?	6
2.1. Children in NSW with developmental delay.....	7
2.2. Children and young people in NSW with disability.....	9
3. What types of supports and services are available for children and young people with developmental delay and disability in NSW, and who is responsible for their funding and delivery?.....	14
3.1. Service obligations under human rights frameworks.....	14
3.2. Jurisdiction and portfolio responsibilities for policy and service delivery	15
3.3. Types of services and supports available	17
3.4. Background on the NDIS model	17
4. What are the issues with current supports and services and what has been proposed to address these?	19
4.1. Recent major reviews.....	19
4.2. Identified issues, gaps and barriers with services and supports for this cohort.....	20
4.2.1. Theme: Lack of accessible supports outside the NDIS	20
4.2.2. Theme: Difficulty navigating complex service systems	23
4.2.3. Theme: Need for advocacy supports	25
4.2.4. Theme: Lack of accessible information	26
4.2.5. Theme: Lack of accessible and coordinated early intervention supports for children and families	27
4.2.6. Theme: Barriers to inclusive mainstream education.....	31
4.2.7. Theme: Lack of life transition supports for young people	35
4.3. Timeline for reform.....	36

4.4.	Commitments regarding foundational supports.....	36
5.	What major structural factors will continue to shape the service system? ...	39
5.1.	Informal carers	39
5.2.	Workforce supply.....	40
5.3.	Disability services organisations.....	41
6.	What does the evidence say about best practice supports and interventions for this cohort?	43
7.	What frameworks can be used to evaluate service availability, accessibility and effectiveness in this context?.....	45
7.1.	Minimum standards for safe and quality services.....	45
7.2.	The national disability policy and outcomes framework.....	46
7.3.	A framework for service system and population factors that relate to access to services	47
7.4.	Data limitations and barriers to effective evaluation.....	49
	Appendix A. Definitions of key terms	50
	Appendix B. Examples of types of government-funded supports and service available in NSW	54

1. Introduction

1.1. Structure of this response

This response summarises the extensive findings on this topic from major reviews and provides additional system context

The Independent Review into the National Disability Insurance Scheme and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, based on extensive engagement with the disability community, examined the experience of accessing services and outcomes for children and young people with disability. Together, these reviews produced more than 8,000 pages of analysis.

This response largely draws on this content, with additional information providing background or local context to support the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales. Each chapter answers a different question related to the inquiry's terms of reference. The beginning of each chapter includes a short summary of what is covered under numbered sub-headings. Each numbered sub-heading has a one-sentence headline in blue for quick reading.

1.2. Scope of this response

This response is limited in its consideration of relevant supports and services for children and young people

The terms of reference require that the committee inquire into and report on 'child development, early intervention services and other foundational and disability supports available for children and young people with developmental concerns, delays, differences or disabilities in NSW, and in particular: (a) the role of such services and supports on a child's overall development, health and wellbeing...'.

Due to time and resource constraints, the scope of this response is limited to information about:

- The total population of children with developmental delay and disability, and provides very limited detail about specific sub-populations
- Supports and services that broadly sit within the health, education and disability portfolios; it does not substantively deal with housing, employment, justice, and broader community services.

However, it is important to note for context that many factors and related supports and services contribute to the wellbeing and healthy development of children. Understanding wellbeing requires a holistic perspective. Also, socioeconomic and cultural factors may result in different experiences and outcomes between various children with disability and their families.

For example, a safe and secure environment is an important factor and there are services and programs focused on providing secure housing, child protection, and addressing domestic, family and sexual violence. These services are very important for the health and wellbeing of children and young people with disability, as disempowering systems and structures can make children with disability more vulnerable to insecurity and harm than their peers. One in 3 children in NSW with a placement in

out-of-home care have disability,¹ adults with disability are more likely to report that they experienced physical or sexual abuse before the age of 15 than adults without disability,² children with disability are exposed to more than twice as much family and domestic violence as children without disability,³ and evidence suggests homeless children are more likely to have physical disability, emotional or behavioural problems than housed children.⁴

Further, some children and young people with developmental delay or disability experience multiple forms of discrimination that compound the need for support or affect their ability to access appropriate services.⁵ For example, in 2021 42.3% of Aboriginal and Torres Strait Islander children were considered to be developmentally vulnerable on one of more domains of the Australian Early Development Census, compared to 20.6% for all children.⁶

1.3. Terminology used

This response replicates terminology used by the relevant source

There is a list of definitions of key terms at Appendix A. Definitions of key terms. These include definitions drawn from the disability or health sector to help with common understanding. Where legislation includes definitions of the same terms, these are included for comparison.

Preferences for terminology can vary among the disability community. In this response, the terminology used in any given instance replicates the term used by the relevant source. This response uses the phrase 'children and young people with developmental delay and disability' as a shorter reference for the cohort identified in the terms of reference – children and young people with developmental concerns, delays, differences or disabilities.

¹ MJ Green et al, [NSW Early Childhood Test Case – Final Report. Prevalence, Supports and Outcomes for children with disability in New South Wales](#), NSW Department of Education, 2022

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 3, Nature and extent of violence, abuse, neglect and exploitation of people with disability](#), 2023, p. 92

³ O Octoman et al, [The nature and extent of domestic and family violence exposure for children and young people with disability](#), ANROWS, Research Report No. 16, 2022

⁴ AIHW, [Australia's children: Homelessness](#), updated 25 February 2022, accessed 13 March 2025

⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 9, First Nations people with disability](#), 2023

⁶ PHIDU, [Australian Early Development Census indicators](#), 2021, n.d., accessed 13 March 2025

2. How many children and young people in NSW have developmental delay or disability?

While some children are identified at or before birth as being at high risk of developmental problems (such as children with Down syndrome) in most cases, developmental delay or disability becomes evident during the first few years of life. Some people may present for assessment in adolescence or adulthood, prompted by changes in health or behaviour, support arrangements or social circumstances (such as the need for assistance).⁷

Disability is a difficult concept to measure because it depends on a person's perception of their ability to perform a range of day-to-day activities (or in some cases for children, the perception of their parent or carers). The 2 best available data sources that can help estimate the prevalence of developmental delay and disability in children in NSW are the:

- [Australian Early Development Census](#) (AEDC), which is a national collection of early childhood development conducted when children commence their first year of full-time school. It has been held every 3 years since 2009.
- [Survey of Disability, Ageing and Carers](#) (SDAC) conducted by the Australian Bureau of Statistics. The SDAC is a national survey of a sample of the population that has been conducted 10 times (with variations in the questions asked) at irregular intervals since 1981.

⁷ Therapeutic Guidelines Limited, [Developmental Disability](#), *Therapeutic Guidelines*, March 2021, accessed 25 February 2025. Note this source requires a subscription to access.

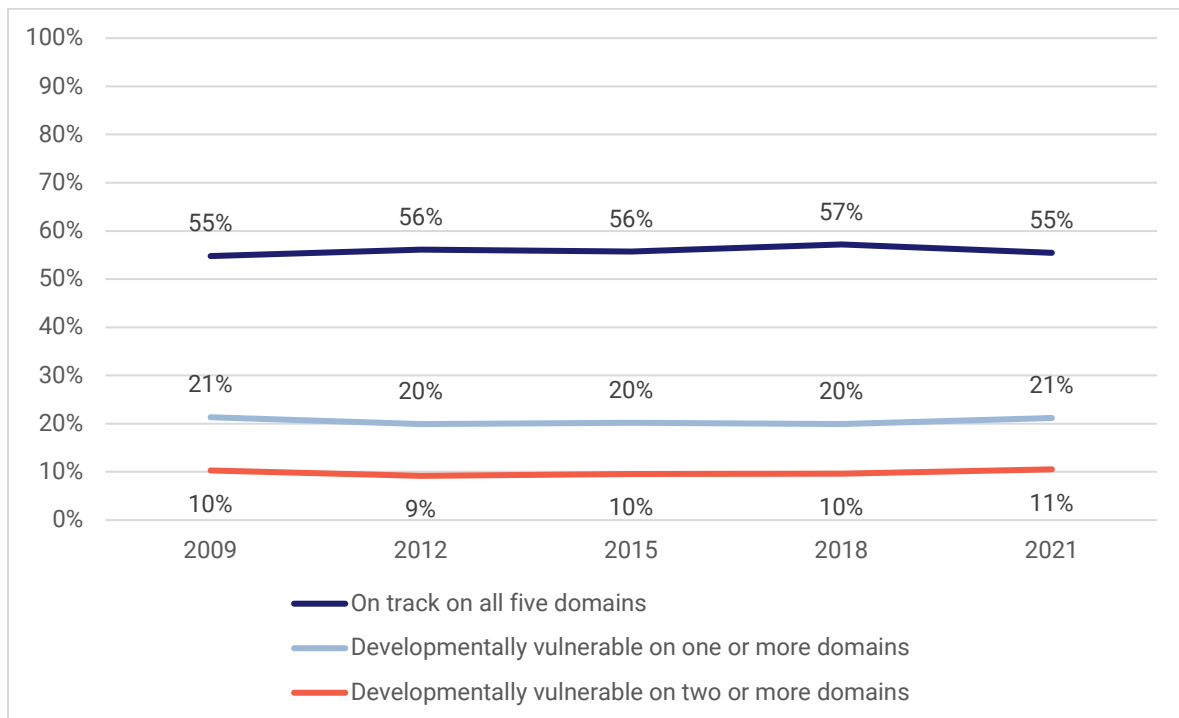
2.1. Children in NSW with developmental delay

Consistently over the last decade, one in 5 NSW children are starting school developmentally vulnerable in at least one domain

The latest (2021)⁸ AEDC data shows (Figure 1):

- That more than 50% of children in NSW were identified as ‘developmentally on track’ for each of the 5 AEDC domains (physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge)
- A small increase in the percentage of NSW children who were ‘developmentally vulnerable’ on one or more and 2 or more domains, compared to the previous collection in 2018.

Figure 1. Percentage of 4–6-year-olds in NSW developmentally on track and vulnerable⁹



Source: Australian Early Development Census, *Public table by Statistical Area Level 2 (SA2) 2009-2021*, April 2022, [https://www.aedc.gov.au/resources/detail/public-table-by-statistical-area-level-2-\(sa2\)-2009-2021](https://www.aedc.gov.au/resources/detail/public-table-by-statistical-area-level-2-(sa2)-2009-2021)

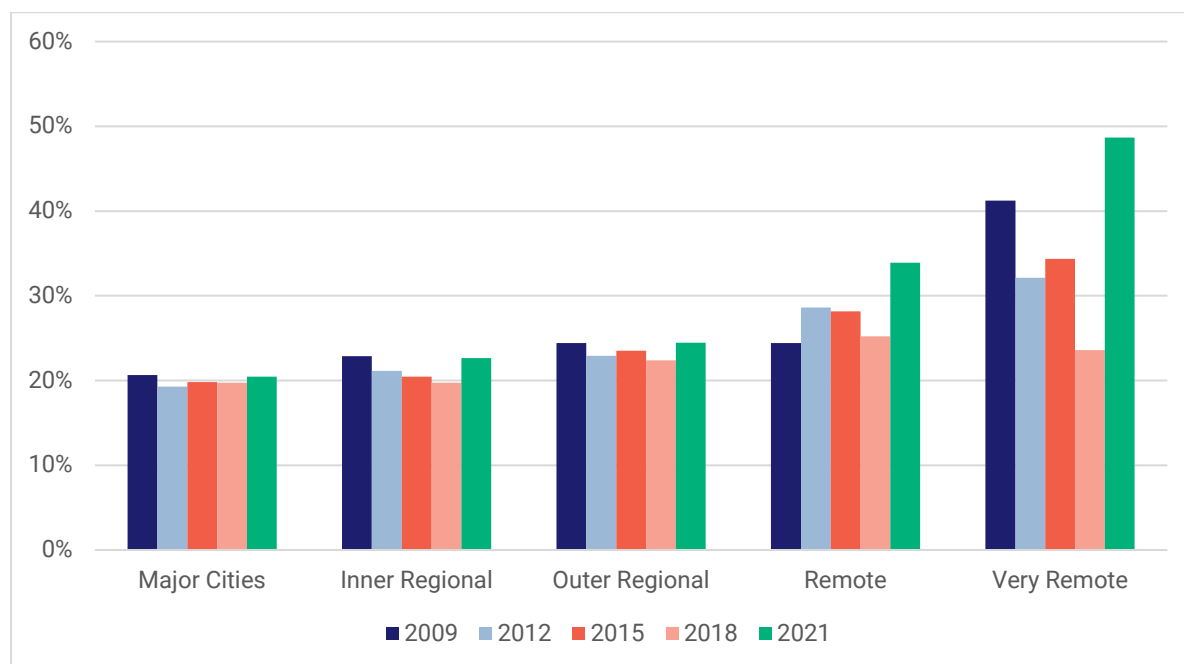
⁸ The 2024 AEDC survey has been completed but the results are yet to be released. Based on previous releases, it is expected these will be released in March or April 2025.

⁹ Children with special needs are not included in these measures. In this data collection the term ‘Special needs’ applies to children reported by teachers as requiring special assistance because of chronic medical, physical, or intellectually disabling conditions (e.g. autism, cerebral palsy, Down syndrome) based on a medical diagnosis or diagnoses. Australian Early Development Census (AEDC), *Data Guidelines*, February 2025.

The percentage of children identified as developmentally vulnerable is higher in regional and remote parts of the state (Figure 2).

It should be noted that there were small numbers of children in very remote areas included in the census in each year. Small changes in the total number of children counted in the census contributes to the appearance of significant fluctuation in reported proportions.

Figure 2. Percentage of 4–6-year-olds in NSW vulnerable on one or more domains, by remoteness¹⁰



Source: Australian Early Development Census, *Public table by Remoteness 2009–2021*, <https://www.aedc.gov.au/resources/detail/public-table-by-remoteness-2009-2021>

¹⁰ Remoteness areas divide Australia into 5 classes of remoteness measuring relative geographic access to services. More [information on remoteness areas is available from the ABS](#).

2.2. Children and young people in NSW with disability

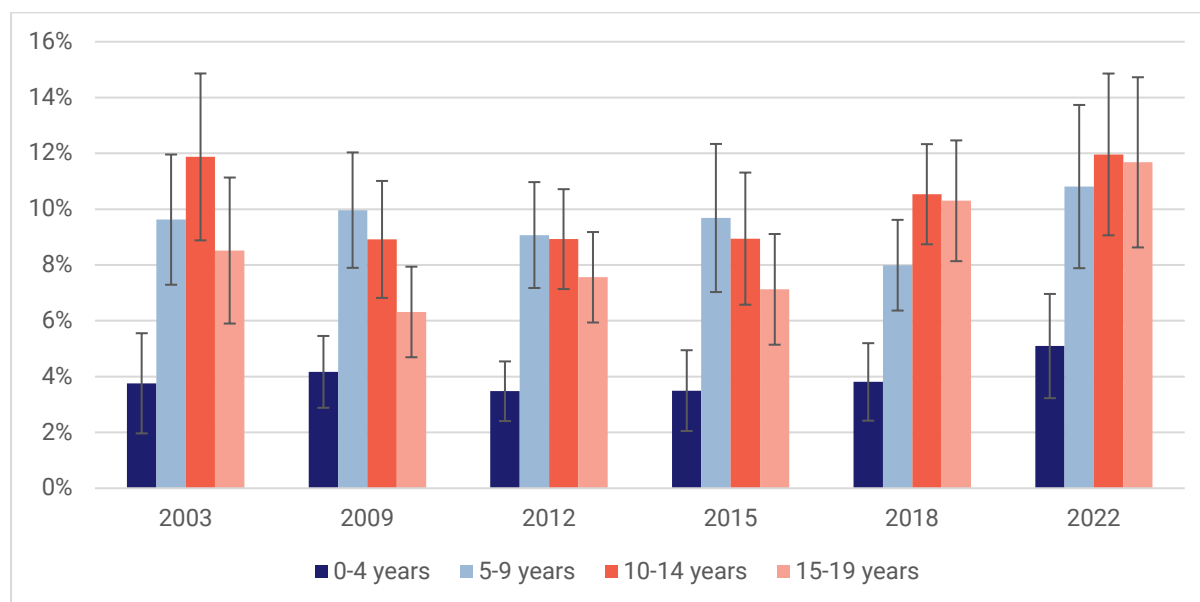
Varying disability definitions across different data collections make precise estimates challenging

The most detailed data the ABS collects on the prevalence of disability in Australia is in the [Survey of Disability, Ageing and Carers](#) (SDAC). The SDAC was developed to align with international measures of disability as described in the World Health Organization [International Classification of Functioning, Disability and Health](#) (ICF).

In the SDAC, a person is considered to have disability if they have any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for 6 months or more.

Figure 3 shows the estimated percentage of children and young people in NSW who had a disability at the time of each survey.

Figure 3. Disability prevalence among 5-year age groups of children and young people in NSW, 2003 - 2022



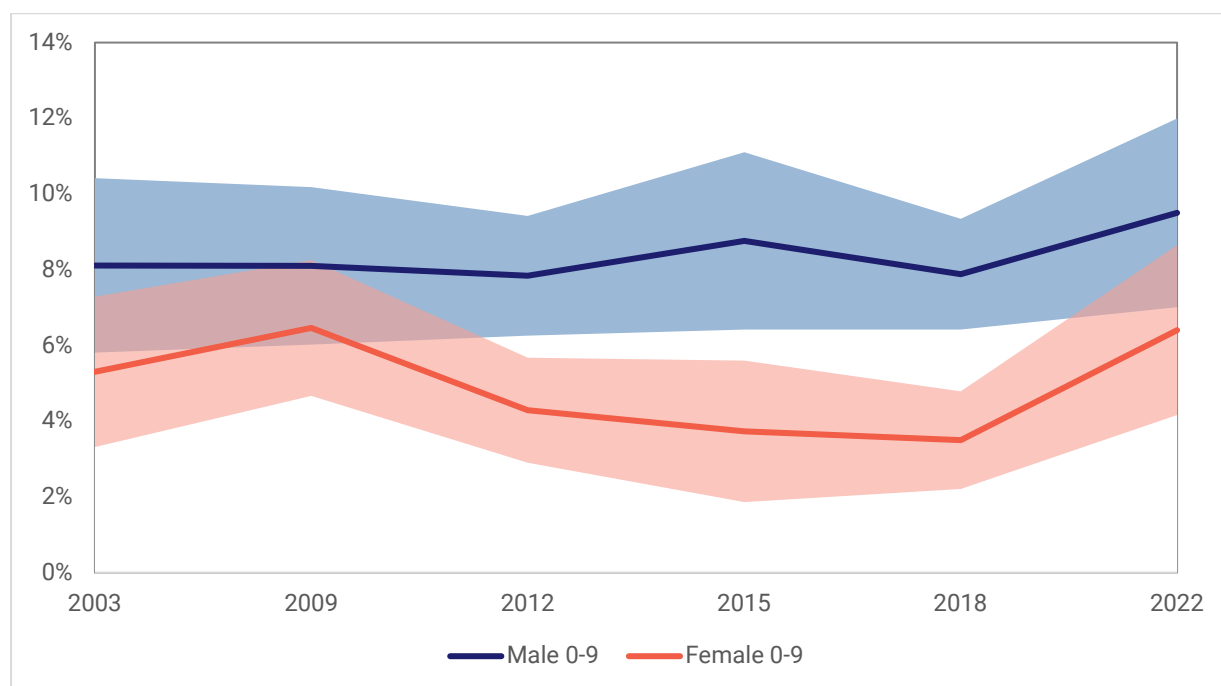
Source: Australian Bureau of Statistics (2024) *Has disability by 5 year ranges (NSW)* [Survey of Disability, Ageing and Carers TableBuilder] accessed 13 March 2025. Error bars show the margin of error with 95% confidence interval.¹¹

There are several factors which may have contributed to changes in disability prevalence over time, including changing awareness of disability in society or changes in the way data is collected (for example, an online, self-completion questionnaire was offered as an option for the first time in 2022).

¹¹ The margin of error is a statistical measure that quantifies the range of uncertainty around an estimate. It shows how much the estimate could vary from the true prevalence in the population. The margin of error is influenced by things like sample size, variability within the population, and the level of confidence desired for reporting. A 95% confidence interval means that we can be 95% confident that the disability prevalence for the reported group is between the bottom and the top point of the error bars.

SDAC collections over time have consistently estimated that disability is more prevalent among male children than female children (Figure 4).

Figure 4. Disability prevalence in the 0-9 years age group in NSW by sex, 2003 - 2022



Source: Australian Bureau of Statistics (2024) *Has disability by age and sex of person at birth (NSW)* [Survey of Disability, Ageing and Carers TableBuilder] accessed 13 March 2025. Shading represents margin of error with 95% confidence interval.

The SDAC uses a comprehensive set of questions to determine disability and is considered the gold standard of disability identified in Australia.¹²

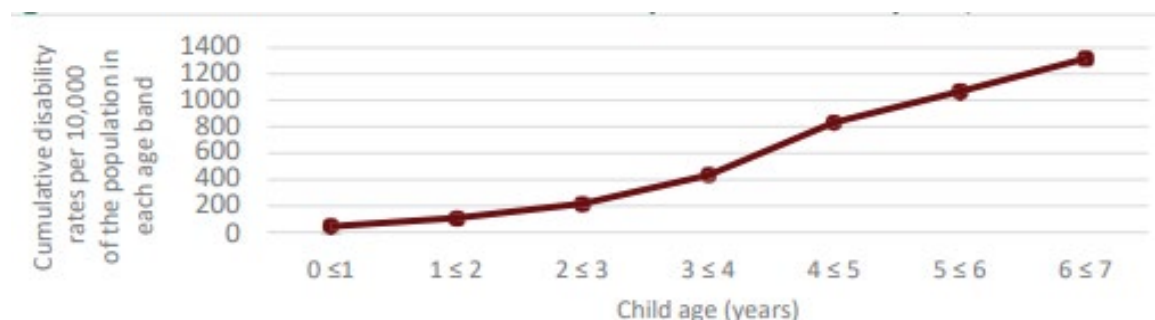
Information on people with disability is also collected in other data sources, for example in the course of service or program administration. Different data sources will provide different estimates of disability, due to different definitions or different purposes of the data collection. For example, the [Nationally Consistent Collection of Data on School Students with Disability](#) (NCCD) collects information on the supports received by students with disability to help them participate in school education. The number of Australian students with disability reported by the NCCD is approximately 2.4 times that reported by the SDAC.¹³

¹² AIHW, *People with disability in Australia: Defining disability*, last updated 23 April 2024, accessed 25 March 2025

¹³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education*, p. 139

A 2022 study conducted as a pilot of the National Disability Data Asset (NDDA) shows the cumulative growth in the disability rate in children’s early years, providing an indication of the ages at which disability is identified (Figure 5).

Figure 5. Cumulative identification of disability from birth to 7 years of age, NSW

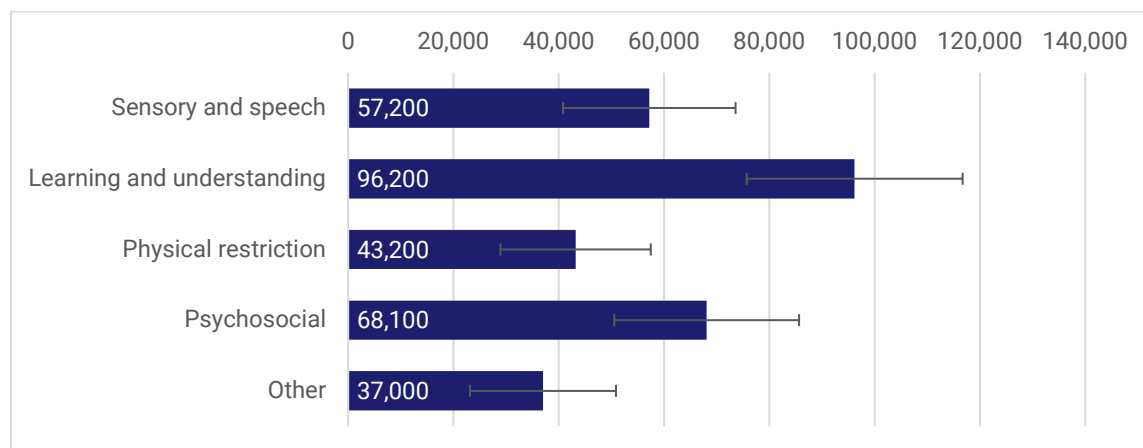


Source: MJ Green et al, [NSW Early Childhood Test Case – Final Report. Prevalence, Supports and Outcomes for children with disability in New South Wales](#), NSW Department of Education, 2022

The NDDA is a linked data asset that combines Australian and NSW Government administrative datasets with information about people collected as part of service or program delivery. In this pilot study children with disability were identified as those recorded with a disability or who were accessing a disability support service or school adjustment.¹⁴

Learning and understanding disabilities are the most common type among children and young people in NSW with disability (Figure 6). (This group was referred to as ‘intellectual’ in previous iterations of the SDAC.) People may have more than one type of disability, and so in reporting disability groups, people could be counted more than once if they have disabilities from more than one group.

Figure 6. Estimated number of people in NSW under 18 years with particular types of disability, 2022



Source: Australian Bureau of Statistics (2024) *Disability group by age (NSW)* [Survey of Disability, Ageing and Carers TableBuilder] accessed 24 March 2025. NB: Disability group ‘head injury, stroke or acquired brain injury’ is not included due to unreliability of estimates for this group. Error bars show the margin of error with 95% confidence interval.

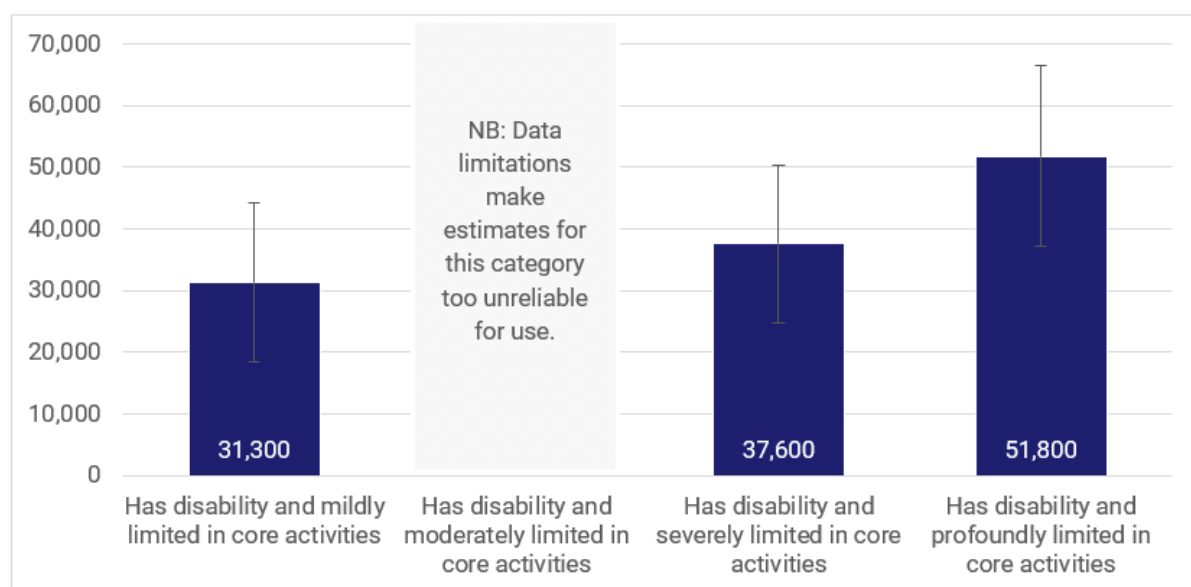
¹⁴ MJ Green et al, [NSW Early Childhood Test Case – Final Report. Prevalence, Supports and Outcomes for children with disability in New South Wales](#), NSW Department of Education, 2022, p. 11.

Not all children and young people identified with disability will require the same level of supports. Disability status is a measure of the limitations experienced by people with disability, and it distinguishes between:

- Profound limitation where the person is unable to do, or always needs help with, at least one core activity (communication, mobility and self-care)
- Severe limitation where the person needs help sometimes or has difficulty with a core activity
- Moderate limitation where the person has no need for help but has difficulty with a core activity
- Mild limitation where the person has no need for help and no difficulty, but uses aids or has limitations.

There are approximately 31,300 children and young people with disability in NSW who, with the use of aids, have no need for help and no difficulty (Figure 7).

Figure 7. Estimated number of people under 18 years in NSW by disability status, 2022



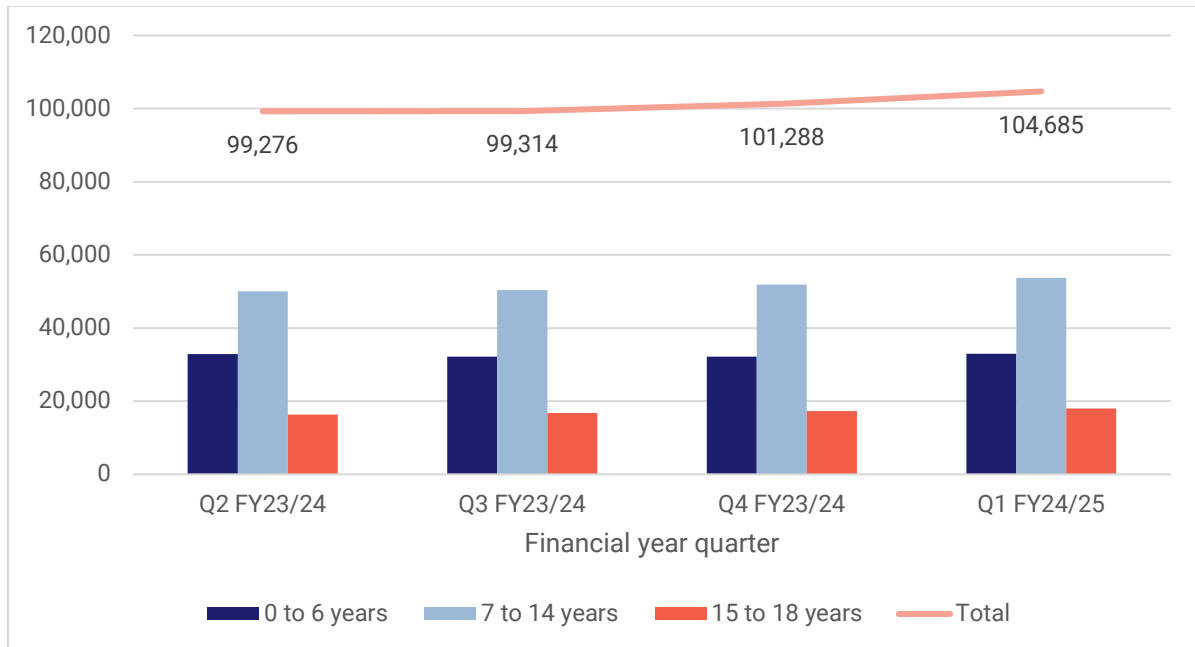
Source: Australian Bureau of Statistics (2024) *Disability status by age (NSW)* [Survey of Disability, Ageing and Carers TableBuilder] accessed 24 March 2025. Error bars show the margin of error with 95% confidence interval.

The SDAC definitions of severe or profound core activity limitation are considered most comparable to the population likely to require the level of support provided by an individualised budget under the National Disability Insurance Scheme (NDIS).¹⁵

¹⁵ However, the SDAC definitions do not align directly to NDIS eligibility criteria, so there are limitations with the comparison. D Gifford, *National Disability Insurance Scheme - Annual Financial Sustainability Report 2023-24*, 2024 p. 182

Over the last 12 months for which data is available, the number of children and young people in NSW who have been determined as eligible for the NDIS and have an approved plan has increased by 5.5% (Figure 8). This is higher than the NSW population growth rate of 1.4% for the same period (the year ending 30 September 2024).¹⁶

Figure 8. Number of active participants in the NDIS under 18 years in NSW, October 2023 – September 2024



Source: National Disability Insurance Agency, [Explore Data: Participant Data](#), updated 9 January 2025, accessed 12 February 2025.

¹⁶ ABS, [National, state and territory population: reference period September 2024](#), released 20 March 2025, accessed 24 March 2025

3. What types of supports and services are available for children and young people with developmental delay and disability in NSW, and who is responsible for their funding and delivery?

This section provides information on the types of supports and services available for this cohort and jurisdictional responsibility for policy, funding and delivery. A key point to note is that all jurisdictions and agencies providing services to children and young people in the population have some responsibility to meet the needs of this cohort, because under human rights frameworks these services should be accessible to children and young people with disability. This section summarises the:

- Service obligations for government agencies under human rights frameworks
- Respective responsibilities for the scope of supports and services this brief is focused on, namely health, disability, early childhood education and care and school education
- Types of supports and services available.

The end of this section provides some background on the 3-tiered model for the National Disability Insurance Scheme (NDIS). This is important context to understand how the NDIS relates to other services as well as service system issues and recommendations discussed in section 4.

3.1. Service obligations under human rights frameworks

Under human rights frameworks, all governments and portfolios share responsibility for ensuring equal rights of access to services for children and young people with disability

The United Nations [Convention on the Rights of Persons with Disabilities](#) (CRPD) aims to promote, protect and ensure the full and equal enjoyment of all human rights and freedoms by all people with disability. The Australian Government has ratified the CRPD and its implementation is a whole of government responsibility.¹⁷ Australia's treaty commitments are incorporated through legislation, policy and programs at federal, and state and territory levels, including [Australia's Disability Strategy 2021-2031](#) – the national disability policy framework – and the [NSW Disability Inclusion Plan 2021-2025](#). These identify priority areas for improvement in policy and mainstream service delivery to promote, protect and realise the human rights of people with disability.

Anti-discrimination legislation at the federal ([Disability Discrimination Act 1992](#)) and state ([Anti-Discrimination Act 1977](#)) level makes it unlawful to discriminate against a person because of their disability, including in the areas of education and provision of services. A failure to make appropriate accommodations for a child or young person with disability, so that they can participate equally and have equal access to services, could amount to direct or indirect discrimination. The [Disability Standards for Education 2005 \(Cth\)](#) clarify obligations under the Disability Discrimination Act in relation to education and training.

¹⁷[Convention on the Rights of Persons with Disabilities Declaration 2009 \(Cth\)](#), <https://www.legislation.gov.au/F2009L02620/asmade/text>. Entered into force 2009.

3.2. Jurisdiction and portfolio responsibilities for policy and service delivery **Both the Australian and NSW governments have multiple portfolio responsibilities for relevant policy, funding and service delivery, which creates a risk of confusion and poor accountability**

The service ecosystem for children and young people with developmental delay or disability is complex as it involves multiple portfolio areas and all levels of government.

There is currently no active overarching intergovernmental agreement to clarify disability policy funding and implementation responsibilities across the Australian, state, and territory governments. The National Disability Agreement (NDA) commenced in 2009 (updated in 2012) and has been the intergovernmental agreement for disability policy and service provision.

The Department of Social Services (DSS) has confirmed that although the NDA does not have an expiry date, its funding has ceased and performance benchmarks have lapsed. Its application is therefore now limited.¹⁸

A Productivity Commission [review of the NDA](#) in 2019 found that:

- A multitude of different agreements, strategies and plans cause unnecessary complexity in the governance of Australia's disability system
- The NDA is outdated and no longer fit for purpose since the implementation of the NDIS and endorsement of a new national policy for disability¹⁹
- Without a fit-for purpose overarching agreement to clarify the relationship between aspects of disability policy and to facilitate governments' cooperation, there is a risk of confusion and reduced accountability for improving outcomes for people with disability and carers.²⁰

This confusion can extend to the interface between service delivery systems. The [Applied Principles and Tables of Support to Determine Responsibilities of the NDIS and other Service Systems](#) (APTOS) is intended to distinguish between which supports and services are the responsibility of the NDIS to fund and deliver, and which are the responsibility of mainstream services. The provisions regarding health, early childhood development, and school education are summarised in Table 1.

¹⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 5: Governing for inclusion](#), pp 18-19

¹⁹ At the time of the Productivity Commission review, this was the [National Disability Strategy 2010-2020](#). This has since been superseded by [Australia's Disability Strategy 2021-2031](#).

²⁰ Productivity Commission, [Review of the National Disability Agreement](#), Productivity Commission Study Report, Commonwealth of Australia, January 2019, p. 5

Table 1. What the NDIS covers and what mainstream services provide

	What the NDIS covers	What mainstream services provide/ what the NDIS does not cover
Health	Support to enable a person with disability to undertake daily activities, including 'maintenance' supports (from clinically trained or qualified health practitioners) directly associated with the person's disability	Access to health services, such as diagnosis and clinical treatment of health condition, as required by National Healthcare Agreement and Commonwealth Disability Discrimination Act
Early childhood development	Individualised support or early intervention, specific to a child's disability or developmental delay, targeted at enhancing the child's functionality to engage in daily activities	Early childhood education and care needs, health system, child and maternal health services and any supports clinical in nature
School education	Supports related to the functional impact of a student's disability to undertake activities of daily living, such as personal care and transport to and from school	Personalising learning and support related to educational attainment, including teaching, learning assistance, school building modifications and transport between school activities

Source: Productivity Commission, [National Disability Insurance Scheme Costs Study Report](#), October 2017, p. 246.

The NDIS Review found that while the general principles²¹ underpinning the APTOS are appropriate, they have not translated into consistent collaboration on the ground. There are:

- Unclear boundaries and insufficient operational guidance on who is responsible for provisioning at an operational level
- Poor information sharing and collaboration, with APTOS incentivising binary and siloed approaches across support systems
- Perverse incentives to cost shift, given the different incentives between the NDIS (an uncapped system) and mainstream services (most of which are capped)
- Lack of accountability and a systemic oversight mechanism to hold the NDIS and other service systems accountable for funding and supports.²²

Unclear responsibilities and lack of coordination across different levels of government and different departments and programs means that it is complex, costly and time-consuming for people with disability and their families to find the right supports.²³

Both the NDIS Review (Recommendations [20](#) and [21](#)) and the Disability Royal Commission (Recommendation [5.1](#)) recommended measures to clarify accountability for governance of the disability ecosystem, including a new national intergovernmental agreement to provide a framework for the development and implementation of system reforms. The Australian Government response to this Disability Royal Commission recommendation was 'subject to further consideration', while states and territories 'accept[ed] in principle' (see Attachment 1).

²¹ The 6 general principles are: right of access to services, personalised supports, the need for clear funding and delivery responsibilities, a nationally consistent approach to NDIS supports, efficiency, and a seamless and integrated planning and support coordination process.

²² Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 135-137

²³ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final Report](#), 2023, p. 97

3.3. Types of services and supports available

Identifying developmental concerns in young children and ensuring there is timely access to intervention services and supports is widely recognised as a critical step to optimising long-term outcomes.²⁴ Types of government-funded supports and services that are currently available in NSW for children and young people with developmental delay and disability include:

- **Population screening and prevention services**, including immunisation programs and early childhood health and development checks
- **Diagnostic and therapeutic services**, including primary care and allied health services such as speech pathology, occupational therapy, physiotherapy
- **Information and advice, capacity-building, and system navigation supports** for both children and parents and carers, for example service directories, playgroups, and parent/carer peer support workshops
- **Advocacy supports**, including individual advocacy supports, systemic advocacy, and NDIS appeals support
- **Consumables, aids and equipment** such as continence pads, assistive technology for mobility or personal care, or home modifications
- **Early childhood education and care supports**, including childcare subsidies, childcare programs for children with complex needs who may not otherwise be able to access childcare services, funding for providers to address barriers to inclusion, supports for transitions to schooling
- **Schooling supports** such as material in alternate formats like large print or braille, adjustments to content delivery or assessment formats, additional teaching or learning support in the classroom or smaller class sizes
- **Travel assistance** such as travel training or provision of individualised transport for students who are unable to use public transport to get to school.

Further detail about individual programs and the jurisdiction and portfolio funding them is in Appendix B. Examples of types of government-funded supports and service available in NSW

3.4. Background on the NDIS model

The current operation of the NDIS is discussed in section 4, which summarises findings from recent major reviews. Background on the NDIS model is provided here because:

- It helps in understanding issues that have emerged because the NDIS implementation has diverged from the original design intent
- Stakeholders continue to use earlier terminology (such as 'Tier 2' supports) that is no longer frequently used in official scheme terminology or communications.

The original model for the NDIS recommended by the Productivity Commission described 3 'tiers' of the scheme which would each support different portions of the Australian population:

²⁴AH Hirai, et al. Prevalence and variation of developmental screening and surveillance in early childhood. *JAMA Pediatr.* 2018, 172(9):857-66, doi:10.1001/jamapediatrics.2018.1524

- **Tier 1** of the NDIS supports **all Australians**, as the NDIS 'provides insurance against the costs of support in the event that they acquire a significant disability' and 'seek[s] to minimise the impacts of disability for all Australians'
- **Tier 2** of the NDIS is for **all people with a disability, and their families and carers**, to access information, referral, and connection to relevant disability, community and mainstream services
- **Tier 3** of the NDIS is for **people with disability who require funded, individualised supports** through participant plans.²⁵

The National Disability Insurance Agency (NDIA) began implementing the Information, Linkages and Capacity Building (ILC) program in July 2017²⁶ to deliver what had been called Tier 2 supports.²⁷ The ILC program has 2 components:

- ILC grants, administered by the Department of Social Services
- Referral, information, and capacity building services, overseen by the NDIA and undertaken by NDIS 'Partners in the Community': local area coordinators (LACs) (for over 9 year olds) and early childhood partners (for under 9 year olds).²⁸ LACs and early childhood partners are intended to be the 'local face of ILC, connecting people with disability to their local community, services and programs'.²⁹

²⁵ Productivity Commission, [Disability Care and Support Inquiry Report](#), July 2011, pp. 158–177

²⁶ Productivity Commission, [National Disability Insurance Scheme Costs Study Report](#), October 2017, p. 223

²⁷ Australian Government Department of Social Services, [Information, Linkages and Capacity Building Policy Framework](#), last updated 30 October 2024, accessed 10 March 2025, p. 1

²⁸ Australian Government Department of Social Services, [Information, Linkages and Capacity Building \(ILC\) program, Summary: Review of the ILC program and next steps](#), March 2021, accessed 19 March 2025; NDIA, [NDIS: Making connections](#), last updated 1 October 2024, accessed 19 March 2025

²⁹ National Disability Insurance Scheme, [Strengthening Information, Linkages and Capacity Building \(ILC\): A national strategy towards 2022](#), December 2018

4. What are the issues with current supports and services and what has been proposed to address these?

4.1. Recent major reviews

Recent reviews have provided an independent perspective on systemic issues, deeply informed by the disability community

Multiple independent reviews and parliamentary inquiries have recently examined different aspects of services and outcomes for people with disability. These reviews, and their relevance to children and young people with developmental delay or disability, were the:

- **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability** (DRC), the [final report](#) of which was tabled in the Australian Parliament on [29 September 2023](#). The DRC investigated how to prevent and better protect people with disability from experiencing violence, abuse, neglect and exploitation in relevant settings including schools, hospitals and day programs.
- **National Disability Insurance Scheme Review** (NDIS Review), co-chaired by an independent review panel, published its [Final Report: Working together to deliver the NDIS](#) on 7 December 2023. The NDIS Review examined the design, operations and sustainability of the NDIS as well as ways to build a more responsive, supportive and sustainable NDIS market and workforce. The review considered interactions across the broader care and support sector, including early childhood and school education.
- NSW Legislative Council Portfolio Committee No. 3 – Education inquiry (Legislative Council inquiry) into **Children and young people with disability in New South Wales educational settings**, which tabled its [report](#) on 22 August 2024. The committee inquired into current levels of access and attainment for children and young people with disability in NSW educational settings, including support measures available and barriers to inclusive education.
- **Audit Office of New South Wales audit report** on [Supporting students with disability](#) was published on 26 September 2024. The audit assessed whether the NSW Department of Education is effectively supporting students with disability in NSW public schools.

The findings and recommendations of these reviews were substantively informed by the experience of people with disability. Over the course of the DRC, almost 10,000 people shared their experience of violence, abuse, neglect and exploitation by making a submission or participating in a private session.³⁰ The NDIS Review received 3,976 submissions.³¹

³⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Submission & private sessions](#), n.d., accessed 17 March 2025

³¹ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final Report](#), 2023, p. 23

4.2. Identified issues, gaps and barriers with services and supports for this cohort

Common themes have emerged through reviews

This section focuses on issues and recommendations that arose during these reviews that are most pertinent to children and young people with developmental delay and disability. Issues and recommendations are organised into the following 7 themes:

- Lack of accessible supports outside the NDIS
- Difficulty navigating complex service systems
- Need for advocacy supports
- Lack of accessible information
- Lack of accessible and coordinated early intervention supports for children and families
- Barriers to inclusive mainstream education
- Lack of life transition supports for young people.

For each theme an overview of key issues is provided, as well as the recommendations from the reviews that relate to the responsibilities of the NSW Government.³² A full list of recommendations from the DRC and NDIS Review, as well as the responses from the Australian and NSW Governments to the DRC, is included in Attachment 1.

4.2.1. Theme: Lack of accessible supports outside the NDIS

Issue: There is limited accountability for investment in non-NDIS disability supports

The NDIS Review found that ‘since the establishment of the NDIS there has been a lack of strategy and clarity on definitions, priorities and responsibilities for disability support outside of the NDIS’ (see also section 3.2). The review noted the transformative impact the rollout of the NDIS has had for hundreds of thousands of people with disability, and that all Australian governments have continued to increase their contributions to the NDIS each year. However, the review also found that governments have come to rely on the NDIS as the dominant source of disability supports at the expense of an inclusive, accessible and thriving broader disability support ecosystem of mainstream services and foundational disability supports.

The review noted that almost all disability funding is provided through individualised budgets, and that in 2021-22 supports within the NDIS made up more than 93% of all disability funding (Figure 9).³³ Non-NDIS contributions to disability services delivery (including foundational supports) accounted for approximately \$1.75 billion, compared to approximately \$29 billion spent on NDIS contributions.

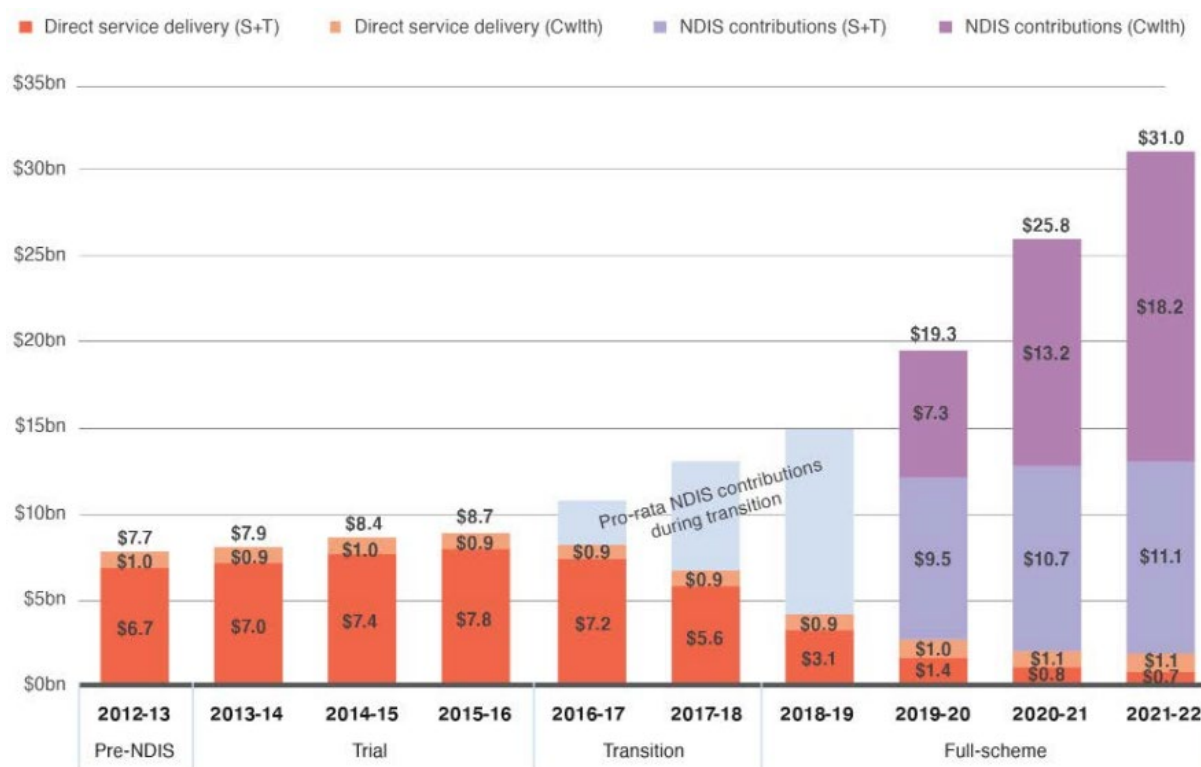
Further, due to ‘limited planning, coordination and collaboration across jurisdictions’ which continue to invest in non-NDIS disability supports, the types of supports available across Australia are

³² For example, many of the recommendations of the NDIS Review were for action by the NDIA or DSS, but also included detail of what should be included in the recommended foundational supports system, to be jointly designed and commissioned by the Australian and state and territory governments. In these cases, details from the recommendation on foundational supports are included here and the recommendation to the NDIA or DSS are not.

³³ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 32-33.

inconsistent and make it challenging for people with disability to navigate and find the most appropriate support.³⁴

Figure 9. NDIS contributions and direct disability service spend



Source: Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 33

Issue: A lack of affordable supports elsewhere is driving people into the NDIS

A 2022 Melbourne Disability Institute study on adults without individual NDIS funding found that 90% of survey respondents believed current supports and services outside the NDIS are not adequate to meet the needs of people with disability.³⁵ The NDIS Review found this was consistent with feedback it heard from people with disability, families and carers, the disability sector, researchers and governments. It also found that supports outside the NDIS are unaffordable for many, which creates an unfair gap between those who are and are not eligible for NDIS plans.³⁶

When proposing the NDIS model in 2011, the Productivity Commission noted the main function of the NDIS would be to fund long-term high quality care and support for people with significant disabilities and that most people with disability would be supported by community and ‘Tier 2’ supports (see section 3.4) and mainstream services outside the NDIS.³⁷ The NDIS Review found this has not

³⁴ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 35-36

³⁵ S Olney et al, [The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding](#), June 2022, p. 13. NB: Survey respondents were from Victoria, Tasmania and South Australia.

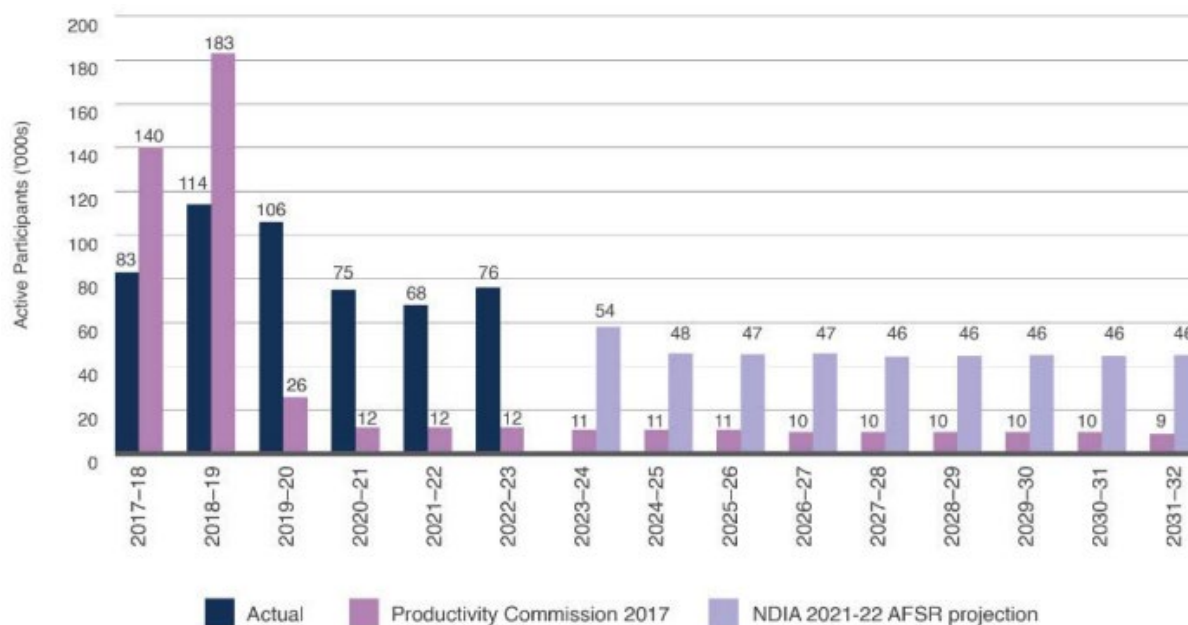
³⁶ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 57-58,

³⁷ Productivity Commission, ‘3. Who is the NDIS for?’, [Disability Care and Support – Volume 1](#), Inquiry Report no. 54, July 2011, pp 157 - 200

eventuated, and over-reliance on the NDIS is a key contributor to the unanticipated growth in the number of NDIS participants.³⁸

Figure 10 shows the historic and projected change in the number of participants each year. Since 2020 the number of new participants in the scheme each year has outstripped projections made by the Productivity Commission in 2017.³⁹

Figure 10. Historic and projected change in active participants for year ending 30 June⁴⁰



Source: Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 1136-1137

Recommendations: Lack of accessible supports outside NDIS

The first recommendation of the NDIS Review was to ‘Invest in foundational supports to bring fairness, balance and sustainability to the ecosystem supporting people with disability’ and to develop the national architecture and strategy for foundational supports:

- National Cabinet should agree to jointly design, fund and commission an expanded and coherent set of foundational disability supports outside individualised NDIS budgets ([NDIS Review Action 1.1](#))
- The Department of Social Services (DSS), with state and territory governments, should develop and implement a Foundational Supports Strategy ([NDIS Review Action 1.2](#)).

The NDIS Review distinguished between 2 types of foundational supports (Figure 11):

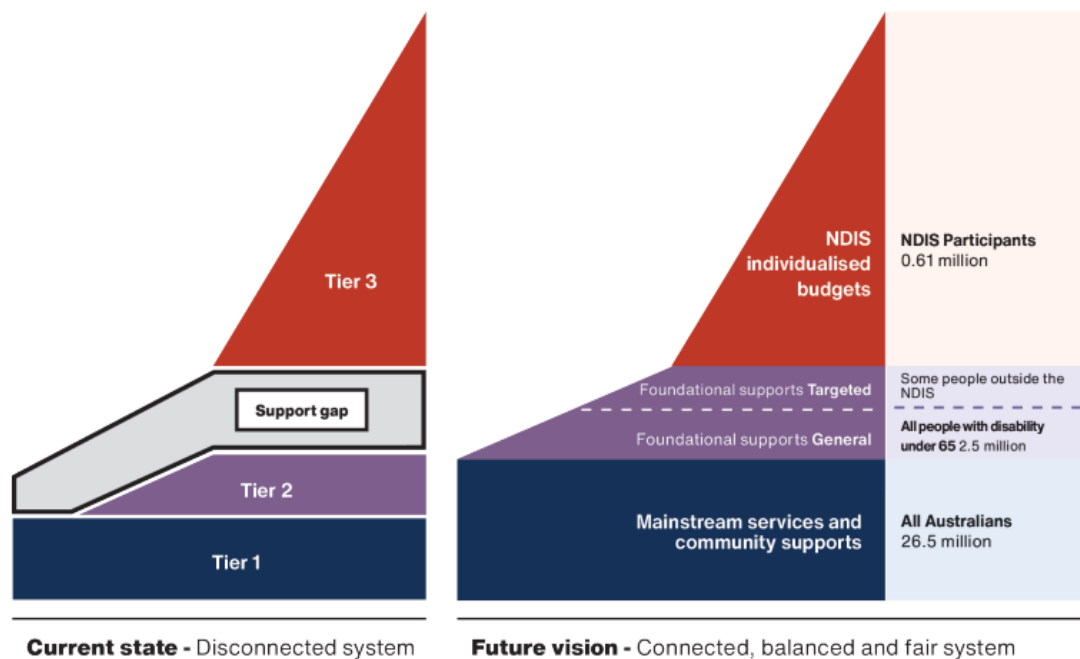
³⁸ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 1136-1137

³⁹ Productivity Commission, [National Disability Insurance Scheme \(NDIS\) Costs](#), Study report, October 2017

⁴⁰ NB: This analysis from the NDIS Review drew on the most recent annual financial sustainability reporting at the time, which used data up to and including the 2021-22 financial year. The NDIA has since published new reporting and projections based on data from the 2022-23 and 2023-24 financial years.

- **‘General’ foundational supports**, which would include programs and activities like information and advice, capacity building and navigation supports, available to all people with disability under age 65 and their families (current issues with these types of supports are discussed in further detail under following themes)
- **‘Targeted’ foundational supports** available to people with disability under age 65 who are not eligible for the NDIS. Specific recommendations for targeted supports include that:
 - DSS, with states and territories, should develop a nationally consistent approach for the delivery of aids and equipment outside the NDIS ([NDIS Review Action 1.10](#))
 - National Cabinet should agree to jointly invest in early supports for children with emerging development concerns and disability ([NDIS Review Action 1.12](#))
 - National Cabinet should agree to jointly invest in programs and initiatives to support adolescents and young adults with disability aged 9 to 21 to prepare for and manage key life transition points such as secondary school, employment, and living independently ([NDIS Review Action 1.13](#)).

Figure 11. The NDIS Review’s vision for an integrated, graduated model of mainstream, foundational and NDIS disability supports



Source: Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final report](#), 2023, p. 35

4.2.2. Theme: Difficulty navigating complex service systems

Issue: Fragmented health systems with poor communication and collaboration impede access to quality health care

The DRC recognised that while, given its scale, the health system is bound to be complex, complexity and fragmentation disproportionately impact people with cognitive disability. Particular issues raised were:

- A lack of continuity of care at times of transition, such as from paediatric to adult care at around 16 years of age⁴¹
- Poor communication or collaboration between health professionals (for example between specialists and hospital staff) leading to poor outcomes for people with disability in hospital⁴²
- That parents and carers often attempt to deal with this situation by taking on a coordinating case management role, which is not acknowledged or valued by the health system and can be hampered by difficulties accessing records and information.⁴³

Issue: Navigation support functions for people with disability are crucial but inconsistently available

Both inside and outside the NDIS, there are limitations with the functions available to help people with disability navigate service systems to access the supports they need. The NDIS Review found that both participants and providers find the interfaces between the NDIS and other systems confusing. The NDIS provides navigation support functions, however they are split across several roles, adding unnecessary complexity and resulting in considerable variation in the type and quality of navigation supports available to NDIS participants.⁴⁴

The Information, Linkages and Capacity Building (ILC) program (see section 3.4) under the NDIS was intended to provide an information and referral function for all people with a disability to help connect them with mainstream, community and disability supports and services, regardless of whether they had an NDIS plan. The important role of ILC has been emphasised in many reviews, but they also find issues with its implementation. A particular issue is that NDIS partners in the community (local area coordinators (LACs) and early childhood partners) have 'not been able to deliver community capacity building and linkages as intended'.⁴⁵

Instead, they 'have been largely focused on planning rather than connecting to community supports through the earlier stages of the scheme'.⁴⁶ One research survey found that people with a disability had not received support or advice from the NDIS or LACs beyond information about eligibility for NDIS funding.⁴⁷ The NDIS Review found that funding and staffing constraints in the NDIA have contributed to partners in the community being diverted from their intended role, and that large-scale contracting means they often lack the deep local knowledge and disability expertise needed to provide people with supports that meet their needs.⁴⁸

⁴¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling autonomy and access*, p. 397

⁴² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling autonomy and access*, p. 397; NSW Ageing and Disability Commission, *Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Issues paper: Health care for people with cognitive disability*, February 2020, p. 5

⁴³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling autonomy and access*, p. 397

⁴⁴ Commonwealth of Australia, Department of the Prime Minister and Cabinet, *Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis*, 2023, p. 314

⁴⁵ E Wilson et al, *Informing investment design: ILC Research Activity Summary of Findings*, Centre for Social Impact prepared for Australian Government Department of Social Services, December 2021, p. 19

⁴⁶ Parliament of Australia Joint Standing Committee on the National Disability Insurance Scheme, *Current scheme implementation and forecasting for the NDIS*, Report, March 2022, 3.47

⁴⁷ S Olney et al, *The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding*, June 2022, p. 14

⁴⁸ Commonwealth of Australia, Department of the Prime Minister and Cabinet, *Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final Report*, 2023, p. 99

Recommendations: Difficulty navigating complex service systems

Recommendations under this theme include that:

- Australian and state and territory governments should introduce disability health navigators to support people with cognitive disability and complex health needs access health services ([DRC 6.34](#))
- National Cabinet should agree to jointly invest in navigation support for people with disability outside the NDIS as part of foundational supports ([NDIS Review Action 1.4](#))
- The NDIA should lead commissioning of a local navigation function to help all people with a disability find supports in their community ([NDIS Review Action 4.1](#)), as well as a specialist navigation function for NDIS participants with more complex needs ([NDIS Review Action 4.2](#))
- The NDIA should adapt a joint commissioning approach to deliver local navigation support within a nationally consistent framework developed in partnership with other relevant Australian and state and territory government agencies ([NDIS Review Action 4.3](#)).

4.2.3. Theme: Need for advocacy supports

Issue: There is inequity in access to supports based on parental capacity

Parents and other family members play a crucial role advocating for their child's access to supports and services in health and education settings and in the provision of disability services. This advocacy role is especially important over the life course for children and young people with cognitive disability who are unable to advocate strongly for themselves. Families need support to understand their child's rights and to navigate the service system.

The DRC heard that a 'two-tiered system' is developing for children with disability – those with parents who 'have the time and the resources' to advocate for their children and those who do not – and that the quality of inclusion is often proportional to the advocacy, energy and efforts of families. This means that even within, for example, the same school, the 'inclusion' experienced by students is highly variable. Independent advocacy is an essential complement to family advocacy, particularly for those who lack informal support networks.⁴⁹

Issue: Funding for advocacy programs is not meeting demand

The Productivity Commission⁵⁰ and the DRC⁵¹ both noted that advocacy services should be funded by both the Australian and state and territory governments. This is because many issues which require advocacy support relate to state and territory service systems, and siloing advocacy funding at one level of government could lead to cost-shifting between jurisdictions. Noting that data on demand for advocacy services is limited at national and state and territory levels, the DRC found that there were sound indications that funding for national advocacy programs is not meeting demand.⁵²

⁴⁹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling autonomy and access*, p. 266

⁵⁰ Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs*, Study report, October 2017, p 384

⁵¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling autonomy and access*, p. 280

⁵² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 6: Enabling autonomy and access*, p. 284

Recommendations: Need for advocacy supports

Recommendations under this theme include that:

- As part of foundational supports, National Cabinet should agree to jointly invest in achieving nationally consistent access to individual disability advocacy services, and there should be better coordination of funding and activities across Australian and state and territory programs ([NDIS Review Action 1.5](#))
- All Australian governments should fund systemic advocacy of LGBTIQ+SB people with disability to strengthen representation at all levels ([NDIS Review Action 1.6](#))
- The Australian Government should commit additional funding for advocacy programs ([DRC 6.21a](#))
- Australian and state and territory governments should ensure long-term and stable funding for disability advocacy programs to meet demand ([DRC 6.21b and c](#))
- Australian and state and territory governments should improve data collection and reporting on met and unmet demand for disability advocacy ([DRC 6.22](#)).

4.2.4. Theme: Lack of accessible information

Issue: Families feel unsupported and lack information, advice and peer support

The NDIS Review found that when a child has a disability or developmental concerns, families are more likely to experience stress and increased demands on their time that affect their wellbeing, reporting isolation, exhaustion, anxiety and stress. Families currently have limited access to capacity building, peer support, neurodiversity affirming or other disability-specific organisations that promote contemporary models of disability, positive visioning and inclusion. The review noted that while all families of children with disability and developmental concerns need early access to information, advice and peer support, families of NDIS participants were those that most often reported feeling unsupported.⁵³

Issue: Children and young people with disability experience inaccessible communication and information

The DRC found that, despite obligations under international and domestic law, many people with disability in Australia still cannot access information and communications on an equal basis with others, leading to poor health and education outcomes. First Nations people with disability and those from culturally and linguistically diverse backgrounds experience unique and compounded language barriers when seeking access to information.⁵⁴

Key issues for this cohort highlighted were:

- Students with disability were required to adapt to the pace at which communication in schools happen, rather than schools adapting to the particular communication requirements of students
- An inability to communicate with teachers, aides and peers can lead to isolation for students⁵⁵

⁵³ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final Report](#), 2023, p. 118

⁵⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 6: Enabling autonomy and access](#), pp 62-64

⁵⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 6: Enabling autonomy and access](#), p. 57

- Lack of access to relationships and sex education can make young people with disability more vulnerable to abuse⁵⁶
- People who are non-verbal and do not have appropriate communication support may have their communication identified as behaviours of concern.⁵⁷

Recommendations: Lack of accessible information

Recommendations to address this issue include that:

- Australian and state and territory governments should develop a national plan to promote accessible information and communications ([DRC 6.1](#))
- Australian and state and territory governments should develop a national workforce strategy to increase the number of Auslan interpreters ([DRC 6.2](#))
- The NDIA ensuring participants receive accessible information and tailored advice to support informed decision making ([NDIS Review Action 5.1](#))
- National Cabinet should agree to jointly invest in and redesign information and advice and capacity building supports ([NDIS Review Action 1.3](#)), and specifically a capacity building program for families and caregivers of children with developmental concerns and disability, including information and peer support ([NDIS Review Action 1.8](#)).

4.2.5. Theme: Lack of accessible and coordinated early intervention supports for children and families

Issue: Children with disability and developmental concerns are not consistently identified early

The NDIS Review noted that ‘children with emerging developmental concerns and disability need to be identified as early as possible to ensure timely support can be provided. Gaps in development open early and widen progressively without early intervention.’⁵⁸ The average age of entry for children accessing the NDIS has lowered from 4.9 in 2016-17 to 3.8 in 2022-23.⁵⁹ However, this is still past the critical first 1000 days of life (from to conception to 2 years of age). This is the period of development where children have the greatest developmental capacity to adapt and therefore the greatest potential to affect health and wellbeing over their lives.⁶⁰

⁵⁶ Joel Koh, Gayatri Kembhavi-Tam, Vanessa Rose, Rebecca Featherston & Aron Shlonsky, [Rapid evidence review: Violence, abuse, neglect and exploitation of people with disability](#), Research report, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, pp 17–18, 33; True Relationships & Reproductive Health, [Submission in response to Rights and attitudes issues paper](#), ISS.001.00213, pp 3–4; WWILD – Sexual Violence Prevention Association Inc, [Submission in response to Violence and abuse of people with disability at home issues paper](#), ISS.001.00577, p. 6

⁵⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 6: Enabling autonomy and access](#), p. 57; Royal College of Psychiatrists, [Challenging behaviour: a unified approach – update. Clinical and service guidelines for supporting children, young people and adults with intellectual disabilities who are at risk of receiving abusive or restrictive practices](#), April 2016. Children who experience difficulties with verbal communication may sometimes use behaviours to communicate their needs or feelings, and as a response to people and their environment. If children’s behaviour creates a risk of harm to themselves or others, or affects their ability to participate in society and limits their rights and quality of life, they are can often be referred to as ‘behaviours of concern’, ‘challenging behaviours’ or ‘problem behaviours’, see: C Strawa et al, [Parent-focused interventions to support the behaviours of children with disability](#), Australian Institute of Family Studies, 2024

⁵⁸ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 391

⁵⁹ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 392

⁶⁰ T Moore et al, [The First Thousand Days: An Evidence Paper](#), Centre for Community Child Health, Murdoch Children’s Research Institute 2017

The review noted that:

- The frequency and timing of recommended child health and development checks varies considerably between jurisdictions
- There are significant barriers for many families to access mainstream services in the early years, including those for whom services are inaccessible or culturally unsafe
- Inconsistent data collection and reporting across jurisdictions makes it difficult to monitor uptake of health and development checks and evaluate outcomes and links to early intervention services.⁶¹

Issue: Supports outside the NDIS are inadequate to meet the needs of children and families

For the last decade, data consistently indicates that around 1 in 5 NSW children start school with concerns in at least one developmental domain (see section 2.1). This is consistent with national results. The NDIS Review considered that supports for this cohort are a mainstream matter that require a coordinated response across service systems and governments.⁶²

The review found that there is a gap in supports for children with developmental concerns or disability who require different or higher level supports that are not currently provided by mainstream services, but who do not require the level of specialist support provided as part of an NDIS individualised budget. The review found [early supports](#) under the program delivered by NDIA early childhood partners:

- Are not widely available geographically, with early childhood partners largely focused on metropolitan and regional centres and a significant gap in services for Aboriginal and Torres Strait Islander children
- Are limited by the resourcing constraints of the early childhood partner
- Are poorly integrated with the broader child development system of early childhood education care, education, health and recreational services in communities
- Have had low uptake suggesting families do not view these as appropriate or effective supports for their child.⁶³

Issue: Access to the NDIS for children is inconsistent, inequitable and not based on need

The NDIS Review found that:

... access to the NDIS is not always based on need and as a result is inequitable. Developmental delay is one of the main ways young children enter the NDIS. There is however still significant uncertainty in how the NDIS determines whether a child has substantial delay or substantially reduced functional capacity. There is no clear definition or consistent approach to determining this. While the use of Access Lists has made entry into the scheme simple and straightforward for some, outcomes have been inequitable,

⁶¹ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 194

⁶² Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 388

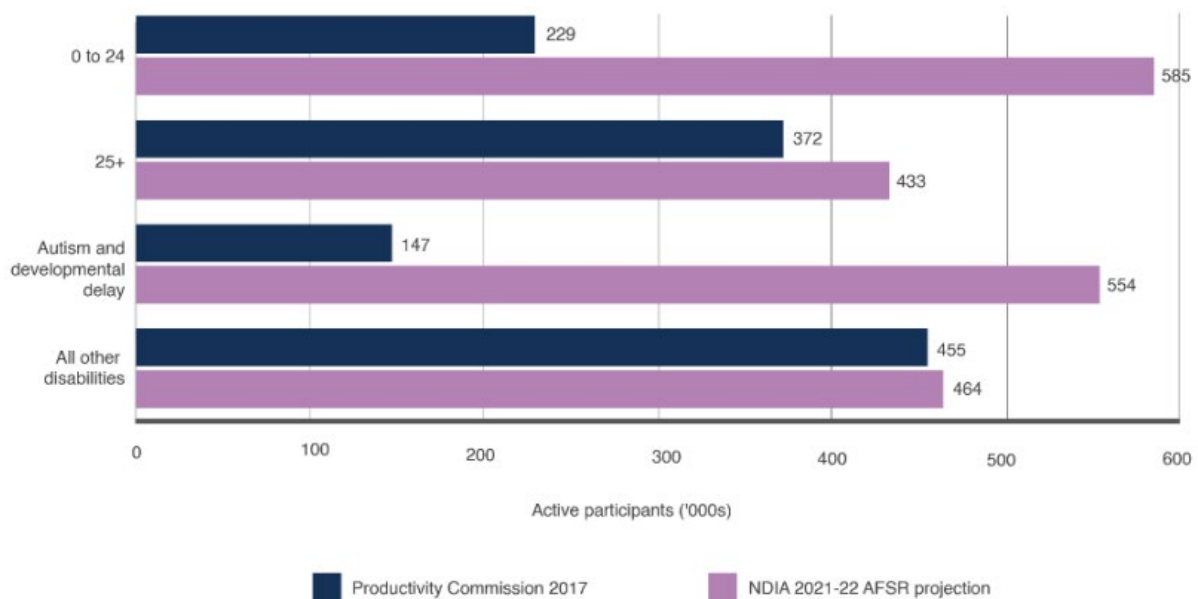
⁶³ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, pp 86-90

particularly for those who do not have a diagnosis. Children with the same level of support need but different diagnoses can get different outcomes.⁶⁴

Issue: There are more children in the NDIS than originally expected

The NDIS Review found that the inadequacy of mainstream and foundational supports outside the NDIS drives many to seek access to the NDIS because there is nowhere else to go. The rollout of the NDIS has revealed a level of demand for supports for children that was not anticipated at the scheme’s inception. Compared to 2017 Productivity Commission projections of national participant numbers, at 30 June 2023 there were 44,000 more children than anticipated in the 0 to 6 age band, 72,000 more in the 7 to 14 age band, and 26,000 more in the 15 to 18 age band.⁶⁵ Autistic participants and children with developmental delay are the most significant contributors to revised higher projections of the number of participants that will be in the scheme by 30 June 2032 (Figure 12).

Figure 12. Projected NDIS participants by age band and disability group for 30 June 2032



Source: Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 1141

Issue: The current NDIS approach to early intervention for developmental delay is not working as intended

The Productivity Commission in 2011 recommended that the NDIS, as an insurance scheme, have a mechanism for evidence-based early intervention supports. This would prioritise investment in early intervention supports that could improve or stabilise people’s functional capacity and minimise the need for more costly acute late-stage interventions.⁶⁶ In the absence of a diagnosed condition, children with developmental delay are eligible for the NDIS under the early intervention criteria in section 25 of the [NDIS Act](#).

⁶⁴ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 399

⁶⁵ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting analysis](#), 2023, p. 1138

⁶⁶ Productivity Commission, ‘Chapter 13: Early intervention’, [Disability Care and Support – Volume 2](#), Inquiry Report no. 54, July 2022, pp 605-636

The [early childhood approach](#) is the NDIS early intervention pathway for children under 9. Early childhood partners are service providers who were intended to support these children and their families in accessing local community supports and mainstream services. In practice, early childhood partners have prioritised NDIS access requests and planning over their information, linkages and capacity-building role (see section 4.2.2). The NDIS review found that exit rates from NDIS early intervention have been lower than expected, suggesting future support needs are not being reduced through early intervention capacity building. Instead of exiting, the majority of children with developmental delay remain in the NDIS by entering the scheme via a disability diagnosis under section 24 of the [NDIS Act](#).⁶⁷

Issue: Best practice principles for early childhood intervention are not embedded in supports

The Australian Government commissioned the development of [Best Practice Guidelines for Early Childhood Intervention](#) in 2015. The NDIS Review found that while these guidelines have been used to develop the early childhood approach under the NDIS, there remains a significant guideline-to-practice gap in the operations of the NDIA and the NDIS market.

Recent evidence reviews have affirmed the benefits of family-centred and coordinated supports, but the review heard that NDIS supports are frequently 'child-focused, therapy-driven, and disability framed'.⁶⁸ The NDIS review found that the NDIS has contributed to:

- A fragmentation of supports, with professionals working individually with children in clinical settings rather than a collaborative approach with other professionals
- A growth in demand for, and resulting shortages in, therapy supports. This creates a strong incentive for therapists to deliver supports in a clinical setting to maximise use of staff and reduce travel time, so they can support more clients and be more financially viable.⁶⁹

The review identified several barriers to the embedding of best practice, including contested ideas about what is best practice in some areas including supports for children with autism, willingness of government to fund best practice, limited efforts to effectively support families to understand what best practice is or its potential benefits, and fragmentation of providers making it difficult to achieve transdisciplinary collaborative teams of professionals.⁷⁰

Recommendations: Lack of accessible and coordinated early intervention supports for children and families

To address these issues, the NDIS Review recommended creating a continuum of support for children under the age of 9 and their families (Recommendation 6), and that:

- National Cabinet should agree to jointly invest in a continuum of mainstream, foundational and specialist supports to address the needs of all children with disability and developmental concerns ([NDIS Review Action 6.1](#))

⁶⁷ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, pp 1142-1144

⁶⁸ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, p. 409

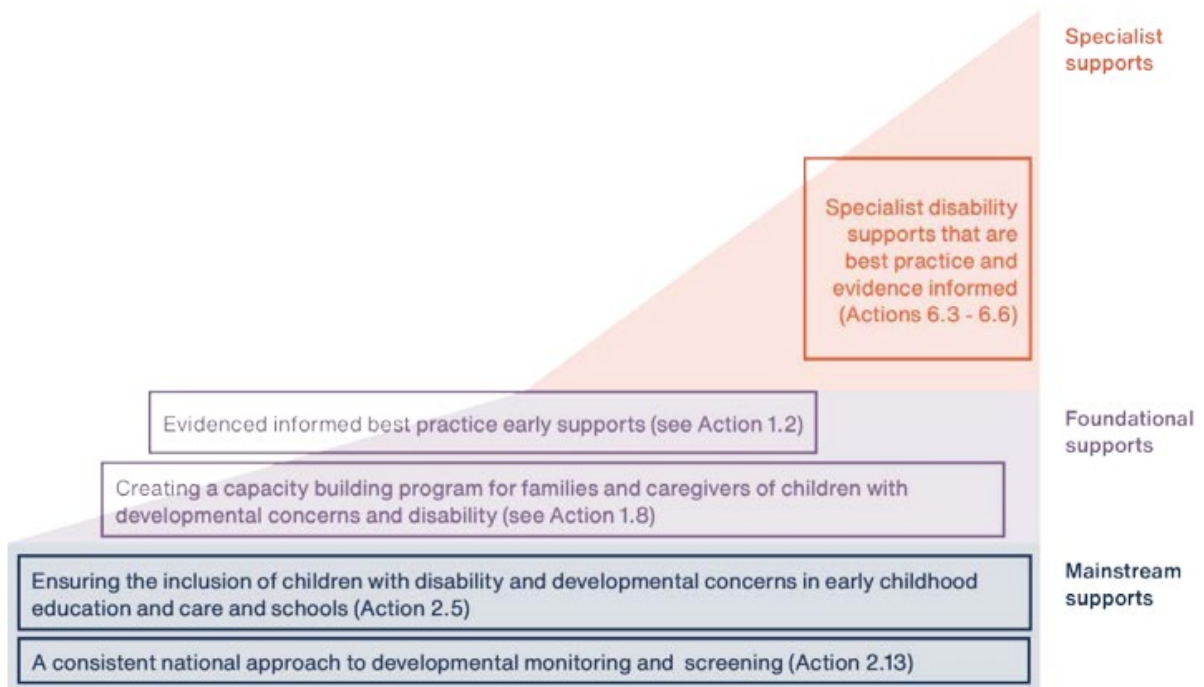
⁶⁹ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, p. 409

⁷⁰ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, pp 413-422

- All Australian governments should agree as a matter of priority to expand universally available child development checks, to ensure the early identification of children with developmental concerns and disability and enable early intervention ([NDIS Review Action 2.13](#))
- National Cabinet should agree to jointly invest in early supports for children with emerging development concerns and disability ([NDIS Review Action 1.12](#))
- National Cabinet should agree to jointly invest in a capacity building program for families and caregivers of children with developmental concerns and disability, including information and peer support ([NDIS Review Action 1.8](#)).

Figure 13 was used by the review to illustrate how these related recommendations come together. Actions 6.3 – 6.6 were directed at the NDIA, and included the introduced of a dedicated lead practitioner role and a revised regulatory model for providers delivering support to children under the age of 9.

Figure 13. Overview of recommended continuum of supports for children and families



Source: Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final report](#), 2023, p. 123

4.2.6. Theme: Barriers to inclusive mainstream education

The 4 reviews identified in section 4.1 have extensively investigated⁷¹ the many barriers to inclusive mainstream education for children and young people with a disability such as negative attitudes and low expectations, gatekeeping practices in student enrolment, and exclusionary discipline.

⁷¹ See: Legislative Council Portfolio Committee No. 3 Education, [Children and young people with disability in New South Wales educational settings](#), Report 52, August 2024; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education](#), pp 155-226; Audit Office of NSW, [Supporting students with disability](#), September 2024; Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, pp 161-168

This section focuses on specifically on barriers associated with existing supports provided for children with disability, or identified gaps where additional supports would be beneficial.

Issue: Lack of appropriate adjustments and supports for learners

The DRC heard many cases where schools failed to provide students with disability adjustments or supports at all, partly due to negative attitudes and low expectations of students' learning abilities. In cases where adjustments were offered or provided:

- They were not always detailed in an individual education plan, which meant adjustments were implemented inconsistently
- Supports may not have been culturally safe or appropriate, such as assigning a non-Indigenous female support worker for a male First Nations child
- The failure to always provide interpreters excluded d/Deaf, d/Deafblind and hard of hearing students, and also meant culturally and linguistically diverse families may have been unaware of supports available.⁷²

In line with the findings of the DRC, the NSW Legislative Council Portfolio Committee No. 3 – Education found that in NSW educational settings the development, implementation, and review of adjustments included in a student's individual learning plan is often inconsistent between and within schools. Further, parents, carers and students have few avenues to seek an independent review of school decisions and actions.⁷³ The committee also found that requirements to access disability provisions for the Higher School Certificate examinations can be onerous, with costly, time-consuming and stressful evidentiary requirements for students and their families.⁷⁴

The DRC noted evidence⁷⁵ that there is a gap between research in the field and practice in schools. This means use of ineffective supports can persist and there can be delays in widespread uptake of best practice approaches.

The Audit Office of New South Wales found that the Department of Education provided guidance and support on reasonable adjustments to support students, however:

- Reasonable adjustments usually relied on the views and capabilities of individual teachers
- Information provided to families and disability advocates about the adjustments made for students by schools was often vague
- The department did not independently verify evidence of adjustments provided to students or have a mechanism to check that adjustments made by schools were reasonable and effective.⁷⁶

⁷² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education*, pp 172-173

⁷³ Legislative Council Portfolio Committee No. 3 Education, *Children and young people with disability in New South Wales educational settings*, Report 52, August 2024, p. 138

⁷⁴ Legislative Council Portfolio Committee No. 3 Education, *Children and young people with disability in New South Wales educational settings*, Report 52, August 2024, pp 138-139

⁷⁵ Australian Senate Standing Committee on Education and Employment, *Access to real learning: the impact of policy, funding and culture on students with disability, Final report*, January 2016, p. 67

⁷⁶ Audit Office of NSW, *Support students with disability*, September 2024, section 3.2

The Audit Office also assessed student access to targeted supports,⁷⁷ which are available when an eligible student with disability cannot be supported from within the school's resources, and found:

- The process for providing targeted supports is convoluted and administratively burdensome for schools
- Integration funding support provided for students in mainstream classes does not clearly reflect functional needs
- Support classes are not planned or distributed equally to reduce supply constraints and unmet need.⁷⁸

Issue: Poor integration between education supports and the NDIS

The NDIS Review found that the NDIS individualised approach often fails to integrate with the classroom experience and can undermine inclusion for children with disability. The review found that there is:

- Confusion among parents about whether supports should be provided by the school or the NDIS. This is exacerbated by the fact that the NDIS funds some supports – like personal care and transport – which need to be delivered in educational as well as other settings.
- Lack of clarity and consistency about how NDIS providers should work in school grounds, with challenges for schools in managing multiple therapists, and that therapists can be focused on working 'with the child' rather than working with education professionals to build their capacity.⁷⁹

Issue: Differing perspectives on whether special/segregated schools and settings are compatible with human rights obligations

The DRC heard advice and evidence on Australia's obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD) to ensure an inclusive education system. Interpretations of the meaning of 'inclusive education' differed. A particular source of disagreement was the concept of 'segregation' and whether the CRPD imposes an obligation on Australia to progressively phase out special/segregated schools.⁸⁰

Three DRC commissioners considered that:

- Outcomes were unacceptably poor for the almost 30% of students with disability who are educated in special/segregated settings⁸¹

⁷⁷ These include integration funding support for students with diagnosed disability and moderate to high supports needs in mainstream classes, support classes in mainstream settings or Schools for Specific Purposes, distance education and support from specialist itinerant teachers.

⁷⁸ Audit Office of NSW, [Support students with disability](#), September 2024, section 3.5

⁷⁹ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, pp 165-166

⁸⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education](#), pp 80-87

⁸¹ AIHW, [People with disability in Australia 2022: Engagement in education](#), last updated 23 April 2024, accessed 20 March 2025

- It was a cause for concern that the use of segregated units and classes appeared to be growing.⁸² (The number of special schools in NSW has grown from 145 schools in 2010 to 182 schools in 2023 across all school sectors)⁸³
- On the evidence:

‘this amounts to educational neglect and contributes to experiences of violence, abuse, neglect and exploitation over the life course [and that] realising the rights of people with disability to ‘inclusive education’ is not compatible with sustaining two systems of education (that is, an inclusive education system and a special/segregated education system) and that ultimately all resources should go into developing inclusive schools and classrooms’.⁸⁴

The chair and 2 other commissioners considered that:

- ‘... making inclusive education in mainstream schools available and accessible to as many students with disability as possible [...] must be the objective of governments and educational authorities’ and that this transformation would take time
- Evidence suggested a relatively small group of students with disability and their parents were likely to continue to prefer non-mainstream schools as a way to meet complex support and educational needs
- Students in non-mainstream settings with complex support needs must not be isolated from their non-disabled peers, and educational authorities must ensure regular opportunities for educational, recreational, social, celebratory and sporting engagement between students across settings.⁸⁵

Recommendations: Barriers to inclusive mainstream education

Recommendations under this theme include that:

- State and territory educational authorities should improve policies and procedures on the provision of reasonable adjustments to students with disability ([DRC 7.3](#))
- The NSW Government create clear and direct guidelines for schools to enable compliance with statutory obligations to provide reasonable adjustments for students with disability ([Legislative Council inquiry Recommendation 20](#))
- The NSW Government consider a streamlined process, including a line of communication between the relevant agencies, for granting disability provisions for the Higher School Certificate ([Legislative Council inquiry Recommendation 21](#))
- The NDIA and Australian Government Department of Education, with state and territory education and disability agencies, should develop a plan to better connect the NDIS and school education systems and improve educational outcomes for children with disability ([NDIS Review Action 2.8](#))
- The NSW Department of Education should, by January 2026:

⁸² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education*, p. 91

⁸³ ACARA, *National Report on Schooling in Australia: School numbers*, n.d., accessed 20 March 2025

⁸⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education*, p. 91

⁸⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education*, pp 93-94

- Work with stakeholders to enhance guidance and practical support to public schools and families on reasonable adjustments for students with disability, including ways to resolve conflicting views in a timely manner ([Audit Office Recommendation 4](#))
- Improve the planning and delivery of targeted supports by improving understanding of supply and demand, monitoring provision time and addressing delays, reducing administrative burden for schools, and making decision-making transparent for schools and families ([Audit Office Recommendation 5](#)).

Given the differing views of commissioners on special/segregated education, the DRC included 2 alternative recommendations on this issue. [Recommendation 7.14](#) was to phase out and end special/segregated education and [Recommendation 7.15](#) was to implement a range of measures to achieve inclusion while retaining a choice of educational settings for parents.

The DRC ([Recommendation 7.12](#)), the Audit Office of NSW ([Recommendation 3](#)), and the Legislative Council inquiry ([Recommendation 10](#)) each made recommendations relating to review of funding and resource allocation models to provide adequate and consistent supports for students with disability.

4.2.7. Theme: Lack of life transition supports for young people

Issue: There is not enough support that recognises that the adolescence period lays the foundations for outcomes later in life

The NDIS Review noted evidence on how important the adolescence phase of development is for young people to acquire the assets for health and wellbeing later in life.⁸⁶ Major life transitions occur during the period, including from primary school to high school and towards employment or further education and training. It is also a period where mental health conditions often begin to emerge.

The review heard that more support is required to avoid people falling through the gaps of disjointed service systems:

- Barriers to inclusion in mainstream education (see section 4.2.6) can put people with disability onto a separate trajectory from their peers that leads to persistently segregated environments in education, housing and employment
- The majority of families and young people with disability report their school did not provide support or appropriate information about career planning (80%) and did not have high expectations of the student regarding employment or further education (60%)
- Fewer than half of students (43%) report having access to work experience. The review noted this puts students with a disability at a disadvantage in the labour market when they leave school. Employment support programs are not well connected across jurisdictions and are challenging to navigate for people with disability and their families, particularly those with intellectual disability
- Families of children with disability, particularly those with cognitive disabilities and complex communication needs, are not encouraged to take the same approach as they would with

⁸⁶ S Sawyer et al, [The age of adolescence](#), *Lance Child Adolesc Health*, 2018, 1(3):223-228, doi: 10.1016/S2352-4642(18)30022-1. The review used the terminology of adolescence for the phase of life between childhood and adulthood, roughly between the ages of 10 to 19.

other children, where a child would begin receiving support for decision-making early and gradually be given more responsibility and exposure to risk as they age.⁸⁷

The DRC made similar findings.⁸⁸

Recommendations: Young people are not supported well to transition to independence

Recommendations to address these issues were that:

- As part of foundational supports, National Cabinet should agree to jointly invest in programs and initiatives to support young adults with disability aged 9 to 21 to prepare for and manage key life transition points such as secondary school, employment and living independently ([NDIS Review Action 1.13](#)).
- State and territory educational authorities should implement a careers guidance and transition support service for students with disability to aid transition from all educational institutions to further education and/or open employment ([DRC 7.5](#))

4.3. Timeline for reform

In September 2024, the Department of Social Services published a [Disability Reform Roadmap](#) for 2024 and 2025, which set out the objectives and timing of key deliverables for multiple reform workstreams that were in progress and under the auspices of the Disability Reform Ministerial Council. As at March 2025, the 2 most recent milestones indicated in the roadmap were:

- The [interim joint progress update on the Disability Royal Commission](#), which was published 23 December 2024 as scheduled
- The release of the government response to the NDIS Review, which was scheduled for December 2024 but has yet to be published.

The roadmap indicates that the first national implementation progress report on action to address the Disability Royal Commission findings and recommendations is due to be released in June 2025.

4.4. Commitments regarding foundational supports

National Cabinet has agreed that foundational supports will be jointly designed, commissioned and funded by the Commonwealth and states

On [6 December 2023](#), National Cabinet agreed to jointly design additional foundational supports to be jointly commissioned by the Commonwealth and the states. The delivery of foundational supports would look to be delivered through existing government service settings where appropriate (such as childcare services and schools), and phased in over time. Funding would be agreed through new federal funding agreements, with additional costs split 50-50. The Commonwealth agreed to cap an additional expenditure for states and territories on new foundational disability services to ensure the combined reforms of health (that is, the National Health Reform Agreement) and disability reforms will see all states and territories better off.⁸⁹

⁸⁷ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Supporting Analysis](#), 2023, pp 108 – 112

⁸⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 7: Inclusive education, employment and housing, Part A: Inclusive education](#), pp 193 – 202

⁸⁹ Hon Anthony Albanese, [Meeting of National Cabinet – the Federation working for Australia](#) [media release], Prime Minister of Australia, 6 December 2023

On [30 January 2024](#), the Australian Government Ministers for Social Services and the National Disability Insurance Scheme and Government Services jointly announced a \$11.6 million investment over 2 years to develop and implement a foundational supports strategy as well as \$3.6 million to undertake design and consultation work on a system of best practice early childhood supports in the NDIS. They indicated that National Cabinet would consider the strategy in the second half of 2024.⁹⁰

The National Disability Reform Roadmap published by DSS on [19 September 2024](#) indicates that 'phased implementation' of foundational supports will commence from the 2025-26 financial year.⁹¹ This expected timing was reconfirmed by DSS on [27 February 2025](#) in a Senate Estimates hearing of the Community Affairs Legislation Committee.⁹² The NSW Minister for Disability Inclusion confirmed on [10 March 2025](#) that in the design of the foundational support system, the initial cohort of focus 'will be nought to nine-year-olds'.⁹³

The Australian Government 2025-26 Budget includes:

- '\$364.5 million over 5 years from 2024-25 (and \$150.0 million per year ongoing) to redesign the Information, Linkages and Capacity Building program to provide general supports for people with disability and their families, carers and kin. [...] These supports will complement additional foundational supports to be co-funded with states and territories'⁹⁴
- An unspecified provision in the contingency reserve to reflect expected increased contributions to the states and territories for foundational supports.⁹⁵

Recent public consultations on foundational supports have identified some key issues for design and examples of what types of supports might be included

In the last quarter of 2024, the Department of Social Services held public consultation focused on:

- General supports such as information and guidance, peer supports, and capacity building
- Supports for children under 9 with developmental concern, delay and/or disability and their families, carers and kin.⁹⁶

A summary report of the consultation is expected in early 2025, but had not been published by 26 March 2025. DSS stated in a Senate Estimates hearing on 27 February 2025 that there were 98 engagements with around 4,100 people participating. DSS reported the key things they heard through the engagements were that foundational supports must:

- Be designed and implemented with people with disability
- Be delivered by trusted organisations
- Be delivered in local place-based settings with wraparound services
- Be trauma-informed, culturally safe and neurodiversity affirming

⁹⁰ Hon A Rishworth and Hon B Shorten, [Building a strong ecosystem of disability supports](#) [media release], Australian Government Department of Social Services, 30 January 2024

⁹¹ Disability Reform Ministerial Council, [Disability Reform Roadmap for 2024 and 2025](#), Australian Government Department of Social Services, September 2024

⁹² R Shannon, Senate Community Affairs Legislation Committee, [Estimates, Hansard Transcript](#), 27 February 2025

⁹³ K Washington, NSW Legislative Council Portfolio Committee No. 5 – Justice and Communities, [Estimates, Hansard Transcript](#), 10 March 2025, pp 27-28

⁹⁴ Australian Government Treasury, [Budget 2025-26 Budget Paper No. 2 – Budget Measures](#), 25 March 2025, p.73

⁹⁵ Australian Government Treasury, [Budget 2025-26 Budget Paper No. 1 – Budget Strategy and Outlook](#), 25 March 2025, p.144

⁹⁶ Australian Government Department of Social Services, [Foundational Supports](#), n.d., accessed 10 March 2025

- Address known geographic and service gaps
- Be supported by longer-term funding arrangements to ensure workforce and sector stability and certainty⁹⁷

DSS also reported there was strong support for more peer support networks, more self-advocacy supports, individual and systemic advocacy, tailored searchable information, local information on supports within a community, and education to uplift community organisations to make them more inclusive and accessible.⁹⁸

DSS also gave examples of the types of things that might be general foundational supports:

- Supporting a person with an acquired disability to adjust to new issues that they face in everyday life and plan for the future
- Helping someone with intellectual disability to build the capacity to make decisions themselves and exercise greater choice and control
- Helping provide a trusted source of advice for parents on strategies they can implement within the home to support a child, for example, with developmental delay
- Building capacity of families that are preparing an autistic child for a transition into childcare or school, including how they can engage with education professionals about what adjustments and supports might needed in the educational setting.⁹⁹

⁹⁷ L Mansfield, Senate Community Affairs Legislation Committee, [Estimates, Hansard Transcript](#), 27 February 2025, p. 30

⁹⁸ L Mansfield, Senate Community Affairs Legislation Committee, [Estimates, Hansard Transcript](#), 27 February 2025, p. 30

⁹⁹ L Mansfield, Senate Community Affairs Legislation Committee, [Estimates, Hansard Transcript](#), 27 February 2025, p. 30

5. What major structural factors will continue to shape the service system?

This section presents a summary of key trends that are currently, and will continue to affect the operation of the disability supports ecosystem. These structural factors may support or limit the potential effectiveness of improvement measures considered by the committee. The trends relate to the capacity of key actors in the supports ecosystem, particularly:

- Informal carers
- The paid workforce providing care and support
- Disability services organisations which play a central role in delivering supports and services in the community.

5.1. Informal carers

Supports should consider the needs and role of parents and carers in a broader social ecosystem

Within the ecosystem of supports for children with developmental delay or disability, parents play a critically important role in nurturing their child's development and wellbeing.¹⁰⁰ Families with a child with disability have a range of strengths and resources to draw on to support family functioning including good communication, hardiness, hope, flexibility and social supports.¹⁰¹

Caring affects the health and wellbeing of parents and carers. Around twice as many parents with a child with disability reported moderate to high psychological stress compared to parents without a child with disability. Women caring for either a child or partner with disability also report poorer physical health outcomes and lower access to emotional supports.¹⁰² Caring for children with intellectual disability and/or autism spectrum disorder often reduces the workforce participation of carers, particularly women.¹⁰³ This results in lost or reduced income for Australian families and has broader socioeconomic impacts.¹⁰⁴ It also poses wellbeing risks, as employment can give carers greater empowerment and sense of social connection and a higher health-related quality of life.¹⁰⁵

¹⁰⁰ M. H. Bornstein et al, 'The Future of Parenting Programs: An Introduction', *Parenting*, 2022, 22(3):189–200, doi.org/10.1080/15295192.2022.2086808; G Dunlap & L Fox, 'Parent–Professional Partnerships: A valuable context for addressing challenging behaviours' *International Journal of Disability, Development and Education*, 2007, 54(3): 273–285, doi: 10.1080/10349120701488723

¹⁰¹ K Muir et al, *Family resilience where families have a child (0-8 years) with disability: Final report*, UNSW Social Policy Research Centre Report 10/08, prepared for the Disability Policy and Research Working Group, 2007, doi: 10.26190/unsworks/831

¹⁰² N Swami, [Service use and health outcomes among parents with children or a partner with disability](#), Australian Institute of Family Studies, published April 2021, accessed 23 March 2025

¹⁰³ M Knapp et al, 'Economic cost of autism in the UK', *Autism*, 2009, 13(3):317-336, doi: 10.1177/1362361309104246; M Gordon et al, 'Constrained Labour: Maternal Employment When Children Have Disabilities', *Journal of Applied Research in Intellectual Disabilities*, 2007, 20(3):236-246, doi: 10.1111/j.1468-3148.2006.00325.x; J Shearn, S Todd, 'Maternal Employment and Family Responsibilities: the Perspectives of Mothers of Children with Intellectual Disabilities', *Journal of Applied Research in Intellectual Disabilities*, 2000, 13(3):109-131, doi: 10.1046/j.1468-3148.2000.00021.x

¹⁰⁴ C Doran et al, 'How much does intellectual disability really cost? First estimates for Australia' *Journal of Intellectual & Developmental Disability*, 2012, 37(1):42-49, doi: 10.3109/13668250.2011.648609; D Schofield et al, 'Intellectual disability and autism: socioeconomic impacts of informal caring, projected to 2030', *The British Journal of Psychiatry*, 2019 215:654-660, doi: 10.1192/bjp.2019.204

¹⁰⁵ H Bourke-Taylor et al, 'Barriers to maternal workforce participation and relationship between paid work and health', *Journal of Intellectual Disability Research*, 2011, 55(5):511-520, doi: 10.1111/j.1365-2788.2011.01407.x; M Gordon et al, 'Constrained Labour: Maternal Employment When Children Have Disabilities', *Journal of Applied Research in Intellectual Disabilities*, 2007, 20(3):236-246, doi: 10.1111/j.1468-3148.2006.00325.x

Without a family-centred approach to supports, other broader socioeconomic trends could continue to compound the vulnerabilities of families caring for children with disability and reduce the effectiveness of measures to support the wellbeing of children with developmental delay or disability. Examples of these potential intersections include:

- The number of ‘sandwich carers’ caring for both dependent children and ageing parents is growing¹⁰⁶ as a result of the increasing age of first-time mothers¹⁰⁷ and the increasing care needs of an ageing population¹⁰⁸. Sandwich carers report more substantial financial and emotional difficulties than non-sandwich carers.¹⁰⁹ There is a gap in research on sandwich carers with children with disability, but it is likely these stressors would be compounded for these families.
- Cost-of-living pressures continue, and the income disparity for informal carers compared to non-carers makes these households more vulnerable to financial pressures, which can compound stress, poor family functioning and child problem behaviour.¹¹⁰ Households whose principal source of income is wages or salaries or ‘other government transfers’ (that is, not the age pension or veteran’s affairs pension) continue to record the largest annual rises in living costs of all household types¹¹¹. While cost growth rates have declined from their peak, other indicators of household financial stress remain persistently high.¹¹² If sustained, recent instability in global trade conditions could add to inflationary pressures in Australia.¹¹³

5.2. Workforce supply

A key rate-limiting factor in meeting demand for services is workforce availability

According to the *State of the Disability Sector Report 2024*, 81% of responding disability organisations (n=397) indicated that they have had requests for services they cannot provide, with 62% of those indicating insufficient capacity was a factor. Of those reporting capacity issues, the most significant barriers were not having enough staff (89%) and not having appropriately qualified staff (46%).¹¹⁴

There is a shortage in NSW of several occupation groups that are key for the delivery of foundational and disability supports to children with developmental delay and disability (Table 2). Attracting qualified workers from elsewhere is a limited option as NSW is competing for care workers both nationally and internationally.¹¹⁵ As a result, solutions are needed to directly address shortage drivers. Reviews have identified several quality-of-work issues that workforce strategies should address to

¹⁰⁶ B Xue et al, ‘Do mental and physical health trajectories change around transitions into sandwich care? Results from the UK household longitudinal study’, *Public Health*, 2025, 239: 224-229, doi: 10.1016/j.puhe.2024.12.001

¹⁰⁷ Centre for Epidemiology and Evidence HealthStats NSW, [Age of women at the time of giving birth](#), n.d., accessed 24 March 2025

¹⁰⁸ H Khan et al, ‘Public health challenges and responses to the growing ageing populations’, *Public health challenges*, 2024, 3(3):e213, doi: 10.1002/puh2.213

¹⁰⁹ L Lei, ‘A National Profile of Sandwich Generation Caregivers Providing Care to Both Older Adults and Children’, *J Am Geriatr Soc.*, 2022, 71(3):799-809, doi: 10.1111/jgs.18138

¹¹⁰ D Schofield et al, ‘Intellectual disability and autism: socioeconomic impacts of informal caring, projected to 2030’, *The British Journal of Psychiatry*, 2019 215:654-660, doi: 10.1192/bjp.2019.204; T Neppl, ‘The Effects of Economic Hardship: Testing the Family Stress Model over Time’, *J Fam Psychol.*, 2015, 30(1):12-21, doi: 10.1037/fam0000168

¹¹¹ ABS, [Selected Living Cost Indexes, Australia: Reference period December 2024](#), 5 February 2025, accessed 24 March 2025

¹¹² N Garvin et al, [Measuring financial stress: new evidence from payment failures](#), Research note no. 23, e61 Institute, 21 March 2025

¹¹³ V Ticha, [How US tariffs impact Australia and what policymakers can do](#), UNSW Newsroom, 12 March 2025, accessed 24 March 2025; OECD, [OECD Economic Outlook, Interim Report March 2025](#), 17 March 2025

¹¹⁴ National Disability Services, [State of the Sector Report 2024](#), December 2024, p. 24

¹¹⁵ The King’s Fund, [Social care 360: workforce and carers](#), 3 March 2025, accessed 24 March 2025

boost retention: high workloads, high pressures, inadequate staffing and skill mixes, limited career paths, working conditions and arrangements including pay.¹¹⁶

Table 2. Relevant occupations on the Occupation Shortage List

ANZSCO	Occupation	Shortage driver	AUS	NSW
4231	Aged and disabled carers	Retention gap	Shortage	Shortage
2527	Audiologists and speech pathologists	Long training gap	Shortage	Shortage
4211	Child carers	Retention gap	Shortage	Shortage
2411	Early childhood (pre-primary school) teachers	Long training gap	Shortage	Shortage
4114	Enrolled and mothercraft nurses	Retention gap	Shortage	Shortage
2531	General practitioners and resident medical officers	Long training gap	Shortage	Shortage
2413	Middle school teachers	Long training gap	Shortage	Shortage
4233	Nursing support and personal care workers	Retention gap	Shortage	Shortage
2524	Occupational therapists	Long training gap	Shortage	Shortage
2514	Optometrists and orthoptists	Long training gap	Shortage	Shortage
2412	Primary school teachers	Long training gap	Shortage	Shortage
2414	Secondary school teachers	Long training gap	Shortage	Shortage
2415	Special education teachers	Long training gap	Shortage	Shortage

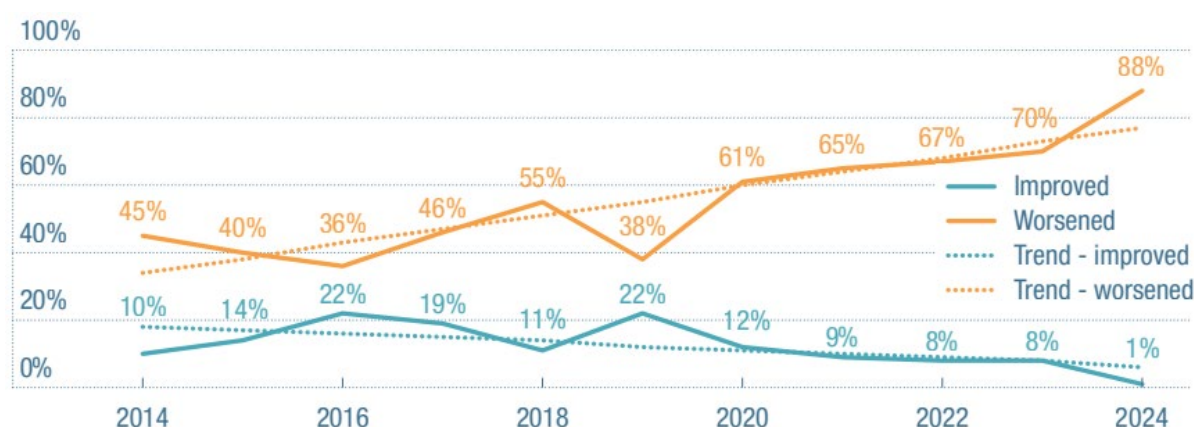
Source: Jobs and Skills Australia, [Occupation Shortage List](#), 2024, accessed 24 March 2025

5.3. Disability services organisations

Worsening operating conditions challenge the sustainability of disability services organisations

National Disability Services is the national peak body for disability service organisations. In sector surveys over the last decade, responding organisations have consistently reported worsening operating conditions (Figure 14).

Figure 14. Survey respondents' perception of operating conditions in the non-government disability sector, 2024



Source: National Disability Services, [State of the Sector Report 2024](#), 2024, p.13

¹¹⁶ National Skills Commission, [Care Workforce Labour Market Study: Final report](#), September 2021, pp 262-274

Issues raised by respondents include concerns about unsustainable pricing and funding, communication and stakeholder consultation issues with major system changes, and a confusing and an uncertain policy and operating environment that creates planning and coordination challenges.¹¹⁷ Continual improvement is necessary for quality care systems, but adaptive policy and systems change needs to be balanced with some continuity. Effective communication with providers is important to build trust during systems transitions, as well as to avoid sectoral turbulence that can lead to issues with care provision and quality.¹¹⁸

This worsening trend in operating conditions carries through to the financial sustainability of organisations. For the 2023-24 financial year, half of the organisations surveyed made a loss on disability services (Figure 15). Despite sectoral uncertainty, 51% of organisations were planning to expand their operations and 27% planned to stay in the disability sector but not focus on growing their organisation. However, 21% were considering leaving the disability sector entirely – a statistically significant increase from 9% in 2023. If this rate from the survey sample was reflected across the entire NDIS provider market, NDS estimated that more than 100,000 people with disability could be affected by a disruption in their existing supports.¹¹⁹

Figure 15. Percentage of organisations that made a loss on disability services in 2023-24



Source: National Disability Services, [State of the Sector Report 2024](#), 2024, p.27

¹¹⁷ National Disability Services, [State of the Sector Report 2024](#), December 2024, pp 13 - 14

¹¹⁸ G Carey et al, Balancing stability and change: Lessons on policy responsiveness and turbulence in the disability care sector, *Health and social care in the community*, 2021, doi: 10.1111/hsc.13454

¹¹⁹ National Disability Services, [State of the Sector Report 2024](#), December 2024, p. 17

6. What does the evidence say about best practice supports and interventions for this cohort?

An independent expert review is underway to develop a new best practice framework for early childhood intervention

The Department of Social Services announced in May 2024 that it was commissioning an [independent review](#)¹²⁰ of best practice in early intervention for children with developmental concerns, delay or disability in Australia and internationally. The review will produce a best practice framework, resources and tools to help practitioners, professionals and families ensure all children with developmental concerns, delay or disability have the best possible start in life.

The review is drawing on academic and clinical expertise, international experts and leaders, as well as the lived experience of families and communities, including First Nations communities. It will fulfil Action 2.4 of the [Early Childhood Targeted Action Plan](#) (under Australia's Disability Strategy 2021-2031).

The review identifies a set of aims, principles and practices for best practice early childhood intervention

In January 2025 the project team published a review report that brought together the key findings from literature reviews and consultations undertaken to date.¹²¹ This included findings regarding the types of information that should be included in a best practice framework, as well as suggested content for the framework based on evidence. The project team recommended the review report should be used as the basis for further consultation with stakeholders to co-create the final best practice framework products.

The suggested content for the framework identified a set of aims, principles and practices for best practice early childhood intervention (ECI) services (Table 3).

¹²⁰ The review is being led by a team of researchers from University of Melbourne, the Murdoch Children's Research Institute, Professionals and Researchers in Early Childhood Intervention (PRECI), SNAICC – National Voice for our Children, Children and Young People with Disability Australia (CYDA), and Association for Children with a Disability (ACD).

¹²¹ C Imms, et al, [Review of best practice in early childhood intervention: Review Report](#), The University of Melbourne, funded by and provided to the Commonwealth of Australia's Department of Social Services, 2024

Table 3. Best practice aims, principles and practices of early childhood intervention services suggested by the independent review

Overall aim for ECI services	
<ul style="list-style-type: none"> Promote the capabilities of parents, carers, service providers and communities to be able to provide children with developmental concerns, delay or disability with the experiences and opportunities they need to participate meaningfully in home, community and ECEC/school settings and build their capacity and agency 	
Specific aims for ECI services	
<ul style="list-style-type: none"> Build on child strengths, interests and preferences in daily life to enhance learning, development, engagement and participation in everyday activities Honour and extend existing family culture, knowledge, skills and confidence to support child and family quality of life Understand and promote safe, welcoming, inclusive, responsive and connected communities Contribute to, and be part of, a collaborative and integrated network of support for families, children, communities and colleagues 	
Principles	Practices
<p>ECI practice is:</p> <ul style="list-style-type: none"> Culturally safe Rights based Family-centred Community-centred Child-centred Authentic relationships Focused on inclusion and participation in natural/everyday settings Strengths based, future-focused Outcomes focused Collaborative Evidence-informed 	<p>ECI practices aligned with the principles are:</p> <ul style="list-style-type: none"> Culturally safe supports, practices and services Relationship based practices Child-focused practices that are affirming and build on their strengths Family-centred practices that empower and strengthen parents, carers and families, and are tailored to their needs and circumstances Practices that support holistic, wrap-around integrated service provision that is inclusive of early childhood education and other community settings Timely identification and responsiveness to concerns (seek and respond) Community-focused practices that build knowledge and awareness Embedded in the natural/everyday settings of children and families Inclusive and support participation Adopt a continuum of support approach, based on needs Assessment practices for children and families that are authentic, strength-based, culturally relevant and safe Trauma-informed Evidence-informed practices Practices around child protection and children in out of home care Delivered by a skilled, knowledgeable, evidence-informed workforce

The review considered existing early childhood intervention frameworks in Australia and other jurisdictions

The review included a literature review of research evidence, early childhood intervention frameworks and best practice standards from a range of jurisdictions. A detailed comparison of early childhood intervention frameworks from Australia, England, Ireland and New Zealand is included in Attachment 1.

7. What frameworks can be used to evaluate service availability, accessibility and effectiveness in this context?

The terms of reference for this inquiry include inquiring into barriers to access, as well as measures to improve the availability, accessibility and effectiveness of supports and services. This section presents existing frameworks and standards that may assist the committee in diagnosing service barriers and which measures would most effectively address those barriers. It covers:

- Current agreed minimum standards for service delivery in relevant service systems. These generally reflect the minimum safety and quality standards required of service organisations, administrators and practitioners to avoid harm to people accessing services
- The national disability policy and outcomes framework, which identifies agreed improvement priorities for mainstream services as well as measures for tracking progress
- A conceptual framework borrowed from the health field that describes both service system and population factors that contribute to a person being able to access the support/service they need and the support/service delivering the intended outcome.

This section also includes a summary of known data gaps that present challenges to effectively evaluating outcomes of services for people with disability.

7.1. Minimum standards for safe and quality services

For some services there are agreed minimum safety and quality standards and regulatory authorities responsible for enforcing compliance

The following authorities and organisations are responsible for ensuring the safety and quality of services in systems that support children and young people with developmental delay or disability.

Health

- [Australian Commission on Safety and Quality in Healthcare](#) develops national clinical care and safety and quality standards and oversees national accreditation schemes for healthcare services. These standards include care consideration for people with disability. For example, [National Safety and Quality Health Service Standards](#) recognise people with cognitive impairments are at significantly increased risk of preventable complications in healthcare settings, and sets requirements for managing these risks.
- [Australian Health Practitioner Regulation Agency](#) (AHPRA) administers the national registration system for health professionals. This includes overseeing accreditation standards for the knowledge, skills and attributes required of professionals to practise in Australia. AHPRA also advises consumers on raising concerns about a health practitioner.

Disability

- [NDIS Quality and Safeguards Commission](#) develops rules and standards for NDIS providers and registers and regulates NDIS providers.
- [National Standards for Disability Services](#) apply to employment and advocacy services for people with disability.

Education

- [Australian Children's Education and Care Quality Authority](#) assist governments in administering the [National Quality Framework](#) (NQF) for children's education and care, which includes the [National Law and Regulations](#) outlining legal obligations of approved providers.

The [National Quality Standard](#) within the NQF promotes inclusive practices that align with the *Disability Discrimination Act 1992 (Cth)*.

- [NSW Department of Education](#) is the NSW Regulatory Authority for the early childhood education and care sector in NSW and enforces compliance with the National Law and Regulations. The department has a policy on [Inclusive education for students with disability](#).
- [NSW Education Standards Authority](#) sets and monitors quality teaching, learning, assessment and school standards across NSW government and [non-government schools](#) and early childhood services. Registration includes requirements for curricula to be accessible for students with a disability, premises to meet national disability standards, strategies for safety and wellbeing of students with a disability, and that schools must have and implement policies and procedures for identifying students with disability and providing support to them.

7.2. The national disability policy and outcomes framework

The national disability policy framework identifies priorities to improve service outcomes and progress measures but may not be well suited to the committee's work

[Australia's Disability Strategy 2021-2031](#) is the national disability policy framework agreed by all levels of government.¹²² The strategy's [Outcomes Framework](#) sets out measures for tracking progress against the policy's identified priorities. The Australian Institute for Health and Welfare [publishes annual reports](#) on progress being made, including new data as it becomes available. The [NSW Disability Inclusion Plan 2021-2025](#) aligns with the national policy framework, and is supported by action plans for the NSW Government, local councils and each government cluster.

These strategies and plans provide an important framework, as they set out what improvements are required at each level of government to improve the outcomes that governments heard were most important to people with disability. However, they are not ideally fit for purpose to assist the committee, for 2 reasons:

- As national and state-wide policy frameworks, these are necessarily broad in the cohorts of people with disability and portfolio areas covered. As a result, the policy priorities and performance measures are not especially focused on children and young people with developmental delay and disability.
- Where there are policy priorities relevant to the scope of this inquiry, the associated measures for monitoring and reporting against may not capture the experience of children, parents and carers. For example, under the Outcome Area: Personal and Community Support, Policy Priority 1 is that people with disability are able to access supports that meet their needs. The key system measure for tracking progress against this priority is the percentage of people with disability aged over 15 who are satisfied with the quality of assistance received from formal service providers, as reported in the SDAC.

¹²² The Strategy was first launched in December 2021, with an [updated Strategy](#) published on 28 January 2025. The update followed a [DSS-led review](#) of the Strategy, which was focused on practical improvements that could be made to implementation processes and artefacts, and considered the Disability Royal Commission's recommendations related to the Strategy as well as feedback heard through consultation with the disability community.

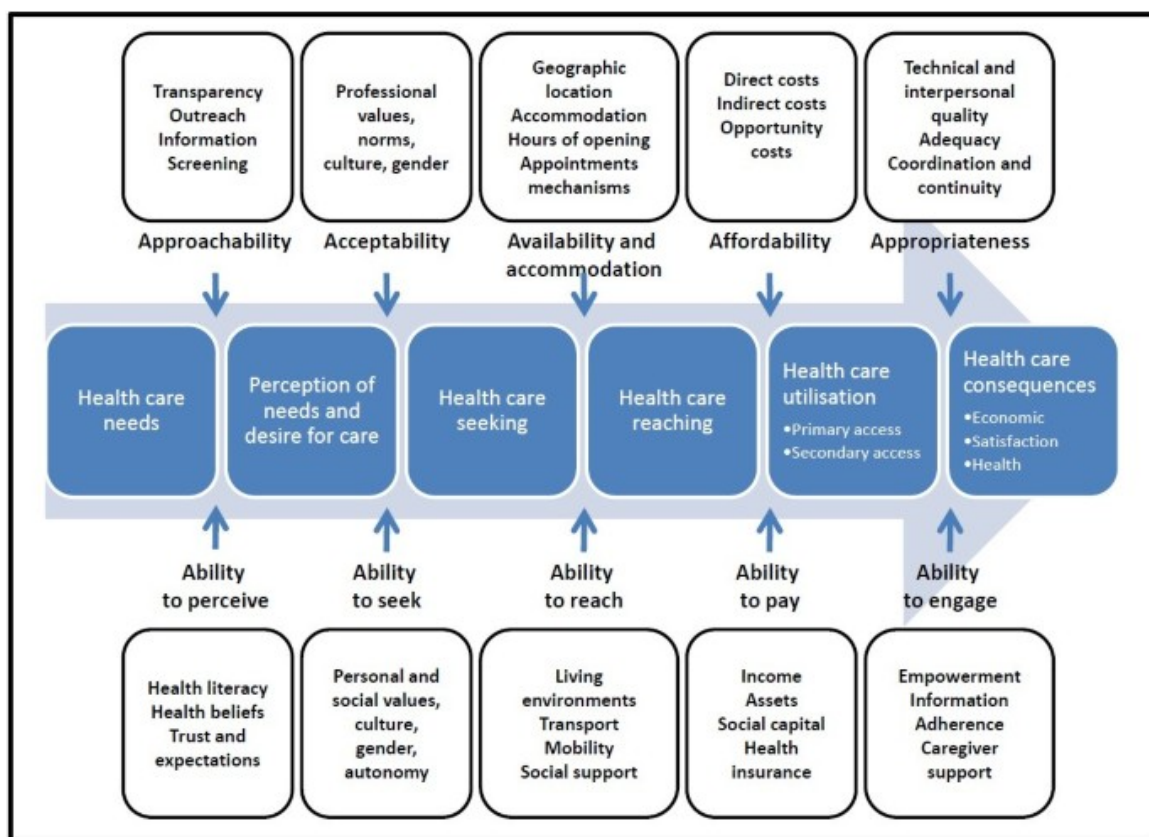
7.3. A framework for service system and population factors that relate to access to services

A conceptual framework of how people access services, borrowed from the health field, could help observers identify what's working and what's not in complex service systems

The committee will likely hear evidence on a disparate range of supports and services, from stakeholders with diverse perspectives on what is working, and what is not. Some supports and services may have had formal evaluations completed, some may not. In this context a generalisable framework is needed to help consistently evaluate whether and to what extent services are available and accessible to people in a way that means services can deliver their intended outcomes.

A framework, borrowed from the health field, for how people access health services could be a useful tool to assist the committee (Figure 16).

Figure 16. Conceptual framework for patient-centred access to health care



Source: J-F Levesque et al, 'Patient-centred access to health care: conceptualising access at the interface of health systems and populations', *International Journal for Equity in Health*, 2013, 12:18, <https://doi.org/10.1186/1475-9276-12-18>.

This framework presents a multi-dimensional view of healthcare access that captures complementary factors relating to both the design of the health (or service) system as well as the capabilities required of individuals or populations to access services or supports. These factors are contextualised for disability in Table 4.

This framework could be a useful tool to identify and classify the nature of barriers raised by during the inquiry. It may help the committee consistently evaluate both demand-side (factors relating to the capability of the person needing supports and services) and supply-side (factors within the service delivery system) measures that could be recommended to address gaps and barriers.

Table 4. Dimensions of service accessibility in a disability care and support context

Stage of access	Demand-side/person factors	Supply-side/system factors
A person has a need for care or support	Ability to perceive the need, which can be determined by factors like health literacy, knowledge about health and disability and beliefs related to disability	Approachability relates to the fact that people can identify that some form of service exists, can be reached, and have an impact on the functioning of the individual
A person has a perception of the need and their desire for care or support	Ability to seek care relates to the concepts of personal autonomy and capacity to choose to seek care, knowledge about support and care options and individual rights that would determine whether there is an expressed intention to obtain support	Acceptability relates to cultural and social factors that influence whether people can accept aspects of the service, such as the sex or social group of providers or the beliefs associated with seeking supports, and judge it appropriate for them to seek care there.
A person seeks care or support	Ability to reach care relates to personal mobility and availability of transportation, occupational flexibility, and knowledge about services that would enable a person to physically reach service providers. For example, restricted mobility due to disability, or the inability of parents/carers to be absent from work to meet provider schedules would affect the ability to reach a service	Availability and accommodation refers to the fact that services (either the physical space or professionals) can be reached in a timely manner. Relevant factors include the service having the right professionals available with capacity to support the person, the physical or digital accessibility of the service, whether there is transport available, the suitability of opening hours, etc
A person reaches care or support	Ability to pay for care describes the capacity to generate economic resources - through income, savings, borrowing or loans - to pay for care and support. Poverty, social isolation, or indebtedness are examples of factors restricting the capacity of people to pay for needed care	Affordability reflects the economic capacity for people to spend resources and time to use appropriate services. It results from direct prices of services, related expenses, and opportunity costs related to loss of income. It can vary by services types and depends on the capacity to generate resources to pay for care as well as perceived quality of care
A person uses care or support	Ability to engage in care and support relates to the participation and involvement of the client in decision-making and support decisions. This is strongly determined by capacity and motivation to participate in care and commit to its completion. This dimension is related to the capacity to communicate as well as notions of health literacy, self-efficacy and self-management, as well as the importance of receiving care that is actually appropriate for the person, given their resources and skills	Appropriateness refers to the fit between services and clients need, its timeliness, the amount of care spent in assessing functional limitations and determining the correct supports and the technical and interpersonal quality of the services provided. Adequacy relates to the appropriateness (what services are provided) and quality (the way in which they are provided) of supports and care that are appropriately coordinated and continue as needed

Source: Adapted from J-F Levesque et al, 'Patient-centred access to health care: conceptualising access at the interface of health systems and populations', *International Journal for Equity in Health*, 2013, 12:18, [doi: org/10.1186/1475-9276-12-18](https://doi.org/10.1186/1475-9276-12-18).

This framework has been used successfully to explore, assess and measure access in various healthcare services and settings, including assessing access to health care for people with a disability.¹²³ While the Research Service was not able to find examples of the framework being used in other settings, the general principles may apply to the process of children, young people and their

¹²³ A Cu et al, 'Assessing healthcare access using the Levesque's conceptual framework – a scoping review', *International Journal for Equity in Health*, 2021, 20:116, <https://doi.org/10.1186/s12939-021-01416-3>

parents/carers seeking and receiving disability-related supports in, for example, early childcare or education settings.

7.4. Data limitations and barriers to effective evaluation

Agencies and reviews have identified challenges with data sources about people with disability and their experiences

While there are many sources of data on people with disability in Australia, they are of varying accessibility, quality and usefulness. The key challenges with these existing data sources are:

- Inconsistent definitions of disability across data sources
- Poor adoption of a disability flag to identify people with disability across data sources
- Fragmented, dispersed and incomplete data about services used by people with disability
- Inability to reliably report population sub-groups within the broader disability population
- Limited integration of data across service settings and life areas like health and education to examine pathways and outcomes for people with disability.¹²⁴

The DRC¹²⁵ and NDIS Review¹²⁶ found that these known data gaps limit the ability to measure what works, for whom, and why across the disability support and services ecosystem, and limit monitoring of progress towards social inclusion for people with disability. Difficulties identifying people with disability in surveys is not a challenge unique to Australia.¹²⁷

There is work under to improve data collection and sharing including:

- A review by the ABS of data collection methods for flagging disability status in population surveys¹²⁸
- The staged release of data in the [National Disability Data Asset](#) (NDDA) – a major initiative to improve the quality of data about people with disability.¹²⁹ As yet the NDDA includes limited information on children, such as data sources on early childhood development and school education, but this is expected to improve over time.¹³⁰

¹²⁴ AIHW, [People with disability in Australia: Existing data sources and challenges](#), updated 23 April 2024, accessed 11 February 2025

¹²⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final Report – Volume 12, Beyond the Royal Commission](#), 2023, p. 24

¹²⁶ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [Working together to deliver the NDIS – Independent Review into the National Disability Insurance Scheme: Final Report](#), 2023, p. 261

¹²⁷ M Lecerf, [Understanding EU policies for people with disabilities](#), EPRS, European Parliament, December 2024, accessed 25 February 2025

¹²⁸ Australian Government Department of Social Services, [Data Improvement Plan 2024: Australia's Disability Strategy 2021-2031](#), last updated 4 December 2024, accessed 11 February 2025

¹²⁹ National Disability Data Asset, [National Disability Data Asset data now available](#), n.d., accessed 11 February 2025

¹³⁰ National Disability Data Asset, [The National Disability Data Asset Factsheet](#), n.d. accessed 20 March 2025

Appendix A. Definitions of key terms

This section has non-specialist definitions of key terms drawing on current understandings from the health and disability sectors. Legal or program definitions for the same terms are identified in boxes.

Development is how children grow physically and emotionally and learn to communicate, think and socialise. In general, development happens in the same order in most children, but skills might develop at different ages or times.¹³¹

Developmental difference refers to the differences in development between children. This is the set of factors – for example maturity in motor skills or communication – that describe the condition of one child that could be used to distinguish their development from their peers. It is not unusual for skills to develop at different ages or time. However, in some cases, developmental differences may indicate something that is relevant for:

- Clinical diagnosis, for example, developmental differences may be the result of adverse childhood experiences¹³²
- Clinical care, for example, there are developmental differences between younger and older adolescents, so therapeutic treatments may need to be targeted for each group.¹³³

Developmental concerns may arise where a child’s pattern of development in one or more developmental domains (speech, language, fine and gross motor skills, cognitive, social, emotional) does not align with expected developmental milestones. Developmental concern is where someone identifies a difference in development but is not sure if it is significant and there is no diagnosis.¹³⁴ Concerns can have a range of outcomes and don’t necessarily predict a developmental disorder.¹³⁵

The National Disability Insurance Agency (NDIA) uses the term *developmental concern* for child who is younger than 6, to describe delay or delays in a child’s development, below what is expected for their age, where they do not fully meet the legal definition for *developmental delay* set out in *National Disability Insurance Scheme Act 2013 (Cth)* (NDIS Act).¹³⁶

Developmental delay is when a child’s development is significantly behind that of other children of the same age, beyond the usual developmental differences between similarly-aged children. Some children have developmental delay early on, and then catch up as they grow older. Others may need support and assistance over their lifetime.

¹³¹ raisingchildren.net.au, [Child development in the first 5 years](#), last updated 22 March 2023, accessed 24 March 2025

¹³² Australian Institute of Family Studies, [Developmental differences in children who have experienced adversity](#), May 2018, accessed 18 February 2025

¹³³ L Singleton, Developmental differences and their clinical impact in adolescents, *British Journal of Nursing*, 2007, 16(3): 137-188, [doi: 10.12968/bjon.2007.16.3.22965](#)

¹³⁴ Department of Social Services, [Foundational supports for children with developmental concern, delay and/or disability and their families, carers and kin: Consultation paper](#), October 2024, accessed 26 February 2025

¹³⁵ NSW Agency for Clinical Innovation, [Children \(0-5 years\) presenting with developmental concerns: Clinical practice guide](#), November 2024, accessed 25 February 2025

¹³⁶ National Disability Insurance Agency, [What types of early connections are available?](#), updated 3 November 2023, accessed 5 March 2025

The NDIS Act ([section 9](#)) includes a definition for the purposes of that legislation:

developmental delay means a delay in the development of a child under 6 years of age that:

(a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and

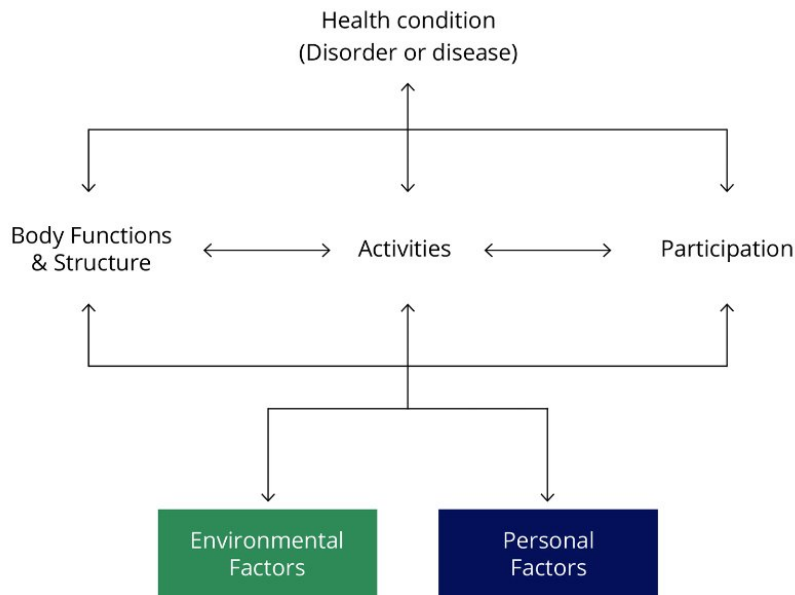
(b) results in substantial reduction in functional capacity in one or more of the following areas of major life activity:

- (i) self-care;
- (ii) receptive and expressive language;
- (iii) cognitive development;
- (iv) motor development; and

(c) results in the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and coordinated.

Disability is an umbrella term for impairments of body function or structure, activity limitations or participation restrictions. In Australia, many data collections identify disability based on concepts from the World Health Organization's *International Classification of Functioning, Disability and Health* (ICF).¹³⁷ The ICF conceptualises a person's level of functioning, in terms of body functions and structures, activities and participation, as a dynamic interaction between their health condition(s) and environmental and/or personal factors (Figure 17).

Figure 17. WHO International Classification of Functioning, Disability and Health



Source: AIHW, [People with disability in Australia](#), updated 23 April 2024, accessed 20 March 2025, (adapted from WHO, *International Classification of Functioning, Disability and Health*, 2002).

¹³⁷ World Health Organisation, [Towards a Common Language for Functioning, Disability and Health: The International Classification of Functioning, Disability and Health](#), 2002

The *Disability Discrimination Act 1992 (Cth)* definition ([section 4](#)) is:

'disability, in relation to a person, means:

- (a) total or partial loss of the person's bodily or mental functions; or
- (b) total or partial loss of a part of the body; or
- (c) the presence in the body of organisms causing disease or illness; or
- (d) the presence in the body of organisms capable of causing disease or illness; or
- (e) the malfunction, malformation or disfigurement of a part of the person's body; or
- (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- (g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;

and includes a disability that:

- (h) presently exists; or
- (i) previously existed but no longer exists; or
- (j) may exist in the future (including because of a genetic predisposition to that disability); or
- (k) is imputed to a person.'

The **NDIS Act** does not define 'disability' but sets out the conditions by which a person 'meets the disability requirements' to be eligible for the Scheme ([section 24](#)) includes a specific definition for the purposes of that legislation:

(1) A person meets the disability requirements if:

- (a) the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or the person has one or more impairments to which a psychosocial disability is attributable; and
- (b) the impairment or impairments are, or are likely to be, permanent; and
- (c) the impairment or impairments result in substantially reduced functional capacity to undertake one or more of the following activities:
 - (i) communication;
 - (ii) social interaction;
 - (iii) learning;
 - (iv) mobility;
 - (v) self-care;
 - (vi) self-management; and
- (d) the impairment or impairments affect the person's capacity for social or economic participation; and
- (e) the person is likely to require NDIS supports under the National Disability Insurance Scheme for the person's lifetime.

The **NSW Department of Education** uses the [NSW Department of Education Disability Criteria \(2024\)](#) to identify students who are eligible for the department's targeted support provisions.

Functioning refers to a person's physical, psychological and social capacity to cope with the day-to-day activities they find meaningful and necessary – work, studies, leisure time and hobbies, self-care and care for others – in the environment in which they live. A person's functioning can be supported and their coping in their day-to-day lives improved with appropriate supports and services.

Developmental disability is an umbrella term that includes intellectual disability and disorders such as autism and cerebral palsy. Developmental disability refers to various lifelong limitations in intellectual functioning and/or conceptual, social, or practical skills that emerge during the developmental period. While most people with developmental disability have intellectual disability, many do not. For example, for many people with cerebral palsy and autism spectrum disorder, their developmental disability predominantly affects physical, social or behavioural functions, rather than cognitive ability.¹³⁸

Developmental disability is sometimes referred to together with intellectual disability as intellectual and developmental disability (IDD). Developmental disability syndromes and disorders can also coexist, with or without intellectual disability.

Intellectual disability (ID) definitions generally include 3 elements: significant limitations in intellectual functioning, difficulties in adaptive behaviour, with the conditions manifesting before adulthood. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) characterises ID as impairment that impacts adaptive function across 3 domains (conceptual, social and practical). Others use terms such as 'learning disability'.¹³⁹

¹³⁸ Therapeutic Guidelines Limited, [Developmental Disability](#), *Therapeutic Guidelines*, March 2021, accessed 25 February 2025. Note this source requires subscription access.

¹³⁹ Note: This briefing paper retains language used by research sources. Some refer to 'cognitive disability' which is an umbrella term that describes the effects of several conditions, such as intellectual disability, acquired brain injury, stroke, dementia, and foetal alcohol spectrum disorder.

Appendix B. Examples of types of government-funded supports and service available in NSW

Table 5 provides examples of different types of services and supports funded by the Australian and NSW Governments that assist children and young people with developmental delay or disability, or their parents/carers. The examples are grouped as follows:

- Population screening and prevention
- Diagnostic and therapeutics
- Information, navigation support, advice and capacity-building
- Advocacy
- Consumables, aids and equipment
- Early childhood education and care
- Schooling support
- Travel assistance.

The examples included here were collected through a desktop scan and are not exhaustive. This scan relied on publicly available online information, and category details for each support or service were not always available or clear. This reflects research findings from surveys and focus groups with people with disability that 'details important to prospective service users - including costs, accessibility for particular needs, location, wait times, and eligibility for support or concessions - were often missing, inaccurate or outdated online.'¹⁴⁰

¹⁴⁰ S Olney et al, [The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding](#), Melbourne Disability Institute, 2022, p. 14

Table 5. Types of government-funded supports and services available in NSW

Population screening and prevention

Examples of support or service	Targeted at	Costs to user	Funding and delivery
Prenatal screening tests – tests available during pregnancy to identify babies at higher risk of Down syndrome and some other chromosome conditions	Pregnant people	Routine tests are covered by Medicare, others are not	Funded and delivered by NSW Health Australian Government funds Medicare rebates
Newborn Bloodspot Screening – a heel prick blood test that screens for certain rare genetic conditions and metabolic disorders	Newborn babies	No cost to user	Funded and delivered by NSW Health ¹⁴¹
NSW State Wide Infant Screening Hearing Program (SWISH) – screening for permanent bilateral hearing loss	Newborn babies	No cost for Medicare eligible	Funded and delivered by NSW Health
NSW Health recommended schedule of health and development checks – checks monitoring growth, physical health and development as well as any concerns about learning, development and behaviour. Newborn check completed in hospital and later checks by paediatrician, GP/practice nurse or child and family health nurse	Newborns to 4 year olds	No cost to user	Funded and delivered by NSW Health
Brighter Beginnings health and development checks in early childhood services – multidisciplinary teams including allied health disciplines providing health and development checks for 4 year olds in early childhood education settings	4 year olds	No cost to user	Funded and delivered by NSW Health
Statewide Eyesight Preschooler Screening – vision screening offered in preschools and childcare centres	4 year olds	No cost to user	Funded and delivered by NSW Health
National Immunisation Program – provides free vaccines to protect against a range of diseases, with the childhood immunisation schedule outlining recommended vaccines for children from birth to age 4	All children	No cost to user	Funded by the Australian Government (DHAC) Delivered by a range of providers including GPs, pharmacies, community health centres, and Aboriginal community health services

Diagnostics and therapeutics

Examples of support or service	Targeted at	Costs to user	Funding and delivery
GPs and child and family health nurses – provide assessment and diagnosis interventions to address child health and development concerns. Deliver health and development checks and immunisations. Provide and coordinate referrals to specialists including paediatricians	All children	No cost to user, except where GP services are not bulk-billed	Child and family health services funded and delivered by NSW Health Australian Government funds Medicare rebates

¹⁴¹ Australian Health Ministers' Advisory Council, *Newborn Bloodspot Screening National Policy Framework*, Commonwealth of Australia Department of Health, 2018, p. 5, <https://www.health.gov.au/sites/default/files/documents/2020/10/newborn-bloodspot-screening-national-policy-framework.pdf>

Examples of support or service	Targeted at	Costs to user	Funding and delivery
Allied health services – provide assessment, diagnosis and therapeutic intervention to address child health and development concerns. Include speech pathology, occupational therapy, dietetics, orthoptist, physiotherapy, psychology, audiology, exercise physiology, optometry, podiatry and orthotic/prosthetic services	All children	Depends on provider	NSW Health fund and deliver allied health services Also available through non-government and private providers Can be covered by private insurance
NDIS Plan budget – Approved NDIS plans may include funding that can be used for therapeutic supports From 3 October 2024, participants are only able to use their NDIS funds for items listed as NDIS supports	NDIS participants	N/A	Funded by the Australian Government (NDIA) Delivered by NDIS service providers

Information, navigation support, advice, capacity-building

Examples of support or service	Targeted at	Costs to user	Funding and delivery
Disability Gateway – online information and service directory providing a central point of entry for referrals to disability information, services and programs	Parents/carers, and people with disability	No cost to user	Funded and delivered by the Australian Government (DSS)
Carer Gateway – program and information portal providing services and supports for carers, including tailored support packages, peer support groups, counselling, coaching, online skills courses, and access to emergency respite	Carers, including carers of people with a disability	No cost to user	Funded and national components delivered by the Australian Government (DSS) Components delivered in NSW by The Benevolent Society, Wellways Australia, Live Better and Carers NSW
Raising Children – online resource providing free, reliable, scientifically validated information on child health and development, including developmental delay and disability	Parents/carers	No cost to user	Funded by the Australian Government (DSS – National Early Childhood Program) Delivered by Raising Children Network
ENVISAGE-Families – facilitated workshops and online resources to provide information and peer support for parents	Parents/carers of children 0-8 years with newly identified disability or developmental concerns	No cost to user	Funded by the Australian Government (DSS – National Early Childhood Program) Delivered by Australian Catholic University
Playconnect+ - supported playgroup and group music therapy sessions, facilitated transitions to other educational settings, family support including information and advice about disability support services	Children 0-8 years with disability and/or developmental concerns, parents/carers and siblings	No cost to user	Funded by the Australian Government (DSS – National Early Childhood Program) Delivered by S/T Playgroup Associations as part of consortium led by Autism Queensland

Examples of support or service	Targeted at	Costs to user	Funding and delivery
MyTime – supported peer support group sessions for parents/carers to socialise and share information/resources, with childcare support for pre-school aged children	Parents/carers of children under 18 years with high level care needs due to disability, developmental delay or chronic conditions	No cost to user	Funded by the Australian Government (DSS) Delivered by Parenting Research Centre
Positive Partnerships – workshops, information sessions, online learning hub, planning tools and resources for parents and educators to support autistic students	Parents/carers of school-age children and young people on the autism spectrum, teachers, principals and other school staff	No cost to user	Funded by the Australian Government (DoE – Positive Partnerships Program) Delivered by Autism Spectrum Australia (Aspect)
Early supports – NDIA-funded early childhood partners work with families to identify children’s need and development goals and recommend support needs, including a timeframe for the supports (usually 3-6 months or up to 12 months). Early supports include parent workshops, building mainstream service capacity, strategies for daily routines, and preparing for transitions such as starting school	Children under 6 with developmental concerns and their parents/carers	No cost to user	Funded by the Australian Government (NDIA) Delivered by early childhood partners
NDIS Plan budget for Capacity Building – Approved NDIS plans may include funding for ‘Capacity Building’ support budgets in 8 categories: Choice and Control, Daily Activity, Employment, Health and Wellbeing, Home Living, Lifelong Learning, Relationships, and Social and Community Participation From 3 October 2024, participants are only able to use their NDIS funds for items listed as NDIS supports	NDIS participants	N/A	Funded by the Australian Government (NDIA) Delivered by NDIS service providers

Advocacy

Examples of support or service	Targeted at	Costs to user	Funding and delivery
National Disability Advocacy Program – support with information, helping people explore options and make informed decisions	Parents/carers and people with disability	No cost to user	Funded by the Australian Government (DSS)
NDIS Appeals Program – to provide advocacy support for individuals affected by reviewable decisions of the NDIA	NDIS participants	No cost to user	Funded by the Australian Government (DSS)
Disability Representative Organisations program – funding for organisations to provide systemic advocacy for Australians with disability, including Children and Young People with Disability Australia	Advocacy organisations supporting people with disability	N/A	Funded by the Australian Government (DSS)

Examples of support or service	Targeted at	Costs to user	Funding and delivery
Disability Advocacy Futures Program - provides funding to support people with disability navigate local services on a 1-to-1 basis, to fund organisations working towards long-term social change, and to fund policy advocacy groups run by, or on behalf of, people with disability.	People with disability, advocacy organisations supporting people with disability	No cost to user	Funded by NSW Department of Communities and Justice
National Disability Advocacy Program – support with information, helping people explore options and make informed decisions	Parents/carers and people with disability	No cost to user	Funded by the Australian Government (DSS)
NDIS Appeals Program – to provide advocacy support for individuals affected by reviewable decisions of the NDIA	NDIS participants	No cost to user	Funded by the Australian Government (DSS)
Disability Representative Organisations program – funding for organisations to provide systemic advocacy for Australians with disability, including Children and Young People with Disability Australia	Advocacy organisations supporting people with disability	N/A	Funded by the Australian Government (DSS)
Disability Advocacy Futures Program - provides funding to support people with disability navigate local services on a 1-to-1 basis, to fund organisations working towards long-term social change, and to fund policy advocacy groups run by, or on behalf of, people with disability.	People with disability, advocacy organisations supporting people with disability	No cost to user	Funded by NSW Department of Communities and Justice

Consumables, aids and equipment

Examples of support or service	Targeted at	Costs to user	Funding and delivery
Continence Aids Payment Scheme (CAPS) – a payment to help with costs of buying continence products	People 5 years or older with permanent and severe incontinence caused by an eligible neurological or other condition	N/A	Funded by the Australian Government (DHAC)
NDIS Plan budget for core supports – Approved NDIS plans may include funding in the consumables category under a ‘core’ supports budget, for purchasing everyday use items such as continence aids From 3 October 2024, participants are only able to use their NDIS funds for items listed as NDIS supports	NDIS participants	N/A	Funded by the Australian Government (NDIA) Delivered by NDIS service providers
NDIS Plan budget for capital support – Approved NDIS plans may include funding for ‘capital support’ budgets in 2 categories: assistive technology including equipment for mobility, personal care, communication and recreational inclusion, and home modifications. From 3 October 2024, participants are only able to use their NDIS funds for items listed as NDIS supports .	NDIS participants	N/A	Funded by the Australian Government (NDIA) Delivered by NDIS service providers

Early childhood education and care (ECEC)

Examples of support or service	Targeted at	Costs to user	Funding and delivery
<p>Child Care Subsidy – For eligible parents, the child care subsidy is paid directly to providers of approved childcare (centre based day care, family day care, outside school hours care, in home care) to reduce out-of-pocket fees</p> <p>Young people with a disability may still be eligible for the subsidy while attending secondary school if they need supervision</p>	Parents/carers	N/A	Funded by the Australian Government
<p>In Home Care – Early childhood education and care that takes place in the family home, for families who can't access other types of approved childcare.</p>	Parents/carers and children with complex or challenging needs	Out-of-pocket gap fee costs per session, estimates of average ranging from \$9.03 to \$60.69 ¹⁴²	Funded by the Australian Government (DoE) Delivered by In Home Care Support Agency NSW & SA (part of the NSW Family Day Care Association)
<p>Inclusion Support Program – helps ECEC services address barriers to inclusion through professional advice and support, access to specialist equipment and resources, and funding for additional educators, innovative solutions or to support family day care services to include a child with high support need</p>	Child care subsidy-approved services that provide centre based day care, family day care or outside school hours care	No cost to user	Funded by the Australian Government (DoE) Delivered by NSW/ACT Inclusion Agency (managed by KU Children's Services in partnership with Include Me and Gowrie NSW)
<p>Disability and Inclusion Program – provides funding and educational support to enable children with disability or additional needs in not-for-profit community preschools</p>	Community preschools	N/A	Funded and delivered by the NSW Department of Education
<p>Early intervention support classes – early intervention teachers in a limited number of primary schools provide specialist support for children, either through group support class sessions on-site or as resource support working with a child's regular childcare centre or preschool</p>	Pre-school age children who have a confirmed disability	No cost to user	Funded and delivered by the NSW Department of Education
<p>Itinerant support teachers (early intervention) – work directly with children in partnership with parents/carers, classroom teachers, school learning and support teams, and other support agencies to plan personalised learning and support and develop coordinated transition plans for the move from early education into school</p>	Support parents/carers and children with disability in the year prior to starting school and the first year of school	No cost to user	Funded and delivered by the NSW Department of Education

¹⁴² PricewaterhouseCoopers Consulting Australia, *Review of the In Home Care (IHC) program*, report to the Australian Government Department of Education, 2023, <https://www.education.gov.au/early-childhood/resources/home-care-review-final-report>

Schooling support

Examples of support or service	Targeted at	Costs to user	Funding and delivery
School learning and support teams – collects information, gives recommendations to the teachers of students who need adjustments to access the curriculum and meet their goals, supports with transitions between primary and high school and into further education and training	Supports parents/carers and children and young people planning to or attending school	No cost to user	Funded and delivered by NSW Department of Education
Support classes – available in some public primary, high and central schools, providing specialist and intensive support, generally in smaller class sizes	For eligible students (K-12) with a diagnosed intellectual or physical disability, Autism Spectrum Disorder, mental health diagnosis, sensory processing disorder or behaviour disorders	No cost to user	Funded and delivered by NSW Department of Education
Schools for specific purposes – intensive levels of support in a specialised setting, with smaller class sizes and a range of support services, depending on the needs of students	Eligible students (K-12) with a diagnosed intellectual or physical disability, autism, mental health considerations, sensory processing disorder or behaviour disorders	No cost to user	Funded and delivered by NSW Department of Education
Itinerant support teachers – specialising in particular areas (hearing and vision, conductive hearing loss), they provide support and advice to schools on reasonable adjustments, carry out student assessments, provide students with targeted learning opportunities and provide professional development for school staff	Students with confirmed hearing and/or vision loss	No cost to user	Funded and delivered by NSW Department of Education
Disability provisions for exams – adjustments to assessment tasks to allow students with disability to access assessment tasks on the same basis as all other students	Students with disability	No cost to user	Funded and delivered by NSW Department of Education
Braille and large print services – provide support and materials in alternate formats	Vision impaired students who are supported by an itinerant support teacher (vision)	Unclear	Funded and delivered by NSW Department of Education
Integration funding support – where students have needs that cannot be met from existing school and local resources, schools can apply for additional funding to engage additional teachers and school learning support officers, access allied health professionals, or provide professional learning to enhance staff expertise	Students with disability in mainstream classes at NSW public schools who need moderate to high levels of learning and support adjustments	N/A	Funded and delivered by NSW Department of Education

Travel assistance

Examples of support or service	Targeted at	Costs to user	Funding and delivery
Assisted School Travel Program (ASTP) – provides individualised transport to and from school for eligible students	Students with disability whose parents/carers are unable to provide transport	No cost to user	Funded by the NSW Department of Education ¹⁴³ Delivered by contracted service providers
Travel training – individually designed instruction to help students with disability develop the knowledge and skills necessary for independent and safe travel	Students with disability	Unclear	Funded and delivered by the NSW Department of Education
NDIS Plan budget for core supports – Approved NDIS plans may include funding in the transport category under a ‘core’ supports budget From 3 October 2024, participants are only able to use their NDIS funds for items listed as NDIS supports	NDIS participants	N/A	Funded by the Australian Government (NDIA) Delivered by NDIS service providers ¹⁴⁴

Disclaimer

This information was prepared in response to a client’s specific request. Any views expressed do not reflect an official position of the Parliamentary Research Service, nor do they constitute professional legal opinion. Clients may use this information as appropriate, but they should not attribute it to the Parliamentary Research Service or any staff member without prior permission.

Acknowledgement of country

The Parliament of New South Wales acknowledges and respects the traditional lands of all Aboriginal people and pays respects to all Elders past and present. We acknowledge the Gadigal people as the traditional custodians of the land on which the Parliament of New South Wales stands.

¹⁴³ ASTP continues to operate under the same contract agreement and guidelines that have been in place prior to the rollout of the NDIS in NSW. ASTP provides a service to eligible students with disability as an ‘in-kind’ support to the NDIS. The [NDIS Review found that](#) these temporary in-kind arrangements put in place during NDIS implementation are yet to be resolved with long-term arrangements between the Commonwealth and states and territories, and that the continuation of temporary arrangements may “ensure service continuity [but has] prevented reform and constrained choice and control for NDIS participants and their families”.

¹⁴⁴ Transport through the ASTP is provided as an in-kind support for NDIS participants who are eligible to receive an ASTP service (see footnote 23).