NSW Legislative Council

Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales

Foundational and Disability Supports Available for Children and Young People in New South Wales

First report
February 2026

Report 1

Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales

Foundational and Disability Supports Available for Children and Young People in New South Wales

First report

Published on 20 February 2026 according to Standing Order 238

New South Wales. Parliament. Legislative Council. Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales. Report no. 1.

Foundational and Disability Supports Available for Children and Young People in New South Wales

"February 2026"

Chair: Hon Natasha Maclaren-Jones MLC

A catalogue record for this book is available from the National Library of Australia

ISBN: 9781923392168

Table of contents

Terms of reference

1. That a select committee be established to inquire into and report on child development, early childhood intervention services and other foundational and disability supports available for children and young people with developmental concerns, delays, differences or disabilities in New South Wales, and in particular:

    (a) the role of such services and supports on a child's overall development, health and wellbeing

    (b) the types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in metropolitan, regional, rural and remote New South Wales, including medical, community-nursing, allied health services, NDIS services and other service delivery models

    (c) the role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services

    (d) gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems

    (e) opportunities to increase engagement across sectors and improved collaboration across both government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services

    (f) other government or best practice child development and early childhood intervention service models and programs operating outside of New South Wales

    (g) workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers, and

    (h) measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational supports, and

    (i) any other related matters.

2. That the committee report by 24 December 2026.[1]

---

[1] The original reporting date was 31 October 2025 (*Minutes*, NSW Legislative Council, 23 October 2024, item 21). The reporting date was later extended to 29 May 2026 (*Minutes*, NSW Legislative Council, 4 June 2025, item 4). The reporting date was later extended to 24 December 2026 (*Minutes*, NSW Legislative Council, 15 October 2025, item 19).

The terms of reference for the inquiry were referred to the committee by the Legislative Council on
23 October 2024.[2]

---

[2] *Minutes*, NSW Legislative Council, 23 October 2024, item 21.

Committee details

Committee members

Hon Natasha Maclaren-Jones MLC	Liberal Party	*Chair*
Ms Abigail Boyd MLC	The Greens	*Deputy Chair*
Hon Mark Buttigieg MLC	Labor Party	
Hon Anthony D'Adam MLC	Labor Party	
Hon Taylor Martin MLC	Independent	
Hon Sarah Mitchell MLC	The Nationals	
Hon Cameron Murphy MLC	Labor Party	

Contact details

Website	www.parliament.nsw.gov.au
Email	disabilitysupports@parliament.nsw.gov.au
Telephone	02 9230 2778

Secretariat

Markus Bell, Principal Council Officer
Gerard Rajakariar, Senior Council Officer
Samantha Jeffery, Administration Officer
Arizona Hart, Director

Chair's foreword

The provision of supports for people with disabilities is a cornerstone of an inclusive and equitable society. In New South Wales, ensuring that children and young people with disability or developmental delays can access the right foundational supports, at the right time, is crucial for enabling every child to reach their full potential. This inquiry has been conducted at a time of significant change in the way supports for children and young people with disability or developmental delay are designed, funded and delivered in New South Wales and across the country. This interim report focuses on what can be done now, in New South Wales, to strengthen supports around children and families while national reforms progress. The findings and recommendations emphasise investing earlier, supporting trusted, locally-embedded services, improving navigation so there is "no wrong door" for families and designing reforms with, not for, people with lived experience.

Introduced in 2013 and gradually rolled out from 2016, the National Disability Insurance Scheme represented a major reform in how disability supports are funded and delivered nationwide. At an annual cost of over $40 billion, the Scheme was introduced to address longstanding gaps in disability services, reduce reliance on crisis-driven systems, and provide greater control for individuals with disability. However, a number of high-profile reviews have recently identified shortcomings in the Scheme's design and implementation, including challenges related to access, equity, sustainability, and workforce capacity.

In December 2023, National Cabinet announced a landmark agreement between the Commonwealth and state and territory governments to establish foundational supports for people with disability who are not eligible for the NDIS, or who require low-level, early or community-based supports outside of the Scheme. This was intended to rebalance disability supports by strengthening mainstream and community systems alongside the NDIS. However, since the announcement, design work is ongoing, the planned commencement has not been met, and disability advocates have voiced concern about the lack of clarity regarding what supports will be delivered, when, and for whom.

This inquiry was established in response to this announcement. While the committee awaits further progress at the national level, we decided to produce this interim report to better understand the gaps that exist in the foundational supports and services available to NSW children and young people, and how they impact the lives of children, families, and communities.

During the inquiry, the committee heard powerful evidence from families, carers, service providers, advocates, practitioners and government agencies about both the difference that timely, well-designed supports can make, and the consequences when those supports are fragmented, confusing or simply not available.

This report examines the supports available for children and young people with developmental delay or disability in the state, the challenges associated with accessing these supports, and the ways in which particular communities experience these challenges differently. It highlights the importance of a strong, community-based service eco-system that connects children and their families to neighbourhood hubs and local navigators; the limitations of current funding models; the need for enhanced data collection and reporting unmet need; and the importance of co-designing future approaches to foundational supports with children, families, communities, and local service providers.

Through the evidence put before the committee, it has become clear that some children and families who do not qualify for NDIS coverage have difficulties accessing the supports and services they need; they can struggle to navigate disconnected referral pathways and uncertainty about eligibility and available supports. These difficulties are exacerbated for priority groups, such as families in rural and remote NSW, Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse families, including those from language backgrounds other than English.

This report also examines a further issue underpinning many of the challenges, which is the instability of the funding environment in which local service providers have operated since the introduction of the NDIS. Specifically, the prevalence of short-term funding for place-based actors has stifled long-term planning for organisations that are often deeply embedded in, and highly responsive to, the communities they serve. These issues are compounded by workforce shortages, limitations in the collection and reporting of data pertaining to unmet need, and a disconnect between policy assumptions about service availability and the lived experience of families seeking support.

Taking these factors into consideration, in this report the committee concludes that the current approach to providing supports and services for children and young people in NSW is not adequate. To that end, the committee makes 15 findings and 17 recommendations covering a wide range of issues observed in evidence. We implore the NSW Government to adopt these recommendations as it progresses towards design and delivery of state-based foundational supports.

Whilst this committee continues to inquire into the matter, I would like to thank the stakeholders who have contributed to date through their submissions and appearance at inquiry hearings. I am especially grateful to the young people with lived experience who have shared their stories with us, along with their parents, carers and families. I also thank members of the committee for their ongoing collaboration on this inquiry and extend my appreciation to the secretariat for their support and diligence.

Hon Natasha Maclaren-Jones MLC
Committee Chair

Findings

Finding 1 **3**

That the voices of children and young people must be recognised, valued and prioritised through decision-making processes, as a crucial part of ensuring children and young people have autonomy around what their support and access needs are.

Finding 2 **65**

Caring for a child with developmental delays or disability impacts the mental and physical health of parents and caregivers, especially as families are often required to navigate disconnected or in some circumstances, non-existent referral pathways, unclear eligibility settings, inequitably applied rules and incur significant financial costs. System fragmentation exacerbates the administrative burdens for families and caregivers trying to access support for their children. Lack of mental health support for parents, caregivers and siblings exacerbates this burden.

Finding 3 **65**

Families in rural and remote New South Wales face longer waits, higher travel burdens, higher out of pocket costs, and, in some cases, a complete absence of needed qualified expertise, services and supports compared to their counterparts in metropolitan areas of New South Wales.

Finding 4 **65**

Aboriginal families face disadvantage arising from historical and contemporary discrimination, a distrust of government systems, inequitable access to services, and a lack of culturally-safe spaces. Aboriginal children are more likely to experience risk factors for poor developmental outcomes, they are also more likely to live in rural or remote areas with limited access to services.

Finding 5 **66**

CALD/LBOTE families experience a variety of barriers, including a lack of interpreters, stigma associated with disability, and service navigation difficulties. Where it arises, the stigma around disability can reduce help-seeking by these families, which impacts prevention and early intervention. Some CALD families also experience disadvantage due to NDIS and health eligibility rules which limit access to only permanent residents and citizens.

Finding 6 **66**

Trusted, locally governed, place-based support and service providers operate within an unstable and fragmented funding environment, relying on short-term grants, project-based commissioning, lack of notice for contract renewals, minimal funding increases and an absence of relational contracting. Such instability hinders long-term planning, workforce retention, and continuity of care. Sustained, flexible, multi-year block funding underpinned by relational contracting is necessary to encourage locally embedded organisations to continue their critical role in early support.

Finding 7 **67**

Workforce shortages limit timely access to prevention, early interventions and foundational supports for children and young people, and are a compounded, cross-sectoral challenge for health, education, social work, and early childhood service providers. Overservicing of the NDIS and also lack of salary parity with other sectors such as health also impact on workforce recruitment and retention. If the NDIS rates were indexed and foundational supports matched, local providers could afford to recruit and retain staff. Workforce shortages especially impact regional, rural, and remote areas.

Finding 8 **67**

Investing in evidence based, quality prevention and early intervention rather than delayed responses for children and young people should be a priority for government and non-government service providers. Improving data collection, outcomes reporting and public access to open data will help to identify hotspots of unmet need, allocate resources within New South Wales more equitably, foster collaboration and evaluate which supports correlate with better outcomes to scale.

Finding 9 **68**

Co-designed approaches to improving the cultural safety, service relevance, and uptake of foundational supports are essential for ensuring that supports and services will fill service gaps rather than duplicate aspects of the NDIS. Engagement with frontline practitioners and people with lived experience across health, education, and social services, foundational supports contributes to addressing the systemic gaps identified by this inquiry.

Finding 10 **68**

Unintended consequences of NDIS system design have led to challenges with the integration of essential supports in educational settings. Revised funding models to enable more effective integration of inclusion supports, universal design principles, and allied health input to support children improve educational outcomes is required under foundational supports.

Finding 11 **68**

Service providers and families cite a lack of clear information on foundational supports, confused and at times conflicting federal and state leadership directives and lack of clear boundary definitions of what is included and what is not, no transition funding allocated to match the scale of reform, as well as timelines as barriers to engaging in meaningful co-design for optimal system impact, causing some anxiety. Similarly, the intersectionality and fluidity between and across universal services, foundational supports and the NDIS and the assessment and eligibility criteria at each stage remains largely unknown.

Finding 12 **69**

Getting to children and families as early as possible is critical to improving developmental health and lifelong outcomes. While universal services provide key entry points, many families engage first and most consistently through trusted community settings. However, these platforms are not systematically embedded within early identification referral and prevention pathways, limiting their ability to contribute fully to foundational supports. This fragmentation reduces opportunities to intervene early, particularly in the first 1,000 days, and increases reliance on higher-cost, crisis-driven responses later.

Finding 13 **69**

Families are more likely to engage with early supports through informal, community-based and relationship-driven settings such as playgroups, peer supports programs and neighbourhood services than through formal clinical or statutory pathways. However, these trusted entry points are not consistently leveraged within the current services system.

Finding 14 **69**

Local service providers, community leaders, community volunteers and families possess critical knowledge about what works in their communities, yet system design and commissioning processes do not consistently incorporate this intelligence, resulting in mismatched service models and inefficiencies.

Finding 15 **69**

Universal services, including maternal and child health, early learning and primary care, are increasingly supporting families with complex needs without sufficient resourcing, integration or specialist backup. This limits their ability to provide early intervention and contributes to delayed escalation into more intensive systems.

Recommendations

Recommendation 1 **66**

That the New South Wales Government provide sustainable and ongoing core funding for neighbourhood and community centres.

Recommendation 2 **70**

That the New South Wales Government take note of the evidence received throughout the course of the inquiry, including that presented in this interim report, when developing and implementing foundational supports with an ongoing co-design and engagement roadmap developed to ensure families and services are valued partners in reform.

Recommendation 3 **70**

That, in developing foundational and disability supports for children and young people, the New South Wales Government explicitly incorporate whole-of-family wellbeing into program design, commissioning and evaluation frameworks, including measures to identify and respond to family functioning and sibling needs. This should include access to targeted mental health supports, parent capacity building, peer support and respite for caregivers and siblings, ensuring that community-based hubs and navigators are resourced to address family needs and co-designed with carers, siblings and organisations with expertise in family-focused interventions.

Recommendation 4 **71**

That the New South Wales Government co-design and fund dedicated transition pathways for children turning 9 and those 9 and older who are eligible for foundational supports, including proactive outreach, supported transition between services, and clear information for families about their options. These pathways should be co-designed with children, young people and families and include specific safeguards to prevent any interruption of essential supports at key developmental and schooling milestones.

Recommendation 5 **71**

That the New South Wales Government implement and fund a rural and remote access guarantee strategy for foundational supports, including outreach service models, telehealth expansion, mobile allied health teams, travel subsidy enhancements, workforce incentives and regionally tailored commissioning to address geographic inequities in access and wait times.

Recommendation 6 **72**

That the New South Wales Government establish and fund a statewide, integrated foundational supports co-location navigation model, including local 'no wrong door' entry points, shared referral protocols across health, education and community services, and digital referral infrastructure to reduce fragmentation, administrative burden and duplication experienced by families and carers. This should be co-designed with children and young people, located in places that are accessible and integrated into the community, and should be designed to deliver timely, culturally appropriate and individualised supports.

Recommendation 7 **73**

That foundational supports be co-designed, governed and delivered in partnership with Aboriginal Community Controlled Organisations (ACCOs).

Recommendation 8 **73**

That the New South Wales Government embed an equity and inclusion framework for culturally and linguistically diverse families within foundational supports.

Recommendation 9 **73**

Foundational supports funding models should include multi-year, flexible block funding arrangements, outcome-based accountability, and co-investment mechanisms to enable long-term planning, workforce stability, and continuity of care.

Recommendation 10 **74**

That the New South Wales Government implement and evaluate place-based solutions like relational contracting that reflect the unique needs and strengths of each community, particularly in rural, remote, and disadvantaged areas. The funding model should be co-designed with shared accountability among service providers, families, and community stakeholders and enable local service to jointly triage cases, review community trends, and develop collaborative responses.

Recommendation 11 **74**

That the New South Wales Government establish and fund a dedicated prevention and early intervention investment framework within foundational supports, prioritising evidence-based community delivery models, scalable early identification pathways, developmental screening integration and sustained funding for programs demonstrating long-term outcome and cost-avoidance benefits.

Recommendation 12 **75**

That the New South Wales Government publish a clear foundational supports system map including eligibility boundaries, service scope definitions, interface points with the NDIS and universal services, implementation timelines, transition funding allocations and a publicly accessible information platform for families and providers.

Recommendation 13 **75**

That foundational supports uphold children's right to support in their learning and educational setting and be formally embedded within playgroup, early learning and school settings through revised funding mechanisms, co-commissioned allied health supports, universal design for learning implementation, educator capability building and integrated inclusion planning between education, health and disability systems.

Recommendation 14 **76**

That the New South Wales Government develop a cross-sector workforce strategy for foundational supports that includes a transitional fund for providers, pay parity initiatives, indexed funding rates, rural workforce incentives, student placement pipelines, supervision supports and joint workforce planning with health, education and disability sectors.

Recommendation 15 **76**

That foundational supports recognise parents and carers as critical partners and include universal and targeted parent and carer capacity building initiatives focused on strengthening caregiver confidence, early learning support at home and responsive parenting practices, with delivery embedded in accessible, non-stigmatising community settings such as home, educational services (early childhood education and schools), neighbourhood centres, playgroups and family support services.

Recommendation 16 **76**

That families, carers and people with lived experience be embedded in foundational supports implementation, including advisory groups, evaluation design, commissioning input and service quality monitoring.

Recommendation 17 **77**

That the New South Wales Government invest in shared digital infrastructure for foundational supports, including common intake tools, consent-based information sharing, service directories, referral tracking and outcomes dashboards to improve coordination, reduce duplication and strengthen system accountability.

Conduct of inquiry

The terms of reference for the inquiry were referred to the committee by the Legislative Council on 23 October 2024.

The committee received 71 submissions in addition to 100 responses to an online questionnaire.

The committee held 2 public hearings at Parliament House in Sydney.

Inquiry related documents are available on the committee's website, including submissions, hearing transcripts, tabled documents and answers to questions on notice.

Commonly used terms throughout the report

'Parents', 'carers' and 'caregivers' may be used alone, together or interchangeably in this report, while acknowledging that parents are not necessarily carers and vice versa. In the context of this report, the use of any of these terms refers to someone who has responsibility for the child or young person and is making decisions about their education or care.

References to disability includes physical, intellectual and psycho-social disability. A person can have more than one disability and/or type of disability.

Developmental delay is used throughout the report to refer to children and young people who have experienced or are experiencing delays in developing some skills or developmental milestones more slowly than other children of the same age.

This report uses both person-centred and identity-centred language regarding disability in recognition that different people use different language to refer to themselves

Chapter 1 The voices of children and young people

1.1 This chapter provides some direct accounts from children and young people about the importance of valuing, recognising and prioritising the voices of children and young people through decision-making processes that directly impact their lives. This was emphasised as a key part of ensuring children and young people are empowered to have autonomy, choice and control over what their support and access needs are.

1.2 Ms Emily Backhouse, Aboriginal Participation Officer, NSW Advocate for Children and Young People said in the hearing:

> I would really appreciate a bit of an education piece for families and for carers, to actually acknowledge and to understand their rights when accessing services and not just falling into the trap of listening to GPs and paediatricians. They do great work. But I think there's a lot of times, especially when there's such a strain, that it's so easy to just push to the side and put into the too-hard basket. I think that's happening more and more, especially with this strain on services, and so I think getting families to acknowledge and to understand where they can sit.
>
> From my perspective as someone, again, who's very well educated and very well related within this kind of space, I find it very difficult to do things like NDIS applications and to fill out forms and to remember details. I think creating some sort of thing where we can build that communication between practitioners—there is no communication currently. When you're having to jump between public and private, and especially in different local health districts, that's causing even more complexity. I know there are many things in there; but I think, again, a piece around younger children—we are missing their voices and we're missing their participation. We're relying on parents, families and carers maybe a little bit too much to tell us what their young children need when they can actually tell us themselves. That would be a really nice, hopeful dream.[3]

1.3 Ms Eliza Tait, Youth Action Member, Youth Action said during the hearing:

> As a young person living with a disability and navigating the education system, I know firsthand how critical foundational supports are. At 13, I was hospitalised against my will. Soon after, I was excluded from a private school, not because I lacked ability but because they lacked the will to support my needs. I was labelled too complex and too difficult, and repeatedly made to feel like I didn't belong. That exclusion hurt, but, more than anything, it made me angry—angry that systems built to serve young people were failing the ones who needed them most. What I want this inquiry to hear clearly is tying access to foundational support to formal

---

[3] Evidence, Ms Emily Backhouse, Aboriginal Participation Officer, NSW Advocate for Children and Young People, 19 June 2025, p 61.

> diagnosis creates a harmful binary between those deemed eligible and those left behind. Foundational support must be youth specific, flexible and accessible before diagnosis.
>
> The medical model that currently underpins all our servicing is damaging young people. Behind me—I am sure he wouldn't mind me saying—one of my peers has been excluded from school due to the fact of exclusion, of bullying, of ableism. It is the same story as me. If we had services which saw us as whole people and saw us as kids and not just our disability or the fact that we don't have our paperwork, if we had more compassion in our systems to go, "This is a 13-year-old who wants to get to school. They are trying really hard and they are not able to because of this discrimination," I think it would change every kid's life with a disability in New South Wales.[4]

1.4 Speaking on behalf of the youth sector, Ms Lauren Stracey, CEO, Youth Action:

> We talk a lot at Youth Action about the fact that we need to take a rights-based approach to the way that we work with young people. I think that is critical and fundamental to this all, but I think we need to invest heavily in the early intervention space for the nought to five—that kind of early years—but adolescence is the second wave of neuroplasticity, so we need to have some solid investment in that space as well. The benefit of investing in that particular developmental period is that we have these absolute legends over here who can help inform it and help co-design it. They not only bring what they know now; their childhood wasn't long ago, so they can also reflect on what they needed and what they were missing out on. Being able to have investment that is really driven by young people's voices, that has a rights-based approach and that really looks at that whole person would be fantastic to see.
>
> One of the things that we heard in our consultations that some of the young people here were part of was that that whole challenge created another set of challenges that they were then having to navigate. You were having to advocate for yourself at school, and the energy that that took then impacted your mental health. You were having to pull resources from other parts of your world to be able to maintain education, which meant that you then collapsed when you got home and you weren't able to engage in family in the same ways.
>
> Similarly, young people are also speaking to the fact that being able to engage with the supports that they needed—being able to go to your psychologist, for example, and learn some skills that might support you in another domain and then being able to go to a specialised youth space like a youth centre or a youth hub or something like that, where you have supportive adults to be able to hold you while you enacted those skills—actually meant that you got better benefit from the thing that you were accessing treatment for. If you haven't got the opportunity to generalise that and if it only happens in a clinical environment, the learning doesn't

---

[4] Evidence, Ms Eliza Tait, Youth Action Member, Youth Action, 19 June 2025, p 57.

> get embedded in quite the same way. There are lots of opportunities where we can broaden out what we think of in terms of this kind of support to be able to create whole ecosystems which can hold young people as they develop.[5]

Finding 1

That the voices of children and young people must be recognised, valued and prioritised through decision-making processes, as a crucial part of ensuring children and young people have autonomy around what their support and access needs are.

---

[5] Evidence, Ms Lauren Stracey, Chief Executive Officer, Youth Action, 19 June 2025, p 58.

Chapter 2 Background

This chapter examines the systems of support available to children and young people with developmental concerns, delays, differences or disabilities in New South Wales (from here on, 'Children and young people with developmental delays or disability in New South Wales'). It provides an overview of child development, early intervention services and other foundational and disability supports and situates these within the broader policy and service delivery context. Foundational supports are services that exist outside of the National Disability Insurance Scheme (NDIS) system, most commonly used by families who do not qualify for NDIS support or do not have complex needs requiring the level of services provided through the NDIS. The chapter begins by outlining recent developments in foundational supports and summarises key data on children with developmental delays or disability in New South Wales. It then discusses service obligations under a human rights framework and jurisdiction and portfolio responsibilities for policy and service delivery in Australia. The chapter then unpacks the NDIS model and several recent reviews of the Scheme, then concludes by discussing funding pools and the types of services and supports currently available to assist children and young people with developmental delays or disability and their families.

Background of the inquiry

2.1 This inquiry was referred by the Legislative Council on 23 October 2024.[6]

2.2 The terms of reference, included on pages v, require the committee to inquire into and report on child development, early childhood intervention services and other foundational and disability supports available for children and young people with developmental concerns, delays, differences or disabilities in New South Wales.

2.3 The committee received 71 written submissions. In addition, an online questionnaire was conducted to ensure participation in an efficient and accessible manner. The committee received 100 responses to the online questionnaire, the results of which helped inform the inquiry.

2.4 To date, the committee has held two hearings, on 30 May and 19 June 2025. At these hearings, the committee heard from a range of stakeholders including actors within the disability service and supports eco-system, frontline workers, peak sector organisations, service providers, advocates, parents and community bodies.

2.5 The committee resolved on 13 November 2024 to engage the services of the New South Wales Parliamentary Research Service to prepare a briefing paper to assist in informing members of the issues reflected in the inquiry terms of reference. This has been published for the benefit of inquiry participants (in both Word and

---

[6] *Minutes*, New South Wales Legislative Council, 23 October 2024, item 21.

pdf) and comprises both a Briefing and an Attachment with consolidated review recommendations, responses and early childhood intervention frameworks.[7]

Rationale for the inquiry

2.6 The committee determined that an interim report was necessary due to concerns that children and young people in New South Wales with developmental delays or disability are not receiving timely or coordinated foundational supports. Recent national reforms, including the 2023 Independent Review of the NDIS ('NDIS Review'), highlighted that gaps in mainstream and community services have placed growing pressure on the NDIS and contributed to children missing out on early and essential supports.[8]

2.7 Following the NDIS Review, on 22 August 2024 the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No.1) Bill 2024* passed the Australian Parliament. This made significant changes to the NDIS, including the introduction of new approved and prohibited supports lists, a new planning and eligibility framework which includes a new needs assessment process, and debt recovery powers.

2.8 In August 2024, the New South Wales Legislative Council Portfolio Committee No. 3 – Education tabled its report into *Children and young people with disability in educational settings*. The committee examined levels of access and educational attainment for children and young people with disability in New South Wales, the adequacy of supports available in early childhood and school settings, and the barriers preventing inclusion. It identified continuing inequities in access to support, and challenges with early identification. As with the NDIS Review, the New South Wales Legislative Council report also found pressures on mainstream systems that limit the participation of children with disability.[9]

2.9 In December 2023, National Cabinet announced an agreement between the Commonwealth and state and territory governments to establish foundational supports for people with disability who are not eligible for the NDIS, or who require low-level, early or community-based supports outside of the Scheme.[10] Intended to commence in July 2025, the National-State Agreement on Foundational Supports was central to the Government's response to the NDIS Review, in

---

[7] NSW Parliamentary Research Service, Response to Research Request: Foundational and disability supports available for children and young people in New South Wales (2025) (hereafter referred to as NSW Parliamentary Research Service (2025)).

[8] NDIS Review, *Working Together to Deliver the NDIS*, https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis.

[9] Portfolio Committee No. 3 – Education, New South Wales Legislative Council, *Children and young people with disability in New South Wales educational settings* (2024), p 135.

[10] NDIS News, *National Cabinet agrees to fund foundational disability supports* (15 April 2024), https://teamdsc.com.au/resources/foundational-supports.

particular to the first of the Review's recommendations to 'Invest in foundational supports to bring fairness, balance and sustainability to the ecosystem supporting people with disability'. [11]

2.10 Indeed, the National-State Agreement intended to rebalance disability supports by strengthening mainstream and community systems alongside the NDIS.[12] This agreement signalled that foundational supports would be key to moderating NDIS growth, by ensuring that people can get the support they need without needing to enter the Scheme.[13] Since the December 2023 announcement however, design work is ongoing, the planned commencement has not been met, and disability advocates have voiced concern about the lack of clarity regarding what supports will be delivered, when, and for whom.[14] People with Disability Australia, for example, a national peak representative and advocacy body, called on the Federal Government to provide greater clarity and to consult more closely with people with disability.[15]

2.11 In August 2025, the federal government announced a new program called Thriving Kids, which aims to divert children under nine years old with developmental delay and/or autism with low to moderate support needs from the NDIS. Thriving Kids is proposed to be delivered by state and territory governments. In early February 2026, the Federal Government released its model for Thriving Kids, to be implemented by January 2028. The committee acknowledges that while this announcement was made after the inquiry's initial hearings took place, it is a particularly important development in the context of this inquiry. The committee will consider this and other recent developments throughout the rest of the inquiry.

2.12 The announcement of the National-State agreement on foundational supports and its subsequent delay are together a significant catalyst for the committee's inquiry. Indeed, this interim report aims to assess the adequacy, accessibility and

---

[11] NDIS Review, *Working Together to Deliver the NDIS, Recommendations and actions*, https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/preface/recommendations-and-actions.

[12] NDIS Review, *Working Together to Deliver the NDIS, Foundational Supports for all people with disability*, https://www.ndisreview.gov.au/resources/fact-sheet/foundational-supports-all-people-disability.

[13] Disability Support Guide, *Government delays rollout of promised foundational supports*, https://www.disabilitysupportguide.com.au/talking-disability/government-delays-rollout-of-promised-foundational-supports.

[14] Helen Dickinson, *States agreed to share foundational supports costs. So why the backlash against NDIS reforms now?* (26 March 2024), The Conversation, https://theconversation.com/states-agreed-to-share-foundational-support-costs-so-why-the-backlash-against-ndis-reforms-now-226620.

[15] People with Disability Australia, *PWDA calls for clarity and inclusion following delays to foundational supports rollout* (27 May 2025), https://pwd.org.au/pwda-calls-for-clarity-and-inclusion-following-delays-to-foundational-supports-rollout/.

coordination of existing foundational supports, identify systemic gaps, and provide early recommendations to strengthen services across New South Wales.

Children and young people with developmental delay or disability

2.13 Approximately 1.35 million people of NSW's population of 8.17 million people live with disability, or one in four people. Not all people with disability experience developmental delay during childhood, however many people who experience developmental delay during childhood identify as a person with disability. Australia has human rights obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child to prioritise and uphold the rights of people with disability, including children and young people. In the context of these enshrined rights, it is paramount that the voices of children and young people are recognised, valued and prioritised through decision-making processes and have autonomy around what their support and access needs are. The CRPD social model recognises disability as a natural aspect of human diversity. It is difficult to say how many children and young people in Australia experience developmental delays or disability. Although some children are identified at or before birth as being at high risk, in many cases developmental delays or disability do not become clear until the first few years of life.[16] Many children and young people do not receive a formal diagnosis for a particular disability/disabilities during the early years of their life, and many do not receive one until much later in life. Identifying as a person with disability does not depend on receiving a formal diagnosis. Many people with disability never receive a formal diagnosis in their lifetime.

2.14 Indeed, disability can be difficult to identify because it can depend on a person's self-assessment (or that of family members) of their ability to perform a range of day-to-day activities.[17] The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) defines a person to have disability if they have any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for six months or more. According to the 2022 ABS survey, 5.5 million Australians (21.4 per cent) experience some kind of disability, with disability prevalence similar for men (21 per cent) and women (21.8 per cent).[18]

2.15 The Australian Early Development Census (AEDC) provides a measurable criterion for evaluating development delays in young Australians. Capturing data on five key domains of early childhood development, the AEDC uses these tools to predict later mental health, wellbeing, and educational outcomes. These domains are:

---

[16] NDIS Review, *Working Together to Deliver the NDIS*, https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis.

[17] NSW Parliamentary Research Service (2025), p 6.

[18] Media release, Australian Bureau of Statistics, '5.5 million Australians have disability', 4 July 2024.

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills
- communication skills and general knowledge.[19]

2.16 Across Australia in 2024, 52.9 per cent of children are developmentally on track on all five of the above domains, representing a decrease of 1.9 per cent since 2021, when the last survey was conducted.[20] These results can be parsed according to several criteria.

2.17 Among Aboriginal and Torres Strait Islander children in 2024, for example, the proportion of children developmentally on track across all five domains stabilised at 33.9 per cent, with a non-significant decline of 0.4 per cent since 2021.[21] The proportion of children who are on track across all five domains from families who speak a language other than English (LBOTE families) decreased over 2 per cent, however, to 48 per cent in 2024.[22]

2.18 For children living in remote or very remote communities, the proportion on track on all domains declined slightly between 2021 and 2024, from 44.1 per cent to 43.1 per cent.[23] Similarly, the proportion of children developmentally on track across all five domains has decreased for children in all Socio-Economic Indexes For Areas (SEIFA) categories.[24]

2.19 National findings indicate that challenges remain in terms of providing support and services for children across both geographic and socio-economic indicators, with disadvantage, cultural difference, and proximity to service providers compounding lower levels of readiness at school entry age, especially among regional and low-income families.

Children and young people in New South Wales with a developmental delay

2.20 AEDC 2024 survey data indicates that 54.2 per cent of New South Wales children were developmentally on track in 2024, slightly higher than the national average of 52.9 per cent.[25] Similar to findings at the national level, the dynamics of disadvantage are especially noticeable among priority groups in the state.

---

[19] Australian Government, Department of Education, *AEDC National Report 2024* (2025) (hereafter referred to as *AEDC National Report 2024*), p 6.

[20] AEDC National Report 2024 (2025), p 3.

[21] *AEDC National Report* 2024 (2025), p 3.

[22] AEDC National Report 2024 (2025), p 3.

[23] AEDC National Report 2024 (2025), p 23.

[24] AEDC National Report 2024 (2025), p 28.

[25] AEDC National Report 2024 (2025), p 35.

2.21 From 2018 to 2024, for instance, there was a five per cent drop in the proportion of New South Wales Aboriginal and Torres Strait Islander children developmentally on track (from 42.2 per cent to 37.2 per cent). This shortfall is especially stark compared to the proportion of all New South Wales children developmentally on track (54.2 per cent).[26]

2.22 Around half of Australia's population are migrants or have a parent born overseas, and 1 in 4 households speak a language other than English in their home.[27] Only half (50.4 per cent) of children from New South Wales LBOTE/CALD families (culturally and linguistically diverse) are developmentally on track as of 2024. This is markedly below the percentage of children from families who only use English (56.1 per cent).[28]

2.23 The gap between CALD/LBOTE children and English-only children is especially notable in terms of the 'communication skills and general knowledge domain' (66.8 per cent versus 78.9 per cent), with implications for these families' health literacy, trust in local services, and their ability to connect with the support and services they may require. [29]

2.24 The proportion of New South Wales children identified as developmentally vulnerable is significantly higher in regional and remote parts of the state. For example, 27.3 per cent of children living in remote New South Wales and 41.2 per cent of children living in very remote areas were identified as vulnerable on one or more domains, compared to 21.1 per cent of children in major New South Wales cities.[30]

2.25 Indeed, census data demonstrates a clear link between remoteness and disadvantage, with children in remote and very remote communities less likely to be developmentally on track than their metropolitan counterparts.[31]

---

[26] NSW Government, Department of Communities and Justice, *August 2025: New findings from the Australian Early Development Census (AEDC): Implications for policy and practice in NSW*, p 16. https://dcj.nsw.gov.au/documents/about-us/facsiar/research-seminars/past-seminars/2025/Dr_Mary_Taiwo_presentation_slides.pd.

[27] Media release, Australian Bureau of Statistics, '2021 Census: Nearly half of Australians have a parent born overseas', 28 June 2022.

[28] AEDC National Report 2024 (2025), p 51.

[29] AEDC National Report 2024 (2025), p 51.

[30] AEDC, *Data by Remoteness 2009-2024*, https://www.aedc.gov.au/data-hub/public-data/additional-data.

[31] AEDC, *Data by Remoteness 2009-2024*, https://www.aedc.gov.au/data-hub/public-data/additional-data.

Children and young people in New South Wales with disability

2.26 Due to varied definitions of disability across different data collections, it is difficult to accurately identify how many children and young people in New South Wales have a disability.

2.27 Noting the challenges of accurately identifying the proportion of children with a disability, the New South Wales Department of Education recorded in 2023 that 26 per cent of New South Wales school students, Kindergarten to Year 12, were living with a disability.[32] Disability is more prevalent among New South Wales males than females.[33]

2.28 Across all age groups, the proportion of children and young people with a disability has risen in New South Wales, likely due to a changing awareness of disability in society or changes in the way data is collected on this subject.[34]

2.29 Learning and understanding disabilities are the most common type of disability among children and young people in New South Wales. However, a person may have more than one kind of disability, such as sensory and speech, physical restriction, or psychosocial, and not all children and young people will need the same level of supports.[35]

2.30 A 2025 New South Wales Parliamentary Research Service report states that disability status is assessed according to the limitations experienced by people with disability, distinguishing between the following forms of limitation:

- 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.[36]

2.31 According to the Australian Bureau of Statistics (2024), there are approximately 31,300 people under 18 years with disability in New South Wales who have no need for help and no difficulty, but may require the use of aids. A further 37,600 people under 18 years have disability and are severely limited in core activities, while

---

[32] NSW Government, Department of Education, Submission to the NSW Legislative Council Portfolio Committee No. 3 – Education Inquiry into Children and young people with disability in NSW educational settings (2024), p 2.

[33] NSW Parliamentary Research Service (2025), p 10.

[34] NSW Parliamentary Research Service (2025), pp 9-10.

[35] NSW Parliamentary Research Service (2025), p 11.

[36] NSW Parliamentary Research Service (2025), p 12.

51,800 people report having disability and being profoundly limited in core activities.[37]

2.32 According to SDAC definitions, individuals experiencing severe or profound core activity limitations are likely to require the level of support provided by an individualised budget under the NDIS.[38] There are, however, limitations to this comparison, as SDAC disability definitions do not directly align to NDIS eligibility criteria.[39] The next section assesses what kinds of supports and services exist for children with developmental delays or disability in New South Wales.

Supports for New South Wales children and young people with developmental delay or disability

2.33 This section provides a background on the types of supports and services available to children and young people with developmental delay or disability and outlines jurisdictional responsibilities for policy, funding and service delivery. This section also summarises the service obligations for government agencies under human rights frameworks, the responsibilities of governments for supports and services such as health, disability, early childhood education and school education, and the types of supports and services available to New South Wales families and children in need.

Support and service obligations under human rights frameworks

2.34 All levels of government share a responsibility to ensure that children and young people with disability can access services on an equal basis with others. This obligation arises from Australia's commitments under international human rights law and is reinforced by national and state legislation and policies.[40]

2.35 The United Nations Convention on the Rights of Persons with Disabilities (CRPD) established a global framework for promoting, protecting, and ensuring the full and equal enjoyment of human rights and freedoms by all people with disability. Australia ratified the CRPD in 2008, and committed to take a whole of government approach to implementing its principles across all areas of public life and government administration.[41] The CRPD imposes obligations on states to 'ensure

---

[37] NSW Parliamentary Research Service (2025), p 12.

[38] NSW Parliamentary Research Service (2025), p 12.

[39] David Gifford, National Disability Insurance Scheme - Annual Financial Sustainability Report 2023-24, p 182.

[40] NSW Parliamentary Research Service (2025), p 14.

[41] United Nations, Department of Economic and Social Affairs, *Convention on the Rights of Persons with Disabilities*, https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability'. This includes the obligation to 'provide early and comprehensive information, services and support to children with disabilities and their families'.

2.36 Implementation of these commitments in Australia have been built into legislation, policy and programs at federal, state, and territory levels. The national policy framework, Australia's Disability Strategy 2021-2031, and the New South Wales Disability Inclusion Plan 2021-2025, 'identify priority areas for improvement in policy and mainstream service delivery to promote, protect and realise the human rights of people with disability'.[42]

2.37 Legislative protections further reinforce guardrails at the national, state, and territory levels. The federal *Disability Discrimination Act 1992* (DDA) and the New South Wales *Anti-Discrimination Act 1977* (ADA) make it unlawful to discriminate against a person on the grounds of disability, including in education, employment, and the provision of goods and services. A failure to make reasonable adjustments or accommodations for a child or young person with disability could amount to direct or indirect discrimination under these Acts.[43]

2.38 The Australian Disability Standards for Education 2005 (DSE) clarifies the obligations of education providers under the DDA, requiring that students with disability are given the same opportunities as their peers to participate in education and training on an equal basis.[44] These legal frameworks establish legal and policy standards for government agencies and service providers to ensure equitable access, participation and outcomes for children and young people with disability across New South Wales.

Jurisdiction and portfolio responsibilities for policy and service delivery

2.39 The Australian Government and the New South Wales Government share responsibilities across various portfolios for children and young people with developmental delays or disability. Consequently, strategies and agreements govern relevant policy, funding, and service delivery at all levels of government.

2.40 Under current arrangements, the New South Wales Government retains responsibility for delivering and maintaining mainstream public services that comprise the foundation of disability inclusion across the state. This includes

---

[42] NSW Parliamentary Research Service (2025), p 14.

[43] Australian Human Rights Commission, *Disability discrimination* (February 2015), https://humanrights.gov.au/know-your-rights/rights-of-individuals/disability-rights/disability-rights/bringing-disability-lens-covid-19-health-policy-response/disability-discrimination.

[44] Australian Government, Department of Education, *Disability Standards for Education 2005*, https://www.education.gov.au/disability-standards-education-2005.

services such as public hospitals, community health and outpatient services, early childhood education and care, public schooling, and child protection.[45]

2.41 In contrast, the NDIS, administered by the National Disability Insurance Agency (NDIA) at the Commonwealth level, is responsible for providing individualised, disability-specific supports and services to eligible participants whose impairment results in significant, ongoing functional needs. This includes such supports as therapy, equipment aids, home and vehicle modifications, personal care, transport where required, behavioural support, and other supports tailored to a person's goals.[46]

2.42 In sum, mainstream state and local services are available to all residents (including people with disability), while the NDIS delivers additional, specialised supports to eligible individuals to enhance their participation, independence, and inclusion.[47]

2.43 Shared, intergovernmental disability policy and service delivery relies on the National Disability Agreement (NDA). Commencing in 2009 (updated in 2012), the NDA is the overarching agreement between the Commonwealth and state and territory governments. It outlines multidisciplinary responsibilities for the funding and provision of specialist services for people with disability.[48]

2.44 A 2019 Productivity Commission review found the NDA to have limited practical application. The Commission subsequently recommended a new, overarching agreement to enable federal-state government co-operation, outline portfolio responsibilities, and minimise unnecessary complexity. The Australian government and state/territory governments supported the need for a new framework. This led to the development and implementation of the National Disability Strategy 2021-2031 and an associated Heads of Agreement.[49]

2.45 A lack of clarity also underpinned concerns raised in the operation of the Applied Principles and Tables of Support to Determine Responsibilities of the NDIS and other Service Systems (APTOS). Created in 2013, ahead of the NDIS launch, the APTOS was supposed to clarify service delivery system obligations of the NDIS

---

[45] Australian Government, Disability Gateway, *Who is responsible for services in NSW?* https://www.disabilitygateway.gov.au/ads/roles-responsibilities/responsible-services-nsw.

[46] NDIS, *What is the NDIS responsible for?* https://www.ndis.gov.au/understanding/what-ndis-responsible.

[47] NDIS, *What is the NDIS responsible for?* https://www.ndis.gov.au/understanding/what-ndis-responsible.

[48] Federal Financial Relations, *National Disability Agreement*, https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-05/national-disability-agreement.pdf

[49] Australian Government, Australian Government response to the 2019 Review of the National Disability Insurance Scheme Act 2013 report (August 2020), p 2.

and mainstream service systems.[50] As such, APTOS is a reference framework intended to prevent cost-shifting and to ensure that people with disability receive coordinated support across systems.[51]

2.46 However, the NDIS Review, commissioned by the federal Minister for the NDIS and formally established in 2022 as an independent review panel, stated concern that the APTOS has not resulted in reliable collaboration in practice. The Review's final report, published in December 2023, included 26 recommendations and 139 supporting actions. Specifically, the NDIS Review identified five key restrictions to the APTOS's success:

- unclear operational guidelines, which are difficult to interpret and do not provide clarity on the difference between disability related supports and other supports
- poor information sharing and collaboration, resulting in siloed approaches that leave data gaps and inconsistencies between support systems
- challenges in applying APTOS across multiple interfaces caused by insufficient resourcing and a lack of coordination between government agencies
- an incentive to cost shift, notably between state and government agencies, which is exacerbated by different cost incentives between the NDIS (uncapped system) and mainstream services (most of which are capped)
- a lack of accountability and a systemic oversight mechanism to hold the NDIS and other service systems responsible for funding and supports.[52]

2.47 The results of the NDIS Review found that access to supports for consumers, including children with developmental delays or disability, is complex and time consuming, due to insufficient co-ordination and unclear responsibilities between different levels of government and varying portfolios. The Review suggested that disability supports expand beyond the Scheme, recommending investing in a system of foundational supports that are available to all Australians with disability, including those who are not eligible for the NDIS.[53]

---

[50] Joint Standing Committee on the National Disability Insurance Scheme, Parliament of Australia, *Current Scheme Implementation and Forecasting for the NDIS* (2022), Chapter 3.

[51] Australian Government, Department of Health, Disability, and Ageing, *The Applied Principles and Tables of support to determine the responsibilities of the NDIS and other Service systems*, https://www.health.gov.au/resources/publications/the-applied-principles-and-tables-of-support-to-determine-the-responsibilities-of-the-ndis-and-other-service-systems?language=en.

[52] 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.

[53] Australian Government, NDIS Review, *Recommendations and Actions*, https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/preface/recommendations-and-actions.

2.48 In response to the NDIS Review, the National Cabinet of Australia agreed to work collaboratively to implement foundational supports outside the NDIS and to restore the original intent of the Scheme as support for people with permanent and significant disability, within a broader ecosystem of supports.[54]

The NDIS model

2.49 The NDIS is one of the largest social programs in Australia, with a projected 2025 expenditure of $46.2 billion.[55] Around 600,000 Australians a year receive individualised NDIS supports,[56] with around 500,000 claims processed per day, second only to Medicare.[57]

2.50 In March 2013, legislation to establish the NDIS was passed, and the National Disability Insurance Agency (NDIA) was formed to deliver the NDIS across all Australian states and territories. Following a lengthy trial period, the NDIS was rolled out in NSW on 1 July 2017, and was rolled out across every jurisdiction by 2020.'.[58] The Scheme was designed to provide funding directly to individuals with permanent and significant disabilities, shifting the disability support model from block funding to an individualised focus on choice and control. Prior to the introduction of the NDIS, disability supports varied by state, and access often depended on diagnosis, geography, or a family's ability to advocate for their child.[59]

2.51 The Scheme provides a nationally consistent funding model, increased funding for children needing access to therapeutic services, early intervention for children

---

[54] NDIS, *Landmark independent NDIS Review report released* (7 December 2023), https://www.ndis.gov.au/news/9737-landmark-independent-ndis-review-report-released.

[55] Australian Government, Department of Health, Disability and Ageing, *Budget 2025-26: Strengthening the National Disability Insurance Scheme*, https://www.health.gov.au/resources/publications/budget-2025-26-strengthening-the-national-disability-insurance-scheme-html?language=en.

[56] Media release, NDIS, 'NDIS supporting more than 600,000 Australians and their families', 17 August 2023.

[57] Australian Government, Department of Health, Disability and Ageing, *Budget 2025-26: Strengthening the National Disability Insurance Scheme*, https://www.health.gov.au/resources/publications/budget-2025-26-strengthening-the-national-disability-insurance-scheme-html?language=en.

[58] NDIS, *What is the NDIS?* https://www.ndis.gov.au/understanding/what-ndis.

[59] Community Support Pty Ltd, *NDIS Origins: What Sparked Its Creation?* https://ndiscommunitysupport.com.au/ndis-origins-what-sparked-its-creation/.

with significant disability,[60] and recognises previously unsupported psychosocial disabilities.[61] However, witnesses in this inquiry told the committee that problems characterising the pre-NDIS service model have not been solved (this is explored in chapter three).

Recent reviews of the NDIS

2.52 The NDIS has come under increasing scrutiny by means of independent reviews and parliamentary inquiries. Recent reports have examined different aspects of services and outcomes for people with disability. The following examples, informed by the experiences of people with disability and their family and caregivers, focus on identifying the NDIS's relevance to children and young people with developmental delay or disability:

- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC) tabled its final report in the Australian Parliament in 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'.[62]
- In a similar vein, the NDIS Review released its final report in December 2023. The Review assessed the design, operation and sustainability of the NDIS, exploring possibilities for creating a responsive, supportive and sustainable NDIS market and workforce.[63]
- The New South Wales Legislative Council Portfolio Committee No. 3 – Education inquiry into children and young people with disability in educational settings tabled its report in August 2024.[64]
- The Audit Office of New South Wales also published a 2024 report on supporting students with disability, assessing the effectiveness of the New

---

[60] Everyday Independence, *When did the NDIS Start?* https://www.everydayind.com.au/ndis/when-did-the-ndis-start/#:~:text=Theper cent20NDISper cent20wasper cent20rolledper cent20out,theper cent20supportper cent20packagesper cent20theyper cent20need.

[61] NDIS, *Psychosocial disability*, https://www.ndis.gov.au/understanding/how-ndis-works/psychosocial-disability#:~:text=Ifper cent20youper cent20haveper cent20aper cent20psychosocial,andper cent20socialper cent20andper cent20economicper cent20participation.

[62] NSW Parliamentary Research Service (2025), p 19.

[63] Australian Government, NDIS Review, *Working together to deliver the NDIS*, https://www.ndisreview.gov.au/.

[64] Portfolio Committee No. 3 – Education, New South Wales Legislative Council, *Children and young people with disability in New South Wales educational settings* (2024).

South Wales Department of Education's supports for students with disability in public schools.[65]

2.53 Recent reviews into the NDIS recognised improvements that resulted from the Scheme, but underlined that the NDIS has not solved many of the problems it was designed to address. The DRC, for example, highlighted that systemic failures in mainstream services, including health, education and community supports, created gaps that the NDIS alone cannot address, underscoring the need for coordinated reforms across all support systems.[66]

2.54 According to the NDIS Review, the subsequent shrinking of mainstream and foundational supports outside the NDIS means that the Scheme has become the de-facto system for children with developmental concerns and it is bearing responsibilities it was not designed to assume, particularly for children.[67]

Current funding models in Australia and New South Wales

2.55 Under intergovernmental agreements for the NDIS, the Commonwealth and all states and territories share responsibility for financing disability supports. The NDIS is funded through a combination of federal government and state/territory contributions. This agreement is set out in the Intergovernmental Agreement (IGA) for the NDIS launch and subsequent bilateral agreements, which specify each jurisdiction's share of costs, participant intake, and the portion of cash and in-kind supports provided.[68]

2.56 Within this shared framework, the Commonwealth is primarily responsible for funding income support, such as the Disability Support Pension (DSP) and some national programs like the National Early Childhood Program.[69] Additionally, the Australian government also funds the NDIA as an independent statutory agency

---

[65] Audit Office of New South Wales, *Supporting Students with Disability* (26 September 2024), https://www.audit.nsw.gov.au/our-work/reports/supporting-students-with-disability.

[66] See, for example, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report: Our vision for an inclusive Australia and recommendations* (2023) Vol 7, pp 65-67.

[67] NDIS Review, *Working Together to Deliver the NDIS*, https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis.

[68] NDIS, *Intergovernmental agreements*, https://www.ndis.gov.au/governance/intergovernmental-agreements.

[69] Australian Government, Productivity Commission, *Report on Government Services 2025* (30 January 2025), (hereafter *AGPC Report 2025*) https://www.pc.gov.au/ongoing/report-on-government-services/2025/community-services/services-for-people-with-disability/.

to implement the NDIS and the NDIS Quality and Safeguards Commission to oversee and regulate the NDIS.[70]

2.57 New South Wales and other states and territories are responsible for mainstream services that are essential to disability inclusion, including specialist disability services (except disability employment services), public healthcare and hospital services. States and territories also contribute a significant share of NDIS costs under the bilateral agreements.[71]

2.58 The 2025 Productivity Commission Report on Government Services found that in 2023-24, Australian governments together contributed around $42.4 billion to the NDIS, with a further $1.8 billion in government expenditure on specialist disability services delivered outside the Scheme, on foundational supports (see table below). For all jurisdictions, according to the report, contributions to the NDIS formed the bulk of funding for disability services.[72]

Disability Funding and Responsibility: Commonwealth and New South Wales	
Area	**Summary**
Total disability-services expenditure (2023–24)	$46.7 billion nationally across all disability services.[73]
NDIS vs non-NDIS expenditure	$42.4 billion through the NDIS; $1.8 billion on disability supports outside the NDIS.[74]
NDIS committed supports (2023–24)	$52.6 billion committed to participants. [75]
NDIS governance	The NDIA administers all NDIS funds contributed by the Commonwealth and states/territories.[76]
State and territory responsibilities	Public hospitals, community health, early childhood education, public schooling, child

---

[70] AGPC Report 2025.

[71] NDIS, *Intergovernmental agreements*, https://www.ndis.gov.au/governance/intergovernmental-agreements.

[72] AGPC Report 2025.

[73] AGPC Report 2025.

[74] AGPC Report 2025.

[75] AGPC Report 2025.

[76] NDIS, *Governance*, https://www.ndis.gov.au/governance.

	protection, housing, transport, community inclusion.

2.59 Together with state funding for mainstream services and New South Wales-specific programs, such as those described in the next section, these arrangements constitute the financial foundation of Australia's and New South Wales's disability and foundational supports system.

Types of services and supports available

2.60 A range of services and supports exist in New South Wales to assist children and young people with developmental delays or disability and their families. These supports are aligned to children's development, from the early years to school preparation and support, and include preparation for completing education and entering the workforce. These services and supports operate across the government and community sectors, including health, education, disability, and advocacy, and include clinical and allied health, inclusive early childhood education, and individualised support through the NDIS.[77]

2.61 Together, these arrangements constitute the foundation of New South Wales's early childhood and disability support system, aimed at ensuring that all children and young people can participate fully in their families, in their communities, and in learning environments. Specifically, the types of government-funded supports and services that are available in New South Wales include (but are not limited to) the following:

- Early identification and screening
  - Most (about 78 per cent) women in New South Wales give birth in New South Wales public hospitals. The routine provision of antenatal care in New South Wales Health's maternity services provide screening and assessments to improve maternal, child and family outcomes.[78]
  - Newborn hearing screening (SWISH-H) aims to identify significant hearing loss through universal screening of all newborns.[79]

---

[77] NSW Government, Department of Communities and Justice, *Prevention and early intervention in NSW*, https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/nsw-interagency-guidelines-for-practitioners/prevention-and-early-intervention/in-nsw.html.

[78] NSW Government, Submission to the NSW Legislative Assembly Committee on Community Services Inquiry into improving access to early childhood health and development checks (2024), p 10.

[79] NSW Ministry of Health, *Statewide Infant Screening - Hearing (SWISH) Program*, https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2010_002.

  - Statewide eyesight preschooler screening (StEPS) offers free vision testing for 4-year-old children, including those in preschool or long-day care before school entry.[80]
  - DCJ is responsible for administering the Targeted Earlier Intervention (TEI) program and Family Connect and Support (FCS) services. These programs are undergoing a recommissioning process where they are scheduled to be combined under one program.
- Diagnostic and therapeutic services
  - Primary care, the first point of contact for healthcare, includes diagnosis and treatment of health conditions, as well as prevention services.[81]
  - Allied health services, provided by university qualified practitioners, such as speech pathology, occupational therapy, physiotherapy, audiologists, psychologists, and other services.[82]
- Early childhood education and care (ECEC) supports
  - Includes childcare subsidies, childcare programs for children with complex needs, and support for transitions to schooling.[83]
  - Inclusive Support Program (ISP), a federal program that funds ECEC services to support the inclusion of children with additional needs. Funding covers such things as short-term staffing needs, specialist advice, and other services to address barriers to inclusion, to build capacity and capability to include children with additional needs, and implement quality, inclusive, and equitable practices.[84]
  - Brighter Beginnings, a New South Wales Health and Education program delivers free developmental health and care checks in early childhood statewide.[85]
- Advocacy supports

---

[80] NSW Ministry of Health, *Statewide Eyesight Preschooler Screening (StEPS)*, https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/steps.aspx.

[81] Australian Government, Department of Health, Disability, and Ageing, *About Primary Care*, https://www.health.gov.au/topics/primary-care/about#:~:text=careper cent20isper cent20important-,Whatper cent20primaryper cent20careper cent20is,typesper cent20ofper cent20primaryper cent20careper cent20are.

[82] Australian Government, Department of Health, Disability, and Ageing, *About Primary Care*, https://www.health.gov.au/topics/primary-care/about#:~:text=careper cent20isper cent20important-,Whatper cent20primaryper cent20careper cent20is,typesper cent20ofper cent20primaryper cent20careper cent20are.

[83] NSW Parliamentary Research Service (2025), p 17.

[84] Australian Government, Department of Education, *Inclusion Support Program*, https://www.education.gov.au/early-childhood/providers/extra-support/inclusion-support-program.

[85] NSW Government, *Brighter Beginnings*, https://www.nsw.gov.au/family-and-relationships/early-child-development.

  - Includes supports for individuals, for systemic advocacy, and for help with NDIS appeals. The 2025 Disability Advocacy Futures Program (DAFP) is a New South Wales-government funded program aiming to support initiatives to assist people with disability to engage in their communities and drive quality improvement, collaboration and innovation among advocacy organisations.[86]

- Information and advice, capacity-building, and system navigation supports
  - New South Wales Carer Gateway offers free counselling, coaching, peer support, and practical help for unpaid carers (including parents).[87]
  - Disability Advocacy Futures Program (DAFP) offers free legal and system-access advice, and the Sector Capacity Building Program aims to strengthen inclusive practices of early childhood services.[88]
  - Playgroups and parent/carer workshops offer chances for building social networks and capacity building.[89]
  - Neighbourhood and community centres (NCCs) are the largest community-led infrastructure network in NSW. NCCs operate as service providers within the diverse community services sector, facilitate community development projects, and coordinate service delivery. There are 175 NCCs in NSW. The NSW government is one of the few state governments in Australia that does not support neighbourhood and community centres (NCCs) through the provision of ongoing core funding.

- Consumables, aids and equipment
  - New South Wales children and young people with developmental delay or disability can access tailored equipment and assistive technology through both state-funded programs and (where eligible) through the NDIS.[90]
  - EnableNSW's Aids and Equipment Program (AEP) aims to assist eligible people statewide who have specific short term or ongoing

---

[86] NSW Government, *Disability Advocacy Futures Program*, https://www.nsw.gov.au/grants-and-funding/disability-advocacy-futures-program#toc-key-information.

[87] Carers NSW, *Carer Gateway*, https://www.carersnsw.org.au/services-and-support/carer-gateway#:~:text=Carer%20Gateway%20is%20an%20Australian,face%20to%20face%20or%20online.

[88] NSW Government, Department of Education, *Early childhood education*, https://education.nsw.gov.au/early-childhood-education.

[89] NSW Government, Department of Communities and Justice, *Parenting Programs and Supported Playgroups*, https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/targeted-earlier-intervention-program/tei-parenting-programs-and-supported-playgroups.html.

[90] NSW Government, Ministry of Health, *NDIS and assistive technology* (11 January 2022), https://www.health.nsw.gov.au/disability/Pages/ndis-and-assistive-technology.aspx.

    needs, providing assistive technology for living and participating at home and in the community.[91]

- Schooling supports
  - The New South Wales Department of Education is responsible for ensuring that, 'All students with disability will be treated on the same basis as a student without disability and without experiencing discrimination'.[92] This means that a child or young person with a disability should be able to access and participate in education consistent with the Disability Standards for Education 2005. This policy includes reasonable adjustments to curricula, learning environment and assessments.
  - New South Wales public schools provide support through Itinerant Support Teachers (vision and hearing) who assist classroom teachers, students, and families to implement adjustments and use accessible learning materials.[93]
  - New South Wales children who are blind, have low vision, or experience other sensory disabilities should have access to material in formats such as large print, braille, or electronic form.[94]
  - The DOE's Start Strong program seeks to improve affordability of preschool education, support quality uplift in preschool education, drive improved outcomes for children, and incentivise increased enrolment and attendance in quality preschool programs in the years before school.
- Travel assistance supports and services
  - Includes the provision of individualised transport for students who are unable to use public transport to do things like access school, access healthcare checks, and participate in community events.[95]

---

[91] NSW Government, EnableNSW, *Aids and Equipment Program*, https://www.enable.health.nsw.gov.au/services/aep.

[92] NSW Government, Department of Education, *Inclusive education for students with disability*, https://education.nsw.gov.au/policy-library/policies/pd-2005-0243.

[93] NSW Government, Department of Education, *Additional needs in high school*, https://education.nsw.gov.au/schooling/parents-and-carers/inclusive-learning-support/high-school/how-your-child-can-be-supported-in-high-school/itinerant-support-teachers.

[94] NSW Government, Department of Education, *Additional needs in high school*, https://education.nsw.gov.au/schooling/parents-and-carers/inclusive-learning-support/high-school/how-your-child-can-be-supported-in-high-school/itinerant-support-teachers.

[95] NSW Government, Department of Education, *Assisted School Travel Program*, https://education.nsw.gov.au/schooling/parents-and-carers/going-to-school/astp.

  - The Assisted School Travel Program (ASTP) offers specialised transport to and from school for 12,800 eligible students with a disability across New South Wales.[96]

- Targeted, rural and remote access enablers
  - Charities such as the Royal Far West deliver mental health and disability supports, developmental assessments, and allied health consultations to children in rural and remote areas of New South Wales via mobile clinics and tele-practice.[97]
  - Not-for-profit organisations, such as NextSense and The Shepherd Centre[98] provide specialist hearing/vision services and schooling across New South Wales, including in rural areas.

2.62 The next chapter draws on submissions and evidence given to the committee to illustrate people's experiences with the current provision of services and supports, including through the NDIS, and the major challenges that have subsequently come to light.

---

[96] NSW Government, Department of Education, *Assisted School Travel Program*, https://education.nsw.gov.au/schooling/parents-and-carers/going-to-school/astp.

[97] Royal Far West, *Children's health, country-wide*, https://www.royalfarwest.org.au/.

[98] The Shepherd Centre, https://shepherdcentre.org.au/about-us/.

Chapter 3 Key issues in the current provision of foundational and disability supports for children and young people

This chapter examines the key issues, gaps, and barriers in the provision of supports and services to children and young people with developmental delays or disabilities in New South Wales, based on what the committee has heard to date. The chapter begins by explaining why early supports are essential for children and families. The chapter then examines issues of equity and access, including a lack of accessible supports outside the NDIS, the challenges impacting priority populations in New South Wales, and issues around system integration. This is followed by a deep-dive into how New South Wales community-based service eco-systems might best be strengthened, and the options available for sustainably funding foundational supports for children and young people who need it the most. The chapter rounds off with two sections that provide insights into how clarity, co-design, and communication are central to efforts to create more inclusive, accessible, and effective foundational supports for all New South Wales children, families, and communities.

Challenges in access to supports and services

Why early support is essential for children and families

3.1 The early years of a child's life are a crucial time for physical, cognitive, social and emotional growth. The first 2,000 days, from conception until around the age of five, is a time of rapid development. A child's development score at around two years can 'serve as an accurate predictor of educational outcomes at 26 years'.[99] This is also a period when the identification of areas of concern is vital for ensuring the timely provision of supports, including further assessment and possible early intervention.

3.2 Health services during this time include such things as monitoring the growth, health and development milestones of children, screening for specific conditions, assessment of factors that influence a child's development and health, and anticipatory guidance for parents and caregivers. Since September 2023, New South Wales Health, in partnership with the New South Wales Department of Education, has provided more than 19,000 health and development checks for children of four years in preschools across the state,[100]

---

[99] Graham Allen MP, Early Intervention: the next steps report (2011), p xiii.

[100] Answer to questions on notice, Ms Gillian White, Deputy Secretary, The Cabinet Office, NSW Government, 27 June 2025, p 1.

and developed Culturally-Safe Approaches (CSA) resources for such checks in state preschools.[101]

3.3 Early intervention also reduces the likelihood of secondary difficulties that can emerge when developmental concerns go unaddressed, such as behavioural challenges, learning disorders, and mental health problems.[102] Early supports that target speech, motor skills, regulation and social communication help children engage in education and develop both family and community relationships. When complimented by family-focused capacity building, these things can ease pressure on specialist and remedial systems. Mission Australia informed the committee that high-quality, timely early support reduces later system pressure and sustains inclusion:

> Recent data shows that children have better outcomes in life when they begin early intervention programs as infants or toddlers - the earlier that developmental delays can be identified, the earlier that supports can intervene and assist. The benefits of this work not only flow to the individual but also to the family and broader community by preventing significant loss of productivity and avoidance of accrued costs in later years due to adverse health and wellbeing outcomes requiring greater reliance on expensive late-intervention support.[103]

3.4 Delayed access, on the other hand, can lead to secondary costs such as family distress and the risk of school exclusion. Plumtree, a not-for-profit (NFP) organisation supporting children with developmental delays or disability, explained that families who do not get the help they need, when they require it, can become overwhelmed or 'pursue unsuitable interventions out of desperation – placing further strain on already overstretched diagnostic, education, and clinical services'.[104]

3.5 Evidence from witnesses indicates that early interventions also contribute to improving a child's inclusion and participation in schools and communities by equipping children and families with social skills, relationships, and the confidence to engage in everyday settings.[105] Programs such as Marathon Health's community-based, multi-discipline model, WARATAH for Kids, offers an integrated approach that coordinates medical, therapeutic, and educational support and information to families to ensure that 'children receive the right

---

[101] NSW Government, Department of Education, *Culturally Safe Approach for Health and Development Checks in ECEC*, https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/current-service-providers/health-and-development-checks/culturally-safe-approach-for-health-and-development-checks.

[102] Submission 20, Mission Australia, p 3.

[103] Submission 20, Mission Australia, p 3.

[104] Submission 28, Plumtree Children's Services, pp 17-18.

[105] Submission 12, Royal Australasian College of Physicians, p 4.

support at the right time'.[106] WARATAH for Kids includes tools for upskilling local health practitioners, empowering and capacity building families and caregivers.

3.6 New South Wales Nurses and Midwives' Association (NSWNMA) explained that their staff are often the first point of contact for navigating concerns about a child's development, meaning that nurses and midwives can be best placed to manage health and development checks in these vital years. [107] The NSWNMA explained in their submission that the role of nurses and midwives during this time is instrumental in early identification and referral for possible disability from conception through to childhood. Home visits, for example, are a chance to observe a child in their natural environment and have been found to 'improve socio-emotional, cognitive and language development in the developing infant and child as well as benefits to parenting practices including improved breast-feeding rates and enhancements to parenting styles'.[108]

3.7 Timely and appropriate interventions can also enhance family capacity and reduce stress that can emerge as families struggle to navigate fragmented systems. A submission from Multicultural Disability Advocacy Association of New South Wales spoke to this point, saying 'investment in these foundational services could mean that families have better overall health outcomes, in particular better mental health outcomes and the stress that many parents and carers face can become more manageable'.[109] In this sense, capacity building families, building family-centric networks, and developing sustainable communities of learning creates a buffer that contributes to preventing mental health decline.[110] Plumtree Children's Services explained that early support for families can lead to improved lifelong outcomes for children:

> When families are supported early — before diagnosis or eligibility — they are better able to engage in their child’s development, contribute to their wellbeing, and navigate services with confidence. This reduces pressure on diagnostic systems, improves developmental trajectories, and builds a stronger foundation for lifelong outcomes.[111]

Key challenges in accessing supports

3.8 Although early intervention is widely regarded as essential for improving outcomes for children and their families, this inquiry heard that there are a number of barriers to ensuring that these supports and services are delivered in a targeted and timely fashion to the families who need them.

---

[106] Submission 19, Marathon Health, p 9.

[107] Submission 60, NSW Nurses and Midwives' Association, p 12.

[108] Submission 60, NSW Nurses and Midwives' Association, p 12.

[109] Submission 22, Multicultural Disability Advocacy Association of NSW (MDAA), p 5.

[110] Submission 19, Marathon Health, p 4.

[111] Submission 28, Plumtree Children's Services, p 18.

3.9 Challenges include but are not limited to:

- cost of living pressures on families – including out of pocket medical and health expenses
- the so-called 'location lottery' and how it circumscribes access to services in rural and remote areas
- experience or fears of experiencing discrimination
- low health literacy – families unaware that their child may need additional support
- a lack of culturally safe services for Aboriginal and Torres Strait Islander people or LBOTE (language background other than English)/CALD (culturally and linguistically diverse) families
- long wait times for appointments and a lack of available appointments outside of working hours
- parental well-being, such as untreated mental health conditions or drug/alcohol abuse, that impact a family's ability to access the support they need
- community perceptions of service providers and how these perceptions shape families' relationships to schools and other organisations.[112]
- Over-reliance on needing a diagnosis also impacts many families who are unable to access a formal diagnosis, as they are then not able to access other supports.

Financial barriers to accessing support

3.10 Financial barriers are one challenge preventing access to supports and services. If a family is already struggling due to the cost of living, then early intervention assessments, therapies, and medical equipment may be financially out of reach, especially if accessing such supports and services requires sacrificing household income (due to missed working days and such). A respondent to the inquiry survey claimed:

> The complexity and financial cost of seeking support outside the NDIS for my son is prohibitive. The NSW health system is not resourced to provide the support needed in a timely fashion to meet early intervention requirements, and it is extremely difficult to navigate even for a university educated person for whom English is my first language.[113]

---

[112] NSW Government, Submission to the NSW Legislative Assembly Committee on Community Services Inquiry into improving access to early childhood health and development checks (2024), p 16.

[113] Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales, NSW Legislative Council, *Online Questionnaire summary report* (2025), p 8.

3.11 This individual intimates that already stressful financial challenges can be overwhelming for those struggling to navigate online health systems. Such difficulties may become insurmountable for families unaccustomed with dealing with bureaucracy or those for whom English may not be their first language.[114]

3.12 Lower income families may also experience higher delays in accessing services because they are likely to rely on the public health system, in contrast to higher income families who might be able to alleviate delays by paying for private assessments or therapy out-of-pocket. The Federation of Parents and Citizens Associations of New South Wales (P&C Federation NSW), for example, identified that families seeking neurodevelopmental assessments waited an average of 3.5 years in public services, from the time of first raising concerns to receiving a full assessment. Families with a lower socio-economic background experience the longest waits.[115]

'The location lottery' – regional, rural, and remote access gaps

3.13 In the context of access to supports and services, the so-called 'location lottery', also referred to as the postcode lottery, refers to disparities in the availability, quality, and cost of services based on where a person lives. The Australian Institute of Health and Welfare (2022), as cited by UN Youth Australia, found that there are 20.5 allied health professionals per 100,000 people in rural areas, compared to 40.7 per 100,000 in metropolitan regions.[116] In some remote New South Wales communities, children have to travel hundreds of miles to access basic services.[117]

3.14 Families in rural, remote and very remote areas struggle more than their metropolitan counterparts with long wait times and limited to no local services.[118] Limited access for early intervention services can discourage families from taking part in early childhood developmental checks. Stakeholders explained that parents can feel there is little value in identifying developmental concerns if treatment, therapy, or intervention options are unavailable.[119]

3.15 'In some parts of New South Wales', noted the P&C Federation NSW submission, 'children are waiting up to six years to see a specialist paediatrician or allied health professional, if one is available at all'.[120] Other barriers to accessing supports include limited access to general practitioners (GPs), a lack of

---

[114] Evidence, Ms Tairyn Vergara, CEO, Parks Community Network, and Acting President, Local Community Services Association, 30 May 2025, p 26.

[115] Submission 43, Federation of Parents and Citizens Associations of NSW, p 3.

[116] Submission 35, UN Youth Australia, p 3.

[117] Submission 35, UN Youth Australia, p 3.

[118] Submission 19, Marathon Health, p 9.

[119] Submission 23, National Disability Services, pp 6-7.

[120] Submission 43, Federation of Parents and Citizens Associations of NSW, p 3.

community-based support to help families navigate the NDIS system, and inequitable access across rural communities to the Brighter Beginnings universal screening program.[121]

3.16 In metropolitan New South Wales, services are more readily available than in rural or remote areas. However, more services do not always mean greater availability, because demand in high population density areas can outstrip supply, resulting in delayed access for children. The New South Wales Ministry of Health, for instance, recently reported that children in Sydney can wait up to 18 months for an autism assessment through the public health service.[122]

3.17 Nevertheless, communities outside of metropolitan areas of New South Wales experience long waiting times and long journeys for needed services, high costs associated with travel to specialists, and a high turnover of health and education providers.[123] This is exacerbated for families in rural, remote, and very remote areas. In some cases, the needed services may not even exist.

3.18 Illustrating this point, respondents to the online questionnaire were asked how long it took to obtain a formal diagnosis for the child or young person for whom they were responding. Of the 79 people who responded to this question, 31 (39 per cent) reported that it took over one year. 16 (20 per cent) said that it took two years or more.[124]

3.19 The committee heard that geographic disparities also impact access to psychological support. Rural and remote areas particularly struggle with a shortage of psychologists and other mental health professionals, high out-of-pocket costs for such services when they exist, inadequate telehealth services, and longer wait times than their metropolitan counterparts.[125] In their submission to the inquiry, the Isolated Children's Parents' Association of New South Wales (ICPA) noted a shortfall of counselling for students in these areas: 'There are students requiring counselling face to face in rural and remote schools, however, due to the lack of services being available locally, they don't have access to an appropriate face to face counselling service'.[126] Such limitations can exacerbate developmental challenges for children and place a strain on families and the broader system.

3.20 P&C Federation asserted that children in remote areas are more likely to start school developmentally behind, with rural children twice as likely to be

---

[121] Submission 19, Marathon Health, p 4.

[122] Submission 35, UN Youth Australia, p 3.

[123] Submission 6, Isolated Children's Parents' Association of New South Wales Inc., p 4.

[124] Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales, NSW Legislative Council, *Online Questionnaire summary report* (2025), p 3.

[125] Submission 10, Australian Association of Psychologists Inc., p 3.

[126] Submission 6, Isolated Children's Parents' Association of New South Wales Inc., p 3.

developmentally vulnerable at school entry than those in cities.[127] While service gaps exist even within metropolitan Sydney, the urban/rural divide presents the clearest example of how geography determines the level and quality of support a child and their family can access.

3.21 Such barriers, when added to extant complex family contexts, compound disadvantage. Parents of Deaf Children (PODC) explained in their submission, with reference to families raising deaf and hard of hearing children: 'families living in regional and remote areas face even greater exclusion due to the absence of local Auslan-fluent staff, and culturally appropriate programs'.[128]

3.22 Speaking to this point, the ICPA, a non-profit organisation with 'roots firmly embedded in rural, remote, and regional areas across the state', underlined the vulnerability and disadvantages that result from isolation, commenting:

> In rural and remote areas there is often very limited access to health professionals or specialist services. These are generally also highly transient positions making it extremely difficult for patients to develop any rapport with that professional – one of the most important factors of childhood diagnostics. Accessibility of services should run absolutely parallel between young people in rural and remote areas and their metropolitan counterparts.[129]

Priority populations access gaps

3.23 Discrimination and inequity due to such things as distance from service providers, racial or gender discrimination, and difficulties with English compound extant challenges associated with delayed development or disability.[130]

3.24 These dynamics can be exacerbated for Aboriginal and Torres Strait Islander people and CALD/LBOTE families, who may perceive such services as culturally and linguistically dissonant from their own lives. People with Disability Australia urged the New South Wales government to develop foundational supports in close consultation with 'marginalised and disadvantaged cohorts', so as to best meet the needs of, 'First Nations, LGBTQIA+, CALD communities, and people with disability in regional and remote areas, across all age groups'.[131]

3.25 Building trust and improving engagement requires designing and providing culturally safe models of care. 'Culturally safe healthcare', posits the NSW Nurses and Midwives' Association in their submission, 'is imperative in improving

---

[127] Submission 43, Federation of Parents and Citizens Associations of NSW, p 4.

[128] Submission 4, Parents of Deaf Children, p 15.

[129] Submission 6, Isolated Children's Parents' Association of New South Wales Inc., p 6.

[130] Evidence, Mx Megan Spindler-Smith, Deputy Chief Executive Officer, People with Disability Australia, 30 May 2025, p 14.

[131] Submission 32, People with Disability Australia, pp 18-19.

access and addressing the gaps in health outcomes for First Nations children and families in rural and remote New South Wales communities'.[132] Aboriginal and Torres Strait Islander children have higher rates of disability than non-indigenous Australians and are considered 'doubly disadvantaged'.[133] Evidence presented to the committee indicated that data-informed, partnership driven co-design and delivery of programs is required to ensure equitable outcomes for children and their families.[134]

3.26 The number and range of stakeholders an average New South Wales family may interact with in the first 2,000 days means that even minor friction points can make achieving the required assessments and medical check-ups a challenge, even for families for whom access is not a primary concern. For instance, it is likely that in the early stages of a child's life a family will interact with over 150 services, around 60 delivered by the New South Wales Government, 40 by the Australian Government and around 50 by NGOs or commercial entities.[135] Witnesses to this inquiry spoke to each of the above issues and their impacts on children, their families and communities. A lack of accessible and coordinated early intervention supports, for example, appeared throughout witness testimony.[136]

3.27 Aboriginal and Torres Strait Islander families, especially those residing in rural or remote areas, are particularly vulnerable to gaps and barriers to accessing services due to historical and contemporary discrimination, a distrust of child protection services, systemic inequities, and a lack of culturally safe spaces.[137] The New South Wales Government's submission to the inquiry clarified:

> Aboriginal children are significantly more likely to experience risk factors for poor developmental outcomes, including disability (for example low birthweight, housing stress, poverty, family, and domestic violence), and are more likely to live in remote and very remote areas with limited access to services.[138]

3.28 Indigenous children's developmental vulnerability, the government's submission reported, is increased by exposure to multiple concurrent and long-term factors, such as maternal and infant health outcomes that are worsened with remoteness. For example, Aboriginal births are more likely to occur in remote or

---

[132] Submission 60, NSW Nurses and Midwives' Association, p 9.

[133] Submission 63, Special Education Principals' and Leaders' Association, pp 22-23.

[134] Evidence, Ms Anne Campbell, Deputy Secretary, NSW Department of Communities and Justice, 30 May 2025, p 44.

[135] NSW Government, Submission to the NSW Legislative Assembly Committee on Community Services Inquiry into improving access to early childhood health and development checks (2024), p 18.

[136] Submission 19, Marathon Health, p 7.

[137] Submission 19, Marathon Health, p 9.

[138] Submission 53, NSW Government, p 24.

very remote areas (26 per cent) compared to non-Aboriginal births (2 per cent).[139] Research findings show that these early challenges are compounded for Indigenous children in remote New South Wales, who experience 30 per cent less access to paediatric services than their metropolitan peers.[140] In their submission to the inquiry, NSW Nurses and Midwives Association pointed out that around 6 per cent of Aboriginal and Torres Strait Islander people live in remote areas, while 9.4 per cent live very remotely.[141]

3.29 The committee heard that inequities experienced by Aboriginal and Torres Strait Islander communities include a lack of culturally safe spaces and trusted staff for developmental checks, a failure to create key relationships between families/kin and service providers during the maternity and hospital period, and a lack of trust between Indigenous families and community organisations.[142]

3.30 Ideally, witnesses argued, government and private sector providers engaging Aboriginal and Torres Strait Islander communities would need to demonstrate delivery of culturally safe services. New technologies that are bridging gaps to rural and remote communities are, however, 'not necessarily culturally relevant and accessible for Aboriginal and/or Torres Strait Islander children and families'.[143] Such novel approaches to increasing access to health and education services require co-design to engage Aboriginal and Torres Strait Islander communities and ensure the transition and implementation of foundational supports is disability-led and targets priority cohorts.[144]

3.31 On the other hand, the New South Wales Government submission presented notable positive trends for Aboriginal children. These include:

- The gap in childhood vaccination coverage between Aboriginal and non-Aboriginal five-year-olds has closed, with 96.4 per cent of Aboriginal children fully immunised compared to 93.8 per cent of non-Aboriginal children in 2023.
- Preschool enrolment for Aboriginal children in New South Wales has increased in recent years from around 60 per cent in 2016 to 96 per cent in 2022.
- Early access to antenatal care is increasing in Aboriginal mothers. In 2021, 78.9 per cent of Aboriginal women had their first antenatal visit before 14 weeks of pregnancy, compared to 51 per cent in 2012.[145]

---

[139] Submission 53, NSW Government, p 24.

[140] Submission 35, UN Youth Australia, p 3.

[141] Submission 60, NSW Nurses and Midwives' Association, p 10.

[142] Submission 23, National Disability Services, p 2.

[143] Submission 60, NSW Nurses and Midwives' Association, p 11.

[144] Submission 57, The Hive, Mount Druitt (United Way Australia), p 9.

[145] Submission 53, NSW Government, p 25.

3.32 Mirroring recommendations from stakeholders on improving mainstream supports and service provision, the committee heard that integration and collaboration across government and non-government sectors requires engaging with Aboriginal Community Controlled Organisations, early learning services, educational settings and health services to build trust, create a no-wrong-door approach to accessibility, and foster a responsive support system that respects Indigenous heritage and community knowledge.[146]

3.33 Systemic barriers also disproportionately impact CALD/LBOTE families. AEDC data shows that children from CALD/LBOTE families are more likely to be developmentally vulnerable and experience additional barriers when accessing and navigating services, accessing interpreters, and understanding new foundational supports.[147]

3.34 Only 10 per cent of CALD/LBOTE people with a disability participate in the NDIS, however, significantly below the original projection of 20 per cent.[148] Mr Ben Fioramonte, General Manager with Settlement Services International (SSI), explained that this low engagement is 'likely due to ongoing concerns around communication barriers, cultural stigma [associated with disability in these communities], lack of trust in government, and poor connections to supports and services'.[149] In some cases, parents may be reluctant to refer to their child as disabled. Ms Tairyn Vergara, CEO with the Parks Community Network, described her experiences working in the Fairfield local government area as illustrative of these dynamics:

> In some of the cultures in my area, there's a lot of stigma and shame around additional needs and disability. Many of the families come to us because we're a generalist service. They don't want their neighbours and their family and friends to know that their child has additional needs. Often, when they do accept the supports, it's almost like, "Okay, you're going to fix them and then they're going to be 'normal'," so it's a very long process. With the limited resources that we have in the Targeted Earlier Intervention program, it's very tricky for us to support the families for months, if not years, before they embrace supports and diagnosis. So, advocacy is crucial for my community, I must say—for us to do the advocacy on behalf of those children, really, and the families.[150]

3.35 The committee heard that cultural friction points, such as those discussed by Ms Vergara, can be overcome by building trust with parents and breaking down the stigmas associated with disability where possible.

---

[146] Submission 11, Disability Council NSW, p 3.

[147] AEDC National Report 2024 (2025), p 19.

[148] Answers to questions on notice, Mr Ben Fioramonte, General Manager of Children, Families and Disability Support, Settlement Services International, 1 July 2025, p 4.

[149] Answers to questions on notice, Mr Fioramonte, p 4.

[150] Evidence, Ms Vergara, 30 May 2025, p 28.

3.36 Equally important is raising awareness that such services exist. The Multicultural Disability Advocacy Association (MDAA) proffered libraries as examples of trusted gateways for new immigrants and refugees. Libraries are spaces embedded in the community where newcomers can find information – in English and in other languages – on their community and the services available to them, while building social networks and informal peer support groups.[151] Religious institutions and school-based programs can also contribute to trust building and stigma reduction for families with a child with a disability.[152]

3.37 The language needs of CALD/LBOTE families can require the delivery of services that extend beyond translation or interpretation and include access to bi-cultural workers and community engagement campaigns, according to the New South Wales Government submission.[153] At present, there is limited data on families from CALD/LBOTE backgrounds, including on their engagement with child health and development services. Improving service delivery for these groups requires improving the 'depth and quality of data [that] could facilitate the identification of barriers to participation and help services to capture the nuance needed to effectively engage families'.[154]

System integration and navigation

3.38 Another challenge identified during this inquiry was the difficulties people experience in navigating the current service landscape. Witnesses agreed that early intervention is essential for children who may have developmental delays or disability, but posited that the current state of supports has become 'increasingly fragmented' since the introduction of the NDIS, leading to stress and confusion.[155]

3.39 This is particularly true for children who fall between mainstream and disability-specific programs. In such cases, gaps emerge at moments when help might be needed in a timely fashion. Respondents to the online questionnaire for this inquiry expressed frustration with accessibility, one commenting, 'the national service that is meant to support some of the most vulnerable people in our country is too complex and difficult to navigate for a population of people who often need support with far more accessible government services'. [156]

---

[151] Answers to questions on notice, Mr Nicholas Blaxell, NDIS Appeals Advocate, Multicultural Disability Advocacy Association of NSW, 26 June 2025, p 2.

[152] Answers to questions on notice, Mr Blaxell, p 2.

[153] Submission 53, NSW Government, p 17.

[154] Submission 53, NSW Government, p 27.

[155] Submission 15, Cerebral Palsy Alliance, p 2.

[156] Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales, NSW Legislative Council, *Online Questionnaire summary report* (2025), p 8.

3.40 Difficulty navigating websites or accessing the right service provider at the right time adds stress to families who may already be managing challenging situations. Another questionnaire respondent explained:

> We are screaming for help and we cannot get it. And meanwhile our son deteriorates making suspension a high probability again this year. If he gets more than 3 suspensions in a year he can be expelled. We have followed all this up with an advocate from Disability Advocacy but even they couldn’t help get us what we truly need.[157]

3.41 The Special Education Principals' and Leaders' Association (SEPLA) lamented the siloed nature of health and education services that, due to fragmented services and a failure to coordinate early supports, can generate long waits for families and gaps in effective support: 'NSW lacks a universally accessible, well-coordinated early childhood intervention system to catch children as early as possible', SEPLA told the committee.[158]

3.42 Because of the difficulty of navigating multiple service systems, disability services, healthcare, education supports, and community programs – each with their own processes and gatekeepers – families can end up acting as unpaid case managers for their children. This procedural complexity is particularly exacerbated during key transitions, such as when a child moves from early childhood to school, or paediatric to adult health care. In such cases, a lack of continuity requires families start from the beginning in their search for support and can be demoralising.[159]

3.43 The Federation of Parents and Citizens Associations of New South Wales (P&C Federation) emphasised that the boundaries between different services are blurred and inconsistent, and reported experiences of 'buck passing', where they are told to use NDIS funding for an issue the education system would usually support, or vice versa.[160] Improved collaboration and service integration between these services, the P&C Federation contended, would improve outcomes for children and their families.[161]

3.44 The committee heard that poor inter-agency coordination is reproduced at the local level, leading to inconsistent support and drop-offs during a child's transition to a different education environment. These fragmentations, the NSW Nurses and Midwives Association remarked, 'create obstacles for families ...

---

[157] Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales, NSW Legislative Council, *Online Questionnaire summary report* (2025), p 8.

[158] Submission 63, Special Education Principals' and Leaders' Association, p 2.

[159] Submission 63, Special Education Principals' and Leaders' Association, p 2.

[160] Submission 43, Federation of Parents and Citizens Associations of NSW, p 7.

[161] Submission 43, Federation of Parents and Citizens Associations of NSW, pp 7-8.

making it challenging for families to coordinate care effectively'.[162] Such a lack of coordination can result in gaps in service delivery and delays in accessing necessary interventions.[163]

Strengthening the community-based service eco-system

3.45 Stakeholders told the committee that creating robust foundational supports that provide timely interventions for children and families requires rebuilding and strengthening existing supports at the community level. Mrs Kerry Dominish elaborated the importance of integrated service provision and the need to:

> Coordinate the currently siloed services supporting education, child development, health, disability and the child and family social services sector; and reinstate and fully fund New South Wales not-for-profit early childhood intervention providers, as they are central to foundational supports.[164]

3.46 To this effect, rebuilding supports and services requires recognising, resourcing, and funding community-based NFPs – people who, according to Mrs Dominish, have the skill, experience, and relationships to support children outside of the NDIS, including Aboriginal and Torres Strait Islander and CALD/LBOTE families, and communities in rural or remote areas.

3.47 The committee heard from stakeholders on the importance of embedding foundational supports at the local level, rather than in clinical settings. Such child and family hubs are likely to be well connected to the community and better able to provide a safe space in which families in need can build connections, receive referrals, and be confident that their child will have access to early intervention supports.

Neighbourhood and Community Centres (NCCs)

3.48 The New South Wales Government's Targeted Earlier Intervention (TEI) program provides voluntary, locally-delivered support to vulnerable children, young people, and families, with the aim that 'effective prevention and early intervention is possibly the most promising strategy for changing the trajectories of children'.[165]

3.49 Neighbourhood and community centres (NCCs) are central to the TEI program. NCCs provide universal access points or 'no wrong door' experiences to

---

[162] Submission 60, NSW Nurses and Midwives' Association, p 7.

[163] Submission 60, NSW Nurses and Midwives' Association, p 7.

[164] Evidence, Mrs Kerry Dominish, CEO, Early Ed, Early Childhood Intervention Best Practice Network, 30 May 2025, p 17.

[165] NSW Government, Department of Communities and Justice, *What is the TEI program?* https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/targeted-earlier-intervention-program/tei-program.html.

community members, meaning that these locally based, locally governed, secular organisations support all community members in need, including children and young people with developmental delays or disability and their families. Each week, around 72,000 people visit one of the 175 NCCs across New South Wales, some of which are accredited NDIS providers.[166]

3.50 Neighbourhood and community centres are hubs of information and assistance, and sites of referral. In many families, The Shepherd Centre noted in their submission, extended family members play a significant role in a child's life. In such cases, siblings or grandparents might need support and information on therapy and direct disability support.[167] The following case study, from Local Community Services Association, illustrates the range of supports that might be needed in such situations.

Case study 1: Helping a Grandparent Carer Navigate Complex Systems

A grandmother in Southwest Sydney caring for her grandson with additional needs was struggling to manage NDIS processes, school communication, and housing challenges. The Parks Community Network, a non-profit community organisation and a member of the Local Community Services Association, supported her by:

- Assisting with NDIS paperwork and advocating for her at school support meetings
- Referring her to local services for housing maintenance and utility assistance
- Connecting her with a carer support group and providing her with emotional support and peer connection.

As a result, she was able to secure the services her grandson required, maintain stable housing, and reduce the sense of isolation she felt in her caregiving role.[168]

3.51 NCCs engage with children with additional needs and their families at various points along their trajectory, including before parents realise that a child might have a disability, before and after a child receives a diagnosis, and before, during and after supports are in place. Community centres are supposed to be part of the local social fabric, witnesses argued, particularly in regional and

---

[166] Submission 42, Local Community Services Association, p 5.

[167] Submission 8, The Shepherd Centre, p 5.

[168] Answers to questions on notice, Mr Can Yasmut, CEO, Local Community Services Association, 27 June 2025, p 1.

disadvantaged areas – some 60 per cent of member-centres are in rural and regional New South Wales – and an easy access point for families seeking help.[169]

3.52 The committee heard that neighbourhood centres are essential for helping children as their needs change over time. The following two LCSA case studies are illustrative of these benefits.

Case study 2: Helping an at-risk family

A family with a six-year-old son with a disability was facing social isolation and financial stress. They were also at risk of child protection involvement. The Parks Community Network connected them with practical supports such as respite care, school holiday programs, and food relief.

Through ongoing, trusting relationships with centre staff, the family strengthened their community connections and gained valuable parenting strategies. This support reduced their stress and helped keep the family together, thus preventing the need for child protection intervention.[170]

Case study 3: Relieving parental stress and preventing school disengagement

A family with three children, including one child with a significant physical disability, was referred to The Parks Community Network due to high parental stress and signs of school disengagement among the siblings. The centre provided the following supports to the family and child:

- access to a youth program for the siblings, offering fun, inclusive activities and opportunities to build friendships
- inclusive school holiday outings that allowed the whole family to participate, easing planning pressure on the parents
- a counselling referral for the parents to help them manage stress and strengthen family communication.

As a result of these interventions, the family reported stronger community connections and an overall improvement in family wellbeing.[171]

3.53 The above case studies underline how NCCs are able to respond to varied family needs as a result of being embedded in the community and staffed by skilled, experienced workers. Although regarded as essential for the children, families and their communities, the committee heard that because these facilities are underfunded and overstretched, they are struggling to meet demand or retain skilled staff.[172]

---

[169] Submission 42, Local Community Services Association, p 5.

[170] Answers to questions on notice, Mr Yasmut, pp 2-3.

[171] Answers to questions on notice, Mr Yasmut, pp 2-3.

[172] Submission 42, Local Community Services Association, p 9.

Child and family hubs

3.54 Child and family hubs offer integrated spaces to support families on a range of health, education, and social services. Ms Grainne O'Loughlin, CEO of not-for-profit organisation Karitane, explained that there are already around 476 child and family hubs established across Australia.[173] These centres are comprised of primary care hubs that have early parenting, child, and family health care priorities, and community hubs that are run by non-government organisations (NGOs).

3.55 The committee heard that a no-wrong-door approach to facilitating the screening and support of children necessitates a whole-of-family and whole-of-community approach to accessing supports. Ms O'Loughlin indicated that such screenings are also useful for supporting parental wellbeing and mental health:

> You're looking at a whole-of-family, whole-of-community approach. If we start there, then we're looking at navigators and integrated models of care. If a family comes in – whatever door they come in – and has a developmental screening, and psychosocial and other things are identified at that early stage, then that navigator can help families navigate this very complex service system through early education, disability, and social services and health services.[174]

3.56 Place-based hubs, staffed by individuals who are part of the community, can help families connect to where they need to go and receive the funding they require. School hubs can provide navigators who reduce the chance that people will fall through the cracks due to difficulties with language, confusion over complex systems, or a number of other issues.

3.57 In their answer to questions on notice, Local Community Services Association (LCSA), which represents many TEI-funded community organisations, emphasised that community-level support centres such as NCCs and child and family hubs are spaces for the fostering of trust and resilience in marginalised communities. NCCs play a vital role, LCSA explained, 'supporting the families of children with a disability and strengthening the family unit's connection to their communities […] not just keeping kids out of the pointy end of the child protection system…'[175] A lack of core funding, however, makes it difficult for child and family hubs to retain staff and sustain the long-term support that underpins early intervention.

3.58 According to LCSA, the result is that TEI funds are stretched to sustain basic community infrastructure and there emerges an overreliance on crisis driven

---

[173] Evidence, Ms Grainne O'Loughlin, Child and Family Supports Alliance NSW, 30 May 2025, p 34.

[174] Evidence, Ms O'Loughlin, 30 May 2025, p 34.

[175] Answers to questions on notice, Mr Yasmut, p 1.

systems.[176] Mr Can Yasmut, CEO of LCSA, told the committee that programs like TEI are underfunded and unable to meet growing demands, with no funding increases expected:

> On the current NDIS trajectory – where only 14 per cent of Australians with a disability have an NDIS plan and where those plans are already being cut before foundational supports have been established – we anticipate the pressure on mainstream organisations like neighbourhood centres will only increase.[177]

3.59 Stakeholders also pointed to a lack of funding for prioritising sustained program investment in areas with a high concentration of low-income households with disability.[178] Research from the New South Wales Council of Social Science (NCOSS) shows that as of 2021, people with a disability in New South Wales are almost three times more likely to live in a low-income household compared to people without a disability.[179]

3.60 Stakeholders agreed that community-based early intervention centres act as a social glue in that they bind systems together. Although local hubs are valuable for reducing family stress, promoting inclusion, and connecting families to supports, significant funding challenges exist in the form of funding stagnation and a core funding gap.[180]

Community based navigators

3.61 Community based navigators are a useful compliment to the family/community hub approach to centralising early intervention supports in culturally safe, locally embedded spaces. A navigator, such as a key worker, lead practitioner, or peer support worker, is a focal point through which a family can be connected to otherwise disparate services in the comfort of their own environment and routines.[181]

3.62 Stakeholders outlined the role navigators play in empowering families with clear information and tools to advocate for their children. Mr Dean Murphy, Professional Officer in the NSW Nurses and Midwives Association, underlined the value of frontline workers to the committee:

---

[176] Submission 42, Local Community Services Association, p 9.

[177] Evidence, Mr Yasmut, 30 May 2025, p 25.

[178] Answers to questions on notice, Ms Cara Varian, CEO, NSW Council of Social Service, 17 July 2025, p 1.

[179] Yogi Vidyattama, Laurie Brown, Robert Tanton and and NSW Council of Social Service, *Mapping Economic Disadvantage in New South Wales* (2023), p 39.

[180] Submission 11, Mission Australia, p 11.

[181] HandinHand: Mental Health & Disability, *What Is a Key Worker in the NDIS & How They Support Your Family*, https://www.handinhandmentalhealth.com.au/key-worker-ndis/.

> Nurses and midwives working in the child and family health arena are really a great resource in that if they're central to that, then they can identify the needs of the child and identify where that child needs to go, not just for other services such as allied health, the GP, paediatricians, physio, OT, speech pathology and so forth.[182]

3.63 Adding nuance to Mr Murphy's concerns, Ms Angela Scarfe, Senior Policy Advisor with the Australian Association of Social Workers, suggested that instead of solving the siloed service delivery problem, navigators could add another layer of bureaucracy for families to manage. Ms Scarfe argued:

> I have a lot of concerns when I see the word 'navigator' used, [...] we've got to make sure that the role [...] does not become an extra layer, but it's different from navigators. Navigators sound to me like it's just sort of like pointing somebody in the right direction.[183]

3.64 Ms Scarfe suggests that navigators need to be connectors, people who contribute to integrating the fragmented supports and services for children with developmental delays, disability, and for those not yet diagnosed. Mission Australia underlined that a reliance on navigators should not replace efforts to address service fragmentation. 'While navigator functions can assist families to access services in a timely manner', their submission contends, 'they are a solution that does not change the fragmented, siloed system'.[184]

3.65 Playgroup NSW in their submission spoke about the role of playgroups in acting as navigation hubs, soft entry points, capacity builders and community connectors:

> Playgroups sit at the intersection of multiple sectors. We are:
>
> - Soft entry points into formal systems, requiring no diagnosis or eligibility to attend
> - Preventive platforms, identifying early concerns in development, parenting, or safety
> - Navigation hubs, helping families access services such as ECE, health, allied health, early childhood intervention (ECI), and support coordination
> - Capacity-builders, supporting parents and caregivers with knowledge, confidence, and skills
> - Community connectors, strengthening social capital, peer networks, and early identification of vulnerable children.
>
> Our service model includes both community and supported playgroups, including supported playgroups for specific cohorts such as children with

---

[182] Evidence, Mr Dean Murphy, Professional Officer, NSW Nurses and Midwives Association, 19 June 2025, p 15.

[183] Evidence, Ms Angela Scarfe, Senior Policy Advisory, Australian Association of Social Workers, 19 June 2025, p 47.

[184] Submission 20, Mission Australia, p 10.

> a disability or delay, Aboriginal and Torres Strait Islander families, children and families from culturally diverse backgrounds and early learning readiness. So too, community playgroups play a vital—yet often overlooked—role in inclusive early childhood development, parent capacity and community connection, including for children with a disability or delay.[185]

3.66 Ms Zoë Robinson, NSW Advocate for Children and Young People, spoke about the importance of community based navigators in the hearing:

> We're not creating spaces where you have to almost build another avenue to advocate for it. You should be creating spaces where people can step in; that is what service is about. It is saying that we've created a space. Everyone talks about it: youth hubs, one-stop shops or whatever you want to call them. They are places where someone can come or someone can go to that person and say, "What are the things that you need?" Then it is our role to make sure that you have those things. We still have to start with what people have a right to, as opposed to expecting it to be carried by community people, carers and individuals. We have a role and a capacity in that space to say, "Actually, we're going to do our best to enable and ensure, and we're not going to negotiate any of that away".[186]

Sibling support for children with developmental delays or disability

3.67 Not-for-profit organisation Siblings Australia explained that siblings play a crucial role in supporting people with disabilities, providing care, advocacy, service coordination, and safeguarding roles.[187]

3.68 According to Siblings Australia, sibling contributions are often unacknowledged, yet can be the longest and most important role in the foundational support framework.[188] In their submission to the committee, they observed that the NDIS has focused 'family supports' almost entirely on parental supports for children, overlooking the role of siblings in informal support infrastructures. They told the committee that the sibling relationship requires evolving, tailored support in different life stages, something that short-term, project-based funding cannot support.[189]

3.69 However, Siblings Australia explained that there a number of gaps and barriers for siblings accessing early intervention, such as a lack of awareness of the role that siblings play in supporting children with developmental delays or disability,

---

[185] Submission 70, Playgroup NSW, p 4.

[186] Evidence, Ms Zoë Robinson, NSW Advocate for Children and Young People, 19 June 2025, p 58.

[187] Submission 1, Siblings Australia Inc., pp 2-4.

[188] Submission 1, Siblings Australia Inc., pp 2-4.

[189] Submission 1, Siblings Australia Inc., p 3.

funding limitations, and geographic inequity, with rural and remote families limited in accessing sibling support services.[190]

3.70 In evidence to the committee, Ms Sonja Vujanic, previous New South Wales Youth Advisory Council Member, and representative for the Advocate for Children and Young People, shared her experience of being a carer for her brother, illustrating the vital role that siblings play:

> My name is Sonja Vujanic and I'm 21 years old. Today I'm speaking as a carer for my brother, who has a profound intellectual disability and some of the most severe behavioural challenges seen in the State. Caring for him has been one of the greatest privileges of my life, but when adequate support isn't there, it can become exhausting and isolating. Almost every support we've tried to access—whether through the NDIS, education or health systems—has been a battle. When we do finally access help, it often disappears just as quickly as it came. … My brother is not "too hard". He is not beyond help. He is a human being who deserves support, dignity and safety—and so do the carers who fight for them every day.[191]

Building the capacity of informal carers

3.71 Informal carers in the community-based service eco-system provide day-to-day support for a child that can include transporting, feeding, bathing, coordinating with service touchpoints, advocating for a child's needs, building relationships to the broader community, and contributing to the education and health of a child.

3.72 Stakeholders were in agreement that foundational supports help families and carers feel more supported, equipped, and resilient in caregiving roles, but that these roles require capacity building and integration into existing care systems to be more effective. Providing informal caregivers in the community with the resources to effectively support the child or young person strengthens the family unit's connection to their community and minimises stressful interactions with confusing systems.[192]

3.73 Plumtree's Now & Next is an example of a program created to respond to gaps in the support landscape. Now & Next aims to address 'the absence of structured, non-clinical, capacity-building programs to prepare and empower families of young children with developmental delays or disabilities'.[193]

---

[190] Submission 1, Siblings Australia Inc., p 5.

[191] Evidence, Ms Sonja Vujanic, Previous Youth Advisory Council Member, NSW Advocate for Children and Young People, 19 June 2025, p 55.

[192] Evidence, Ms Vergara, 30 May 2025, p 26.

[193] Submission 28, Plumtree Children's Services, p 8.

3.74 The committee heard that Now & Next's success is a reminder of the importance of investing in scalable, non-clinical supports that complement traditional services and 'reduce pressure on clinical systems, and ultimately save government funding by building family capacity earlier and more effectively'.[194] Informal carers have a particularly important role in communities struggling with health and education workforce shortages.

Workforce shortages

3.75 Workforce shortages impact all aspects of the child development and early childhood intervention sectors. Witnesses argued that limited government support for workforce development across the primary health sector and challenges with the recruitment and retention of health and education professionals, especially in rural and remote areas, impacts children, families and service providers; contributes to long wait times and delayed access to critical services; and affects service quality.[195]

3.76 Workforce shortages, the committee heard, are well documented across the early childhood intervention sector, including among paediatricians, speech pathologists, occupational therapists, and specialist early childhood educators. Stakeholders claimed that medical and allied health professionals in New South Wales are the lowest paid in Australia, and that this is a significant factor impacting the recruitment and retention of staff: 'we're losing staff to other states, particularly to the north and the south of us',[196] Mr Dean Murphy, Professional Officer with the NSW Nurses and Midwives' Association, lamented. Comparatively low salaries for healthcare professionals also contributes to the high attrition rate of workers in these sectors. Stress and overwork are additional factors impacting the health and education labour market.[197]

3.77 The burnout phenomenon that affects informal carers and health professionals also impacts special education teachers and support staff. SEPLA brought to light findings from a 2024 report, 'The Silent Cost', to evidence that educators experience high levels of stress as they navigate increasing demands without sufficient support.[198]

3.78 Specifically, the report notes that 61.4 per cent of educators across Australia reported often or very often feeling overwhelmed with their workload. Compared to the broader Australian population, educators are more likely to experience

---

[194] Submission 60, NSW Nurses and Midwives' Association, p 16.

[195] Submission 31, Noah's Ark Inc., p 3.

[196] Evidence, Mr Murphy, 19 June 2025, p 13.

[197] Submission 60, NSW Nurses and Midwives' Association, p 10.

[198] Submission 63, Special Education Principals' and Leaders' Association, p 24.

mental health risks. As a result, 37.3 per cent of educators indicated that they were extremely or somewhat likely to leave the profession.[199]

3.79 Elaborating on the pressures experienced by educators and medical specialists, the RACP reflected its members' concerns about the emphasis on 'fixing children' through therapy-intensive models. RACP instead advocated for 'creating more inclusive environments in schools and communities to support children with disabilities'.[200]

3.80 The funding model of the NDIS, another stakeholder explained, also contributes to recruitment and retention difficulties in rural and remote areas, as it has encouraged many allied health professionals into 'lucrative clinic-based practices which makes it very challenging for not-for-profit providers of best practice services to compete for staff'.[201]

3.81 A further impact of the NDIS on the workforce, Mr Usher argued, has been the growth in the number of sole traders who have entered the market and 'pick and choose who they support and take easy cases over complex cases'. The result, Mr Usher explained, is that the difficult cases fall to community organisations, especially in rural or remote areas.[202]

3.82 Mrs Kylie Irvin, Portfolio Manager with NDIS Western, Marathon Health, argued that increasing and developing the workforce requires investing in workforce development career pathways and providing incentives for young health professionals to work with local communities.[203]

3.83 These suggestions for improving working conditions extend to rural and remote areas and include hiring additional administrative support to reduce the burden on educators; establishing regional rapid response teams to assist schools experiencing acute behavioural or mental health incidents; including special education staff in teacher wellbeing initiatives; and investing in a community-based, primary health focused Vocational, Educational, and Training (VET)-trained workforce.[204]

3.84 Stakeholders were in agreement that addressing the aforementioned challenges requires a reconsideration of funding strategies, with a focus on creating sustainable, stable funding environments.

---

[199] The Energy Factory Pty Ltd and Deakin University, The Silent Cost: Impact and Management of Secondary Trauma in Educators (2024), p 41.

[200] Submission 12, Royal Australasian College of Physicians, p 8.

[201] Submission 31, Noah's Ark Inc., p 9.

[202] Evidence, Mr Colin Usher, CEO, Shaping Outcomes, Early Childhood Intervention Best Practice Network, 30 May 2025, p 23.

[203] Evidence, Mrs Kylie Irvin, Portfolio Manager – NDIS Western Marathon Health, 19 June 2025, pp 4-5.

[204] Submission 63, Special Education Principals' and Leaders' Association, p 25.

Sustainable funding strategies

3.85 Stakeholders told the committee that the current funding models in New South Wales are contributing to pressures on the foundational supports sector. Evidence from sector peak bodies, service providers and community organisations suggested that short-term, fragmented funding arrangements negatively impact both the continuity of care and workforce stability.

Reinvestment from crisis to prevention

3.86 Submissions received for this inquiry emphasised the importance of sustainable, early-intervention funding for children and parents. Investment in building the capacity of parents reduces the costs and strain on both parents and the system at a later date. As such, building capacity is a preventative, protective measure that empowers parents and other caregivers.[205] Such funding does not require building new forms of service provision frameworks, instead the 'reorganising of resources from the tertiary end of the system into the early end of the system'.[206]

3.87 The aim of frontloading the system towards early intervention is to reduce the number of children 'concentrated at the pointy end of the system, [the] ambulance at the bottom of the cliff approach'.[207] The committee heard from multiple stakeholders that community driven services are essential for promoting a child's development and reducing the need for longer-term support, thereby encouraging children to lead a more independent lives.

3.88 Rebalancing funding from the 'pointy end' to early interventions requires prioritising funding for informal and formal care and building support around children's natural environments. This requires health care professionals to work closely together in a child-centred model to 'reduce the economic burden on the health care system and reduce the out-of-pocket expenses that are proving a significant obstacle for families.'[208]

Rethinking funding models

3.89 Stakeholders called for the structural reform of funding strategies, away from short-term project cycles towards sustainable, mixed funding models comprised of block and program-based funding. A return to block funding and a reprioritisation of fragmented and time-limited grants was suggested by stakeholders as a way to reduce administrative burdens and foster collaborative relationships between professionals and families. The Illawarra Disability

---

[205] Evidence, Ms Emily Caska, CEO, Playgroup NSW, 19 June 2025, p 25.

[206] Evidence, Ms Scarfe, 19 June 2025, p 47.

[207] Submission 42, Local Community Services Association, p 13.

[208] Submission 19, Marathon Health, p 11.

Alliance claimed that sustainable, long-term funding could also improve the recruitment and retention of skilled, experienced workers.[209]

3.90 The committee heard that a shift away from short-term projects requires government-backed funding to support the scalability and stability of disability programs. Such structural changes would also require boosting the accessibility of foundational supports to families not part of the NDIS, as well as funding for community driven models to encourage holistic ('wraparound') localised service delivery by organisations and individuals who have a stake in the community and understand where support is needed most.[210]

3.91 Mrs Kylie Irvin of Marathon Health explained that prior to the NDIS, there were more block funded programs, and these allowed for community-based models of service that worked with schools, allied health clinicians and health assistants in the community. Mrs Irvin explained to the committee that when the NDIS was implemented, block funding models were replaced by individualised funding packages for children. She described the benefits of returning to a block funded approach with a focus on community-wide, generalised programs:

> Because we have just seen these huge gaps now that come out. It's either you have an NDIS plan or you don't, and if you have an NDIS plan you're almost one of the lucky ones because you're able to unlock that access … I think there needs to be a lot of consideration for what is in each individual community already, because we know that local health districts are quite stretched and they're not able to provide services in all the communities that other not-for-profit organisations might be in. I think there needs to be a real collaboration and not necessarily sitting funding in one particular agency but rather looking at what all of the services are that are available and how they can work best together.[211]

3.92 Mrs Irvin describes her hope that a restructuring of funding models will offer greater returns, as well as predictable resourcing, accountability, dependable services for families and communities, and increased collaboration between private providers and public-school systems.

3.93 The committee heard from a range of stakeholders on the need for sustainable funding to ensure equitable access to foundational supports, especially for children in vulnerable and disadvantaged communities. Witnesses claimed that the NDIS's individualised funding narrows access to children in need, while leaving other families without the early support they had previously enjoyed under community-based organisations like Plumtree Children's Services. Ms Sylvana Mahmic from Plumtree explained that her organisation is struggling under the NDIS. She said that Plumtree is running parent capacity building programs 'on a shoestring', until the New South Wales Government can 'bridge a

---

[209] Submission 50, Illawarra Disability Alliance, p 8.

[210] Submission 12, RACP, p 4.

[211] Evidence, Mrs Irvin, 19 June 2025, p 4.

gap' through programs such as Start Strong Pathways to a state that includes foundational supports.[212]

3.94 Stakeholders cited Start Strong Pathways and similar programs as examples of services that fund inclusive supports like community playgroups, toy libraries, parent capacity building webinars and other place-based, soft entry points for children and families. Due to short-term funding models these programs, 'are in limbo right now because foundational supports have not been put in place', Ms Mahmic told the committee.[213] She continued, 'there needs to be a bridge somehow built between what is at least happening in this scarcity mode right now to help us all [transition] to foundational supports when it's finally funded'.[214]

3.95 Stakeholders pointed to the NDIS's focus on individualised therapy, such as weekly speech and occupational therapy, or physiotherapy as being too rigid and transactional. 'I think there's great advantages to the NDIS in an adult-centric model', Mr Colin Usher from Shaping Outcomes clarified.[215] However, Mr Usher continued:

> From an early childhood intervention perspective, it has eroded best practice of early childhood intervention to an hourly based money outcome. Early childhood intervention was always holistic and family focused. Now it's become focused on a child for an hour of therapy, or an hour of this or an hour of that.[216]

3.96 The shift to the NDIS's individualised funding has had broader, long-term system impacts, Ms Mahmic explained, as families who do not receive timely support are more likely to:

> Experience overwhelm, disengagement, or pursue unsuitable interventions out of desperation — placing further strain on already stretched diagnostic, education, and clinical services. The burden then shifts to government systems that must respond to more complex needs later, often at greater cost.[217]

3.97 The evidence presented to the committee suggests a need for changing funding strategies, from crisis funding to prevention, from short-term project funding to medium/long-term block funding, and from individualised, therapy-based services to a renewed investment in community infrastructure.

---

[212] Evidence, Ms Sylvana Mahmic, CEO, Plumtree Children's Services, 19 June 2025, p 27.

[213] Evidence, Ms Mahmic, 19 June 2025, p 27.

[214] Evidence, Ms Mahmic, 19 June 2025, p 27.

[215] Evidence, Mr Usher, 30 May 2025, p 22.

[216] Evidence, Mr Usher, 30 May 2025, p 22.

[217] Submission 28, Plumtree Children's Services, p 18.

Clarity and communication in the transition to foundational supports

3.98 A key recommendation of the NDIS Review was that states and territories should provide 'foundational supports', so that people with disability who are not eligible for the NDIS can access support without having to join the Scheme.[218]

3.99 In December 2023, following publication of the NDIS Review, the National Cabinet agreed that the Commonwealth and state and territory governments would split the funding of foundational supports. [219] The National Cabinet indicated that foundational supports would be delivered primarily through state and territorial systems, including health, education and community services, and would form part of a broader shift to a more integrated disability support system outside the NDIS.[220]

3.100 This decision was meant to ease the costs of specialist support within the NDIS, to establish foundational supports for people with disability who are not eligible for the NDIS, or who require low-level, early or community-based supports outside of the Scheme,[221] and to alleviate concerns about the NDIS's growing budget.[222] However, the proposed commencement of foundational supports has been delayed.[223] This section draws on stakeholder evidence to provide clarity on what the future of foundational supports might look like and what is needed to make it happen.

---

[218] Helen Dickinson and Anna Kavanagh, UNSW Sydney, *The government wants to contain NDIS growth. But ineligible people with disability also need support* (21 May 2025), https://www.unsw.edu.au/newsroom/news/2025/05/govt-wants-contain-NDIS-growth#:~:text=Supports%20are%20aimed%20at%20particular,NDIS%20is%20to%20be%20sustainable.

[219] Helen Dickinson, *States agreed to share foundational support costs. So why the backlash against NDIS reforms now?* The Conversation, (26 March 2024), https://theconversation.com/states-agreed-to-share-foundational-support-costs-so-why-the-backlash-against-ndis-reforms-now-226620.

[220] Media release, Hon Anthony Albanese MP, Prime Minister of Australia, 'Meeting of National Cabinet – the Federation working for Australia', 6 December 2023.

[221] NDIS News, *National Cabinet agrees to fund foundational disability supports* (15 April 2024), https://teamdsc.com.au/resources/foundational-supports.

[222] Helen Dickinson and Anna Kavanagh, UNSW Sydney, *The government wants to contain NDIS growth. But ineligible people with disability also need support* (21 May 2025), https://www.unsw.edu.au/newsroom/news/2025/05/govt-wants-contain-NDIS-growth#:~:text=Supports%20are%20aimed%20at%20particular,NDIS%20is%20to%20be%20sustainable.

[223] Disability Support Guide, *Government delays rollout of promised foundational supports*, https://www.disabilitysupportguide.com.au/talking-disability/government-delays-rollout-of-promised-foundational-supports.

The need for foundational supports

3.101 Foundational supports are a layer of disability supports that exist outside of the NDIS, and that are supposed to fill the gap between universal services such as Medicare, and the individualised NDIS packages.[224] These include supports for children with developmental delay who may not need or qualify for the NDIS. The NDIS Review underlines the importance of foundational supports for children as follows:

> There should also be early supports for families and children with emerging developmental concerns and transition supports to help young people prepare for employment and independent living.[225]

3.102 Foundational supports are needed for identifying and supporting children and their families and ensuring that developmental gaps identified early on do not widen over time. However, stakeholders argued that since the introduction of the NDIS, state and territory governments have reduced their funding for many disability support programs, thereby pressuring families to seek help from the NDIS. [226]

3.103 The remaining early intervention supports, Mission Australia notes in its submission, 'are limited in their capacity to link children and families to specialist supports including allied health and medical services, which are themselves often under-resourced and unable to meet demand'.[227] Allied health, community and mainstream services that should support children with milder disability and those awaiting diagnosis are all in short supply, especially in remote, rural, and regional communities.[228]

3.104 'There are often limited foundational support services and there are few supports available through the Medicare Benefits Scheme', Allied Health Professions Australia (AHPA) explained. AHPA's submission continued, 'more needs to be done to ensure that people with disability are supported by a comprehensive ecosystem of well-connected services'.[229] This point, that there are limited foundational supports outside of the NDIS, is further detailed by SEPLA:

> The National Disability Insurance Scheme provides individualised funding for those meeting its eligibility thresholds, but many children and families fall outside of the NDIS or have needs that the NDIS doesn't cover. There is

---

[224] NDIS Review, Final Report: A guide for people with disability and their families (2023), p 9.

[225] NDIS Review, *Foundational supports for all people with disability*, https://www.ndisreview.gov.au/resources/fact-sheet/foundational-supports-all-people-disability.

[226] Submission 20, Mission Australia, p 6.

[227] Submission 20, Mission Australia, p 9.

[228] Submission 8, The Shepherd Centre, p 4.

[229] Submission 33, Allied Health Professions Australia, p 3.

> a critical lack of 'foundational supports' for those not on NDIS plans – the community and mainstream services that should support children with milder disabilities, developmental concerns, or those awaiting diagnosis.[230]

3.105 Where supports outside of the NDIS do exist, the committee heard that there is no guarantee of quality, particularly for families who live outside of major urban areas. Multicultural Disability Australia Association (MDAA) noted that of the 2.5 million Australians relying on services and supports outside of the NDIS, many feel these services do not meet their needs.[231]

3.106 In their submission, MDAA asserted that investing in foundational supports would decrease the strain on the NDIS system and allow for the prioritising of individuals with more complex needs: 'It could save families time and money that they would have spent on specialist visits, gathering documentation, and navigating applying to the NDIS'.[232]

3.107 Noting the reliance of so many of its members on the ecosystem of supports outside the NDIS, AHPA contended that there is a concern that changes to the NDIS are resulting in some children and young people being deemed ineligible or being exited from the scheme. 'For these children and young people', AHPA explained, 'there may be no other suitable services or supports accessible or available and where there are available services these may not sufficiently support their individual needs'. As such, AHPA maintained that New South Wales must ensure NDIS changes are not rolled out until a new ecosystem of supports and services are funded and readily available.[233]

Clarity on foundational supports

3.108 The committee heard that communication and coordination between government departments, service providers, and families is essential for funding to reach the people who can use these resources effectively. Stakeholders gave evidence that foundational supports should be more than, 'another system inserted within a system' of resourcing and investment.[234] Expounding on this point, Ms Emily Caska, CEO of Playgroup New South Wales, advised that foundational supports cannot simply be an updated version of the NDIS:

> The voice of children and families has to be at the centre, full stop … We do really want a clear and shared definition, including not just what foundational supports are, but what are those interface points, again, not

---

[230] Submission 63, Special Education Principals' and Leaders' Association, p 3.

[231] Submission 22, Multicultural Disability Advocacy Association of NSW (MDAA), p 4.

[232] Submission 22, Multicultural Disability Advocacy Association of NSW (MDAA), p 4.

[233] Submission 33, Allied Health Professions Australia, p 3.

[234] Evidence, Ms Caska, 19 June 2025, p 21.

> just with the NDIS, but mainstream as well, because that's a bit missing at the moment. We do need a nationally consistent but locally responsive approach, absolutely. There needs to be fluidity and seamlessness for families and for us as providers. I think if you take an example of a family that might need some really targeted high-level NDIS-based services, the family also needs peer support. They might also come to a supported playgroup and also want to go to a community playgroup. How are they going to traverse those systems? How many eligibility assessments are they going to have to go through? For us as providers, how many different standards and accreditation processes are there going to be? That's a bit of a caution.[235]

3.109 Ms Caska emphasises that issues undermining the effectiveness of health and education service provision should not be reproduced within the current health ecosystem. Ms Caska called for clear and shared definitions of foundational supports, to promote the communication and accessibility of these services for users.[236]

3.110 The committee heard that overcoming the problem of service providers not communicating with each other (and associated siloed service delivery) may require the creation of a taskforce. Ms Cara Varian, CEO of the New South Wales Council of Social Service explained that co-design and equal representation from both government and non-government agencies is needed for foundational supports to work. A taskforce needs to bring the Ministry of Health, the Department of Education and the Department of Communities and Justice together, with equal participation from the community service sectors, Ms Varian argued.[237] She continued, highlighting the pressures on these services due to demand outstripping the available funding:

> It's very important that the Government considers how it can fund participation in that taskforce, because there just isn't an ability for services to do it on top of their business as usual. The third component is to make sure that everything that we do is grounded in the experience of people that have lived experience.[238]

3.111 According to Ms Varian, foundational supports and services need to be informed by the experiences of the children, families, and communities who will use them.

Enhancing data collection and reporting of children with disability

3.112 Witnesses to the inquiry gave evidence highlighting the current shortfalls in government agency data collection. Ms Anne Campbell, Deputy Secretary with the New South Wales Department of Communities and Justice, noted that de-

---

[235] Evidence, Ms Caska, 19 June 2025, p 21.

[236] Evidence, Ms Caska, 19 June 2025, p 21.

[237] Evidence, Ms Cara Varian, CEO, NSW Council of Social Service, 19 June 2025, p 50.

[238] Evidence, Ms Varian, 19 June 2025, p 50.

identified data sets exist, such as the Human Services Dataset, which captures data from education, health, police, youth justice, and housing. What is currently missing, Ms Campbell explained, is information illustrating what the NDIS data says about the number of children needing foundational supports in New South Wales.[239]

3.113 Ms Tairyn Vergara, also with LCSA, further spoke to the limitations of government approaches to data collection, identifying problematic survey methods as a contributing factor for problems with accurately identifying disability or developmental delays in children. The result of such methodological shortfalls, Ms Vergara argued, is that opportunities for early interventions with children who might not yet have a diagnosis are missed.[240]

3.114 In their submission, SEPLA gave evidence to the committee on the need to enhance data collection on children and young people with disability, including Indigenous and CALD/LBOTE children:

> There is a lack of robust data and integrated planning to drive improvement in disability supports. Basic questions, such as how many children with disability or developmental delays are out there? Are their needs being met? Which interventions work best? – are difficult to answer because data is siloed and inconsistent. Different agencies and programs use different definitions and collect different metrics. For instance, the ABS Survey of Disability and the school-based Nationally Consistent Collection of Data (NCCD) both provide useful insights, but there is no unified system linking health, early childhood, education, and NDIS data.[241]

3.115 To improve data accuracy and use, SEPLA called for the New South Wales Government to invest in training and systems that ensure NCCD school data reflects student needs and adjustments.[242]

3.116 Evidence presented to the inquiry suggests that improving data collection and reporting will make it possible to identify hotspots of unmet need, to allocate resources within New South Wales more equitably, and to evaluate which supports correlate with better outcomes. SEPLA clarified:

> If data show a region has a high number of students needing extensive adjustments but low specialist support staff, that gap can be addressed. Additionally, NCCD data could be combined with academic outcome data

---

[239] Evidence, Ms Campbell, 30 May 2025, p 48.

[240] Evidence, Ms Vergara, 30 May 2025, p 27.

[241] Submission 16, NSW Special Education Principals' and Leaders' Association (SEPLA), p 5.

[242] Submission 16, NSW Special Education Principals' and Leaders' Association (SEPLA), p 5.

> (in a de-identified way) to monitor if students with disability are closing achievement gaps.[243]

3.117 The need for better data on the links between disability and the child protection system was also highlighted. Mr Can Yasmut, for example, recommended harmonising and de-identifying data pertaining to children with disabilities across the social services spectrum, 'for better visibility of needs and to drive policy and investment'.[244] Mr Yasmut's suggestions illustrate that to support children with disabilities in child protection, it is important to understand their needs without compromising their privacy.

3.118 This is a point expounded on by Ms Maddy Williams, Policy and Research Manager with LCSA. Ms Williams explained that there exists a strong on-flow of children from the child protection system to youth justice. Not knowing how many of the children in this care-to-custody pipeline have a disability limits the capacity of early intervention services to reduce the number of children in foster care.[245] Ms Williams echoed her colleague when she called for de-identified data collection and the increased visibility of children with a disability in both Targeted Earlier Intervention (TEI) and across the child protection ecosystem. 'Part of such an investment', Ms Williams reiterated:

> … must include the identification of children with a disability in the system and ensure families have adequate access to disability support and inclusion services. The provision of well-targeted and well-resourced foundational supports for children in TEI programming could help to drive down contact with the criminal justice system and ensure a good life for those children and their families.[246]

3.119 Witnesses suggested that enhancing data collection and reporting can reduce administrative burdens, identify the different needs of various New South Wales communities, and improve the health and wellbeing outcomes for children and their families. Co-designing foundational supports was another strong theme to emerge from the inquiry evidence.

Co-designing foundational supports

Disability organisations and advocacy for people with disability

3.120 The committee heard from witnesses on the importance of co-designing foundational supports with key stakeholders. The purpose of a co-design

---

[243] Submission 16, NSW Special Education Principals' and Leaders' Association (SEPLA), p 16.

[244] Evidence, Mr Yasmut, 30 May 2025, p 25.

[245] Evidence, Ms Maddy Williams, Policy and Research Manager, Local Community Services Association, 30 May 2025, p 27.

[246] Evidence, Ms Williams, 30 May 2025, 27.

approach is to ensure that the resulting supports and services are created by the users and for the users, thereby being tailored to their needs.

3.121 Megan Spindler-Smith, Deputy Chief Executive Officer of People with Disability Australia, explained the importance of co-design with children and young people with disability in the hearing on 30 May 2025:

> One of the things that gets left behind a lot of the time—and this is discussed as part of the Convention on the Rights of the Child—is that children and young people are not actually included in the design of what is needed. That key co-design and direct collaboration is what is being requested so that these supports are disability- and person-centred. They then allow for that space of intersectional lived experiences for our very diverse New South Wales.[247]

3.122 In their submission to the committee, the New South Wales Council of Social Service posited that the NDIS implementation highlighted the importance of involving people with disabilities, their families, and carers in designing support systems.[248] When designing and implementing foundational supports, they explained:

> Governments should ensure a transparent, inclusive design process where stakeholders actively take part in shaping policies and programs. Participants should be given opportunities to test and engage with changes before full implementation. This approach reduces anxiety, finds practical challenges and ensures supports are effective and tailored to real needs.[249]

3.123 They further argued that ensuring the design, transition, and implementation of foundational supports is disability led requires a dedicated co-design budget, the paid participation of people with lived experience, and targeted engagement with priority cohorts, including Aboriginal and Torres Strait Islander communities, CALD/LBOTE families, regional and remote families, and families experiencing complex disadvantages.[250]

3.124 Co-designed services, explained National Disability Services (NDS) in their submission, should be accessible and culturally safe. This requires working with the people who use these services and listening to what they want.[251] NDS presented key points for this process:

- implement and fund an integrated model or ecosystem of supports which intentionally enables collaboration

---

[247] Evidence, Mx Spindler-Smith, 30 May 2025, p 12.

[248] Submission 21, NSW Council of Social Service, p 8.

[249] Submission 21, NSW Council of Social Service, p 8.

[250] Submission 21, NSW Council of Social Service, p 9.

[251] Submission 23, National Disability Services, p 9.

- map the availability of services across New South Wales to ensure equity in access to best practice supports across the state
- provide community-based spaces for services that are accessible and culturally safe, allowing for multi-modal delivery to provide multiple entry points and pathways to support.[252]

3.125 According to NDS, mapping the services available across New South Wales helps to see where gaps exist and to distribute resources accordingly.[253] Services should provide a soft entry point for families who might otherwise be reluctant to engage with them. NDS explained that these supports should be delivered through a keyworker, using a transdisciplinary model to create access points that are based on the functional needs of the child or young person, not simply on their age.[254]

3.126 The need to create foundational supports with direct input from key stakeholders was also recognised by Ms Anne Campbell, Deputy Secretary, New South Wales Department of Communities and Justice (DCJ). Ms Campbell explained to the committee that DCJ is establishing a foundational supports group called a Children's Advisory Group for Foundational Supports. Membership of this group will comprise a range of stakeholders including experts in the field of disability, early childhood peak organisations, Aboriginal, multicultural, health, and parent representatives, and the Cabinet Office.[255]

3.127 Ms Campbell explained that DCJ plans to use face-to-face and webinar-based engagement with stakeholders, including people with disability, with around a third of the sessions led by an Indigenous consultant, 'to make sure that whatever's developed is culturally appropriate, because what we know is that foundational supports are going to work differently for different communities'.[256] DCJ also plans to run half-day forums focusing on autism and disability inclusion.

Co-designing with priority populations

3.128 Co-designing with priority populations increases the likelihood that communities who may otherwise miss out on foundational supports and services will not be overlooked due to geographic location, racial discrimination, cultural or linguistic differences, or other reasons.[257]

---

[252] Submission 23, National Disability Services, p 2.

[253] Submission 23, National Disability Services, p 2.

[254] Submission 23, National Disability Services, p 3.

[255] Evidence, Ms Campbell, 30 May 2025, pp 45-46.

[256] Evidence, Ms Campbell, 30 May 2025, p 43.

[257] Submission 4, Parents of Deaf Children, p 3.

3.129 Mr Fioramonte, from Settlement Services International (SSI), opined that appropriately supporting the design of service provision that reflects local needs requires the New South Wales government ensure that the NDIS navigator model is co-designed by people with disability from CALD/LBOTE backgrounds and by CALD/LBOTE-specific organisations.[258] He argued that community-based navigators who are connected to and understand the community in which they work will be better able to guide parents and caregivers through complex systems. 'In short', Mr Fioramonte explained, 'without adequate and appropriate services and a foundational support and navigator model that addresses these barriers, CALD communities will continue to sit in the dark'.[259]

3.130 SSI presented the committee with the example of the Multicultural Peer Network (MPN) to underline the efficacy of co-design for CALD/LBOTE families. Of the over 1000 participants at local MPN workshops, 100 per cent reported an improved understanding and knowledge of both disability and mainstream service systems; 92 per cent of participants with disability and 87 per cent of carers/family said they felt an improved sense of confidence, autonomy, and self-efficacy in managing their health; and 85 per cent of participants with disability and 97 per cent of carers/family said they had gained new skills to help them achieve their goals. More on this program is in the case study below.

Case study 4: Multicultural Peer Network (MPN)

The MPN was a co-design initiative that established localised peer support networks for CALD people with disabilities and their caregivers. These peer networks were used as a communication and capacity building tool for CALD people with disability and their communities to access and utilise both the NDIS and mainstream/community services.

71 community leaders with lived experience of disability were recruited and trained to facilitate multicultural peer group sessions in 14 different languages across New South Wales. The Peer Facilitators established 97 multicultural peer networks and had over 1000 people attend localised workshops over the contracted period. The project also offered co-facilitation and supervision with the goal of ensuring these networks became sustainable over time, without the need for ongoing support or funding at the conclusion of the initiative.[260]

3.131 The above example underscores the importance of building the capacity of parents and communities, while acknowledging that there is no one-size-fits-all means of implementing these services and supports.

---

[258] Evidence, Mr Ben Fioramonte, General Manager of Children, Families and Disability Support, Settlement Services International, 19 June 2025, p 29.

[259] Evidence, Mr Fioramonte, 19 June 2025, p 29.

[260] Answers to questions on notice, Mr Fioramonte, p 8.

Increasing regional outreach

3.132 Several stakeholders emphasised the need to improve outreach to all priority/disadvantaged populations in the transition to foundational supports. Proposals include the use of trusted community connectors; embedding early intervention and disability outreach in mainstream services; targeted outreach strategies for Aboriginal and Torres Strait Islander families and CALD/LBOTE families and strengthening infrastructure to increase the accessibility and reliability of digital and telehealth services.

3.133 Due to previously discussed challenges, such as a lack of trust of government services, stigma surrounding disability, a low health literacy, and a lack awareness of the kinds of supports available, families in priority populations may not engage with services until a problem has escalated. Proactive and relational outreach means going to families, not waiting for them to reach out. Mrs Kerry Dominish, CEO of EarlyEd, early Childhood Intervention Best Practice Network, explained that early outreach through universal child and family touchpoints is important for catching problems in the early stages:

> The best practice model is doing it early and finding ways to support families to access services by connecting them in trusted places where they are already experiencing connection with the community, such as playgroups or their multicultural community … we're really walking beside families giving them the small amounts of support that help them come to terms with what they need to be thinking about. And then also capacity building them to know how to respond and support their children.[261]

3.134 According to stakeholders, programs that minimise friction points to engaging with early childhood interventions need to account for the challenges of both geographic and cultural distance. The committee heard that programs such as Brighter Beginnings – a whole of government initiative by the New South Wales Government aimed at providing children with the best start in life – does not adequately address rural or remote families' needs.[262] ICPA- New South Wales pointed instead to the Royal Far West (RFW) Healthy Kids Bus Stop Program as an example of integrated service provision to priority populations outside metropolitan areas. This program includes collaboration between RFW and local health service providers for health and development screenings to improve accessibility and, 'create a child centred approach to care, and pathways to NDIS Early Intervention if required for 3-year-olds'.[263]

3.135 The committee heard that effective outreach, with regard to priority populations, also means using community connectors to bridge trust gaps and building the capacity of service providers, families, and community. Mr Colin Usher, CEO of

---

[261] Evidence, Mrs Dominish, 30 May 2025, p 18.

[262] Submission 6, Isolated Children's Parent's Association of NSW, p 2.

[263] Submission 6, Isolated Children's Parent's Association of NSW, p 2.

Shaping Outcomes, Early Childhood Intervention Best Practice Network emphasised the need for support and services to be part of the community:

> Because the child doesn't live in a clinic. The child lives in its community. Capacity building is community – it's informal supports, it's formal supports. You're going to get greater outcomes. You're going to get a much better response long term.[264]

3.136 The Health and Development Checks in Early Childhood Education program, for instance, provides free screenings for 4-year-olds in preschools and day care; while the inclusive Education Unit offers advice, resources, trainings and adjustments for students with moderate to high learning and support needs.[265] In community settings like schools and preschools, early childhood educators are encouraged to collaborate with allied health professionals to provide integrated support for children and families in familiar, safe settings.[266]

3.137 Innovations such as mobile health clinics, community-led initiatives, and culturally appropriate services for priority communities can fill service gaps by bringing integrated, essential care directly to families.[267] However, community outreach efforts are also impacted by funding limitations. Noah's Ark's submission noted that extensive travel is problematic for service providers, because NDIS funding does not compensate beyond 45 minutes each way in rural and remote areas.[268]

3.138 Where direct outreach is not available or is too expensive, the committee heard that digital solutions bridge the gap and provide essential services during the early years. Virtual care strategies such as telepsychology, telehealth consultancies, and online observation of children who are yet to be formally diagnosed provides rural communities with greater access to healthcare services, while saving time and expense by eliminating the need for long distance travel.[269]

3.139 However, the committee heard that many at-risk and disadvantaged families do not attend online appointments, meaning that the emphasis should remain on home visits.[270] 'I think it's about using technology in a smarter way', Mr Usher considered:

> Under a best practice model, we don't need weekly therapy appointments, so there may be an opportunity to go out to a regional or remote area, meet

---

[264] Evidence, Mr Usher, 30 May 2025, p 24.

[265] Submission 53, NSW Government, Appendix B, p 8.

[266] Submission 50, Illawarra Disability Alliance, p 6.

[267] Submission 35, UN Youth Australia, p 3.

[268] Submission 31, Noah's Ark Inc., p 5.

[269] Submission 63, Special Education Principals' and Leaders' Association, p 25.

[270] Submission 60, NSW Nurses and Midwives' Association, p 12.

> face-to-face, spend a week out there and look at the child's development and all that sort of stuff, then set up action plans and supports through a telehealth or another support network, other support service delivery options, using what's currently in the space.[271]

3.140 Hybrid approaches aim to upskill local early childhood providers and ensure that the child is supported in-place, without needing an external service provider to be there every day.[272]

Including the voices of children and young people

3.141 Witnesses stressed the need for children and young people to be involved in the design of foundational supports, as 'the experts in their own lives and experiences' who should have the chance to directly participate in the decisions affecting them.[273]

3.142 The committee heard from the Advocate for Children and Young People (ACYP) on this point. ACYP cited its recent reports as examples of impactful advocacy that includes the voices of children and young people. During consultations for The Voices of Children and Young People with Disability report (2020), ACYP conducted face-to-face discussions with more than 370 children and young people with disability aged 8 to 24. Participants in these consultations emphasised that children and young people should be included in decision making that affects them. 'We need to have a voice because we have to live through it …' remarked one discussant quoted in ACYP's submission. 'We will be the next generation, so we should get a say, not just you', another argued.[274]

3.143 ACYP's experiences, and the quotes in its submission, illustrate that children and young people with disability want to share their experiences. ACYP emphasised:

> Without hearing the voices of children and young people, we risk continuing to overlook the things that impact their lives and missing the opportunity to address any issues for future generations. Listening to children and young people with disability is a vital step in creating person-centred and inclusive systems for everyone.[275]

3.144 During consultations with children and young people, ACYP noted that discussants frequently raised education as a factor enabling or prohibiting inclusion in their lives. Discussants recommended an 'increase in resourcing, disability awareness training for both school staff and students, and buildings that are designed for people with physical disability'.[276]

---

[271] Evidence, Mr Usher, 30 May 2025, p 24.

[272] Evidence, Mr Usher, 30 May 2025, p 24.

[273] Submission 18, Office of the Advocate for Children and Young People, p 1.

[274] Submission 18, Office of the Advocate for Children and Young People, p 2.

[275] Submission 18, Office of the Advocate for Children and Young People, p 2.

[276] Submission 18, Office of the Advocate for Children and Young People, p 2.

3.145 Plumtree Children's Services also gave evidence to the committee on the importance of amplifying the voices of children and including them in planning and intervention. Plumtree's Child Voice Model, for example, supports children in developing agency, decision-making skills, and the confidence to speak up on matters that shape their lives. The Child Voice Model, Plumtree clarified, encourages parents to recognise their role in nurturing their child's voice early, and build the foundations for independence. Over time, Plumtree concluded, the family role decreases and parents progressively transfer decision-making responsibility, identifying the child's strengths and fostering confidence as their child's voice increases.[277]

Including medical professionals, allied health, social workers, and educators

3.146 The committee heard that co-design and interdisciplinary collaboration between medical professionals, allied health workers, social workers and educators is another essential element of creating foundational supports that are sustainable, integrated across health, education, and community sectors, and include trusted entry points into the system for families.

3.147 According to the National Disability Services, a diverse range of professionals need to be included in the design and implementation of foundational supports. Service mapping can help to understand the particular providers in an area, the needs of the community, the resources allocated there, the outcomes of current interventions, and the gaps that result.[278] The committee heard that the co-design of foundational supports needs to be integrated, enabling collaboration between providers, equitable across New South Wales, and aligned with best practice.[279]

3.148 Mrs Morgan Fitzpatrick, Vice-Chair of the New South Wales Divisional Committee, National Disability Services, and CEO of Koorana, emphasised that the targeted provision of quality services is necessary for creating a seamless experience for families who engage with health, education, community, and Commonwealth systems. Echoing other witnesses, Mrs Fitzpatrick reminded the committee of the benefits of integrating foundational supports into existing services:

> New South Wales is actually incredibly blessed compared with other States in terms of the infrastructure we have within the community, but that's not necessarily being taken up and taken advantage of now. We would urge the Committee to consider using the existing community-based providers that are out there for ECI.[280]

---

[277] Submission 28, Plumtree Children's Services, p 14.

[278] Submission 23, National Disability Services, p 2.

[279] Submission 23, National Disability Services, p 9.

[280] Evidence, Mrs Morgan Fitzpatrick, Vice-chair NSW Divisional Committee, National Disability Services and CEO Koorana, 30 May 2025, p 2.

3.149 Mrs Fitzpatrick indicated the need to invest in the workforce with both incentives and a strategy to build core staff, such as early childhood teachers, across all domains of development. 'Allied health as well needs to be attracted to the paediatric space,' she contended, 'Training and qualifications in best practice guidelines is critical to ensure that the quality … can be achieved'.[281]

3.150 Medical professionals, allied health, social workers, and educators are at the frontlines supporting families and children. As such, they are often well positioned to understand the needs of a community, to build a rapport with the families who require their services, and to recommend solutions to service gaps in the current service eco-system. AHPA asserted:

> Allied health professionals play an integral role in foundational and disability support services including through the provision of comprehensive assessments, diagnosis services, access to assistive technology, and evidence-based interventions tailored to meet the unique needs of individual children and young people.[282]

3.151 AHPA explained that allied health professionals work with children, families, and caregivers to understand a child's needs, their environment, and their goals. This is complimented by educating and empowering caregivers and designing and delivering therapeutic interventions. As such, co-design with allied health workers is essential.[283]

3.152 Another priority in co-designing foundational supports is fostering collaboration between medical practitioners and other service providers. Ms Sally Howell, President of the Australian Association of Special Education New South Wales, and Expert Panel Member of the Institute of Special Educators [InSpEd], noted that since the introduction of the NDIS, disability is becoming increasingly medicalised, with a formal diagnosis needed for a child to receive educational support. 'It's problematic at a school level that for some children receiving NDIS support from clinicians, the advice that clinicians are giving families is practically incompatible with the school setting', she lamented. [284]

3.153 Witnesses considered initiatives such as embedding allied health professionals in schools as a way to provide families with consistent, accessible support, and build trust within a familiar environment. Further, Ms Howell told the committee that collaboration between medical professionals and educators will increase the chances that advice from clinicians aligns with school settings. This point resonates with the need to tackle siloed service delivery.[285]

---

[281] Evidence, Mrs Fitzpatrick, 30 May 2025, p 2.

[282] Submission 33, Allied Health Professions Australia, p 4.

[283] Submission 33, Allied Health Professions Australia, p 4.

[284] Evidence, Ms Sally Howell, President, Australian Association of Special Education NSW and Expert Panel Member of the Institute of Special Educators (InSpEd), 19 June 2025, p 41.

[285] Evidence, Ms Howell, 19 June 2025, pp 41-42.

3.154 Including social workers in the design of foundational supports may further contribute to providing holistic and tailored responses to children's needs. Social workers conduct assessments, refer families to supports and services, and act as navigators in the foundational and disability supports system.[286] To ensure a seamless connection between mainstream universal services and foundational and disability supports, 'the professionals undertaking the assessments and referrals into appropriate pathways should be located as close as possible to the communities using them', the committee heard.[287]

3.155 The Australian Association of Social Workers (AASW) told the committee that embedding referral services for foundational supports, in both a geographic and service sense, requires emphasising physical co-location, the ability of families to self-refer, jargon-free titles and easily accessible materials.[288] These demands, AASW concluded in their submission, points to the need for existing health and community services to be incorporated into the design and implementation of supports.[289]

Committee comment

3.156 The intention of this interim report has been to examine closely the availability, accessibility, effectiveness and types of services and supports available for children and young people with developmental delays or disability in metropolitan, rural, and remote New South Wales. This report has drawn on evidence from submissions to the committee and witnesses participating in hearings to outline available supports for children and young people, current funding structures, and the key issues, gaps, and barriers in the provision of supports and services.

3.157 The committee heard from a range of stakeholders within the disability service and supports eco-system, including frontline workers, peak sector organisations, service providers, advocates, parents and community bodies.

3.158 The committee notes that a key theme arising from the evidence is the importance of early interventions for children who may have developmental delays or disability, and the barriers preventing families from accessing timely and appropriate supports. Evidence highlighted funding gaps and described a fragmented service system that creates confusion and long wait times for families, caregivers and others trying to access support.

3.159 Despite a broad understanding of the importance of early interventions for addressing developmental delays or disability and providing the appropriate

---

[286] Submission 37, Australian Association of Social Workers, pp 3-4.

[287] Submission 37, Australian Association of Social Workers, p 2.

[288] Submission 37, Australian Association of Social Workers, p 2.

[289] Submission 37, Australian Association of Social Workers, p 2.

interventions, New South Wales families struggle to get the help they need, when they need it.

Finding 2

Caring for a child with developmental delays or disability impacts the mental and physical health of parents and caregivers, especially as families are often required to navigate disconnected or in some circumstances, non-existent referral pathways, unclear eligibility settings, inequitably applied rules and incur significant financial costs. System fragmentation exacerbates the administrative burdens for families and caregivers trying to access support for their children. Lack of mental health support for parents, caregivers and siblings exacerbates this burden.

3.160 Evidence given for this inquiry supported the identification and analysis of barriers to accessing foundational supports. Systemic inequalities, such as cost-of-living pressures, cultural and language barriers, discrimination, low health literacy, and a lack of culturally-safe services contribute to preventing families accessing timely, targeted support. The committee is particularly troubled by the lack of consistency and persistent inequities in service delivery for communities outside metropolitan areas, showing that the 'location lottery' remains a defining feature of service access in New South Wales.

Finding 3

Families in rural and remote New South Wales face longer waits, higher travel burdens, higher out of pocket costs, and, in some cases, a complete absence of needed qualified expertise, services and supports compared to their counterparts in metropolitan areas of New South Wales.

3.161 The committee further acknowledges the unique barriers experienced by Aboriginal and Torres Strait Islander families and notes that witnesses repeated calls for culturally-safe, community-led, and co-designed approaches to creating foundational supports.

Finding 4

Aboriginal families face disadvantage arising from historical and contemporary discrimination, a distrust of government systems, inequitable access to services, and a lack of culturally-safe spaces. Aboriginal children are more likely to experience risk factors for poor developmental outcomes, they are also more likely to live in rural or remote areas with limited access to services.

3.162 Evidence presented to this inquiry showed that CALD/LBOTE families also face barriers to accessing the support and services for their children.

Finding 5

CALD/LBOTE families experience a variety of barriers, including a lack of interpreters, stigma associated with disability, and service navigation difficulties. Where it arises, the stigma around disability can reduce help-seeking by these families, which impacts prevention and early intervention. Some CALD families also experience disadvantage due to NDIS and health eligibility rules which limit access to only permanent residents and citizens.

3.163 The committee notes the essential role of community-based organisations, such as neighbourhood community centres, child and family hubs, and organisations that work to build the capacity of siblings and parents of children with developmental delays or disability. These groups enjoy a close relationship with the people with whom they work, making them the first point of engagement for families in need. Despite their significant contribution to supporting children and young people, local organisations struggle with irregular, short-term funding, and an uncertain policy and operating environment that makes planning and coordinating difficult.

Finding 6

Trusted, locally governed, place-based support and service providers operate within an unstable and fragmented funding environment, relying on short-term grants, project-based commissioning, lack of notice for contract renewals, minimal funding increases and an absence of relational contracting. Such instability hinders long-term planning, workforce retention, and continuity of care. Sustained, flexible, multi-year block funding underpinned by relational contracting is necessary to encourage locally embedded organisations to continue their critical role in early support.

Recommendation 1

That the New South Wales Government provide sustainable and ongoing core funding for neighbourhood and community centres.

3.164 The committee recognises workforce shortages across the paediatric, allied health, early childhood, disability, and community services. Shortages are due to drivers such as high workloads, high stress environments, inadequate staffing strategies, limited career paths, and uncompetitive pay rates. If the NDIS rates were indexed and foundational supports matched, local providers could afford to recruit and retain staff.

Finding 7

Workforce shortages limit timely access to prevention, early interventions and foundational supports for children and young people, and are a compounded, cross-sectoral challenge for health, education, social work, and early childhood service providers. Overservicing of the NDIS and also lack of salary parity with other sectors such as health also impact on workforce recruitment and retention. If the NDIS rates were indexed and foundational supports matched, local providers could afford to recruit and retain staff. Workforce shortages especially impact regional, rural, and remote areas.

3.165 The committee notes that understanding where the gaps in service delivery exist and reconsidering funding structures is best supported with targeted data collection and reporting across agencies and services. Witnesses gave evidence that there are a number of approaches to data collection, some of which could be enhanced to support improved service provision.

Finding 8

Investing in evidence based, quality prevention and early intervention rather than delayed responses for children and young people should be a priority for government and non-government service providers. Improving data collection, outcomes reporting and public access to open data will help to identify hotspots of unmet need, allocate resources within New South Wales more equitably, foster collaboration and evaluate which supports correlate with better outcomes to scale.

3.166 The committee notes the importance of co-design for improving foundational supports. Specifically, the delivery of foundational supports that will fill service gaps requires working with children, young people, families, communities, including Aboriginal and Torres Strait Islander families, CALD/LBOTE families, and families in rural and remote New South Wales, as well as medical practitioners, allied health professionals, social workers, and educators.

Finding 9

Co-designed approaches to improving the cultural safety, service relevance, and uptake of foundational supports are essential for ensuring that supports and services will fill service gaps rather than duplicate aspects of the NDIS. Engagement with frontline practitioners and people with lived experience across health, education, and social services, foundational supports contributes to addressing the systemic gaps identified by this inquiry.

3.167 Evidence presented to the committee showed that the introduction of the NDIS has impacted the integration of essential supports for children and young people with disability or developmental delay in mainstream educational settings.

Finding 10

Unintended consequences of NDIS system design have led to challenges with the integration of essential supports in educational settings. Revised funding models to enable more effective integration of inclusion supports, universal design principles, and allied health input to support children improve educational outcomes is required under foundational supports.

3.168 The committee notes the difficulty expressed by families/caregivers with accessing the appropriate services and supports needed in a timely and efficient way, and the stress that can emerge as a result of these difficulties.

Finding 11

Service providers and families cite a lack of clear information on foundational supports, confused and at times conflicting federal and state leadership directives and lack of clear boundary definitions of what is included and what is not, no transition funding allocated to match the scale of reform, as well as timelines as barriers to engaging in meaningful co-design for optimal system impact, causing some anxiety. Similarly, the intersectionality and fluidity between and across universal services, foundational supports and the NDIS and the assessment and eligibility criteria at each stage remains largely unknown.

3.169 The committee notes the relationship between early interventions and improved developmental health for children and their families. Trusteed community-based service providers are essential for identifying problems and improving outcomes for children in early on, but these platforms are not systematically embedded within early identification, referral and prevention pathways.

Finding 12

Getting to children and families as early as possible is critical to improving developmental health and lifelong outcomes. While universal services provide key entry points, many families engage first and most consistently through trusted community settings. However, these platforms are not systematically embedded within early identification referral and prevention pathways, limiting their ability to contribute fully to foundational supports. This fragmentation reduces opportunities to intervene early, particularly in the first 1,000 days, and increases reliance on higher-cost, crisis-driven responses later.

3.170 The committee recognises the critical role played by locally-based organisations, as trusted information hubs and centres for informal support for families. These entry points could be better and more consistently leveraged in system design and commissioning processes.

Finding 13

Families are more likely to engage with early supports through informal, community-based and relationship-driven settings such as playgroups, peer supports programs and neighbourhood services than through formal clinical or statutory pathways. However, these trusted entry points are not consistently leveraged within the current services system.

Finding 14

Local service providers, community leaders, community volunteers and families possess critical knowledge about what works in their communities, yet system design and commissioning processes do not consistently incorporate this intelligence, resulting in mismatched service models and inefficiencies.

3.171 The committee notes that insufficient resourcing is impacting the capacity of universal service providers to provide families and children with the support they need, when they need it.

Finding 15

Universal services, including maternal and child health, early learning and primary care, are increasingly supporting families with complex needs without sufficient resourcing, integration or specialist backup. This limits their ability to provide early intervention and contributes to delayed escalation into more intensive systems.

3.172 The New South Wales Government should take note of the evidence received throughout the course of the inquiry, including that presented in this interim report, when developing and implementing foundational supports.

Recommendation 2

That the New South Wales Government take note of the evidence received throughout the course of the inquiry, including that presented in this interim report, when developing and implementing foundational supports with an ongoing co-design and engagement roadmap developed to ensure families and services are valued partners in reform.

3.173 The committee heard that caring for a child with developmental delay or disability has a significant impact on the mental and physical health of parents and caregivers, who are often required to act as case managers within a fragmented system. Evidence also demonstrated that siblings play a crucial but frequently unrecognised role in informal care, advocacy and safeguarding, and themselves experience stress, isolation and reduced access to support. The committee therefore recommends that, in developing foundational and disability supports for children and young people, the New South Wales Government explicitly incorporate whole-of-family wellbeing into program design, commissioning and evaluation frameworks, including measures to identify and respond to caregiver stress, family functioning and sibling needs. This should include access to targeted mental health supports, parent capacity building, peer support and respite for caregivers and siblings; ensuring that community-based hubs and navigators are resourced to address family wellbeing; and co-design with carers, siblings and organisations with expertise in family-focused interventions.

Recommendation 3

That, in developing foundational and disability supports for children and young people, the New South Wales Government explicitly incorporate whole-of-family wellbeing into program design, commissioning and evaluation frameworks, including measures to identify and respond to family functioning and sibling needs. This should include access to targeted mental health supports, parent capacity building, peer support and respite for caregivers and siblings, ensuring that community-based hubs and navigators are resourced to address family needs and co-designed with carers, siblings and organisations with expertise in family-focused interventions.

3.174 The committee received evidence that many children experience a sharp drop-off in support as they age out of early childhood programs and attempt to navigate more complex school-age and adolescent service systems. Stakeholders highlighted that transitions around the age of 9 can coincide with escalating learning, behavioural and mental health needs, while families report confusion and gaps when moving between programs, providers and funding streams. The committee therefore recommends that the New South Wales Government co-design and fund dedicated transition pathways for children turning 9 and those 9 and older who are eligible for foundational supports, including proactive outreach, supported transition between services, and clear information for families about their options. These pathways should be co-designed with children, young people and families and include specific safeguards to prevent any interruption of essential supports at key developmental and schooling milestones.

Recommendation 4

That the New South Wales Government co-design and fund dedicated transition pathways for children turning 9 and those 9 and older who are eligible for foundational supports, including proactive outreach, supported transition between services, and clear information for families about their options. These pathways should be co-designed with children, young people and families and include specific safeguards to prevent any interruption of essential supports at key developmental and schooling milestones.

3.175 The committee heard consistent evidence that children and young people in rural and remote communities face longer waits, higher travel burdens, higher out-of-pocket costs and, in some areas, a complete absence of disability supports compared to their metropolitan peers, described by witnesses as a 'location lottery'. These inequities are compounded for Aboriginal families and families from culturally and linguistically diverse backgrounds living outside major centres, who experience additional barriers such as a lack of culturally safe services and limited local workforce capacity. In light of this, the committee recommends that the New South Wales Government develop and fund an explicit rural and remote access guarantee for foundational supports, underpinned by flexible outreach models, expanded telehealth for therapy and care coordination, mobile multidisciplinary teams, and targeted travel and accommodation subsidies to remove cost barriers for families who must travel for care. The strategy should also include structured workforce incentives to attract and retain practitioners in regional, rural and remote areas (such as scholarships, relocation support, housing and professional development), and regionally tailored commissioning that enables locally governed, place-based organisations to deliver integrated, culturally safe supports close to where families live.

Recommendation 5

That the New South Wales Government implement and fund a rural and remote access guarantee strategy for foundational supports, including outreach service models, telehealth expansion, mobile allied health teams, travel subsidy enhancements, workforce incentives and regionally tailored commissioning to address geographic inequities in access and wait times.

3.176 The committee heard extensive evidence that families and caregivers often act as case managers for their children, navigating disconnected referral pathways, unclear eligibility criteria and fragmented services across health, education and community sectors. This administrative burden exacerbates stress, delays access to timely supports, and risks children missing critical early interventions, particularly when families face system silos and inconsistent information. The committee therefore recommends that the New South Wales Government implement a statewide navigation model featuring universal 'no wrong door' access points in local communities, standardised referral protocols to ensure seamless transitions between sectors, and a secure digital platform for streamlined referrals, eligibility checks and care coordination. This system should be co-designed with children and young people, families, carers and frontline providers, include training for universal services to identify and refer children with developmental needs, and be supported by dedicated navigation staff to eliminate duplication and ensure every family receives coordinated, whole-of-family support.

Recommendation 6

That the New South Wales Government establish and fund a statewide, integrated foundational supports co-location navigation model, including local 'no wrong door' entry points, shared referral protocols across health, education and community services, and digital referral infrastructure to reduce fragmentation, administrative burden and duplication experienced by families and carers. This should be co-designed with children and young people, located in places that are accessible and integrated into the community, and should be designed to deliver timely, culturally appropriate and individualised supports.

3.177 The committee heard that Aboriginal families face disadvantage from historical and contemporary discrimination, distrust of government systems, inequitable service access and a lack of culturally safe spaces, with Aboriginal children more likely to experience developmental risk factors and live in areas with limited supports. Evidence showed these barriers compound geographic isolation in rural and remote communities, leading to lower service uptake and poorer outcomes unless solutions are locally led by trusted, community-governed providers. The committee therefore recommends that the New South Wales Government co-design governance and delivery partnerships with ACCOs for foundational supports, establishing dedicated funding streams, Aboriginal workforce development pipelines (including scholarships and mentoring), and place-based commissioning that empowers local ACCOs to prioritise and tailor services according to community-defined needs. This approach should include performance measures co-developed with Aboriginal leaders, ensuring accountability while building sustainable capacity within Aboriginal-controlled services.

Recommendation 7

That foundational supports be co-designed, governed and delivered in partnership with Aboriginal Community Controlled Organisations (ACCOs).

3.178 The committee heard that CALD families experience multiple barriers, including a lack of interpreters, stigma around disability, low health literacy and service navigation difficulties. The committee therefore recommends that the New South Wales Government establish a comprehensive equity and inclusion framework for CALD families in foundational supports design and delivery. This framework should include monitoring of CALD-specific access and outcomes, be co-designed with CALD peak bodies and families, and specific measures to build trust in foundational support systems.

Recommendation 8

That the New South Wales Government embed an equity and inclusion framework for culturally and linguistically diverse families within foundational supports.

3.179 The committee heard that many place-based providers operate in unstable funding environments reliant on short-term grants, impacting workforce retention, strategic planning and consistent service delivery for children and families. Evidence demonstrated that project-based funding creates gaps in continuity of care, high staff turnover and reactive service models that fail to meet ongoing community needs, particularly in regional and remote areas. The committee therefore recommends transitioning to multi-year block funding with built-in indexation, outcome-focused accountability measures, and co-investment opportunities.

Recommendation 9

Foundational supports funding models should include multi-year, flexible block funding arrangements, outcome-based accountability, and co-investment mechanisms to enable long-term planning, workforce stability, and continuity of care.

3.180 Evidence received throughout the inquiry highlighted the fragmentation in local service systems, short term and transactional funding cycles, and a lack of coordinated, place based decision making that impacts early intervention and continuity of support for children and young people. Stakeholders noted the need for sustained collaboration between government and non-government providers, locally governed solutions, and funding arrangements that incentivise long term partnerships rather than isolated service outputs. Relational contracting provides a proven mechanism for achieving this by establishing shared governance, joint accountability for community level outcomes, and flexible commissioning structures that enable local services to collectively triage cases, respond to emerging trends, and tailor supports to community needs. Embedding relational contracting would strengthen the foundational supports ecosystem, improve equity of access particularly in rural, remote and multicultural communities and drive measurable improvements in outcomes such as child development indicators (including AEDC data).

Recommendation 10

That the New South Wales Government implement and evaluate place-based solutions like relational contracting that reflect the unique needs and strengths of each community, particularly in rural, remote, and disadvantaged areas. The funding model should be co-designed with shared accountability among service providers, families, and community stakeholders and enable local service to jointly triage cases, review community trends, and develop collaborative responses.

3.181 The committee heard that investing in prevention rather than crisis management should be a priority, with early intervention delivering better developmental outcomes and reducing future system pressures. Evidence showed high-quality early supports in community settings prevent secondary issues like behavioural challenges and mental health problems while building family capacity and sustaining inclusion. The committee therefore recommends establishing a dedicated prevention and early intervention investment framework within foundational supports, prioritising evidence-based community delivery models, scalable early identification pathways, developmental screening integration and sustained funding for programs demonstrating long-term outcome and cost-avoidance benefits.

Recommendation 11

That the New South Wales Government establish and fund a dedicated prevention and early intervention investment framework within foundational supports, prioritising evidence-based community delivery models, scalable early identification pathways, developmental screening integration and sustained funding for programs demonstrating long-term outcome and cost-avoidance benefits.

3.182 The committee heard evidence from witnesses asking for clarity on foundational supports, with families frustrated by unclear eligibility criteria, undefined service boundaries and confusion over NDIS interfaces that create delays and a 'location lottery' of access. Evidence showed system ambiguity leads to cost-shifting, duplicated effort and children missing critical interventions while parents navigate fragmented information across health, education and community sectors. The committee therefore recommends a comprehensive, user-friendly system map detailing precise eligibility rules, service definitions, clear NDIS handoff points, regional rollout timelines, funding transitions and a centralised digital platform with multilingual eligibility tools and provider locators.

Recommendation 12

That the New South Wales Government publish a clear foundational supports system map including eligibility boundaries, service scope definitions, interface points with the NDIS and universal services, implementation timelines, transition funding allocations and a publicly accessible information platform for families and providers.

3.183 The committee heard that parents and caregivers bring unique expertise about their child's needs but may lack the capacity to navigate complex systems or implement strategies at home due to stress and isolation. Evidence showed that targeted capacity building in accessible community settings significantly improves parental mental health, strengthens family functioning and enhances child development outcomes by embedding practical skills in real-world contexts. The committee therefore recommends that foundational supports recognise parents and carers as expert partners and include universal and targeted parent capacity building programs and initiatives delivered via neighbourhood centres, playgroups and family hubs. These programs and initiatives should cover responsive parenting practices, early learning strategies, mental wellbeing support and system navigation skills. These initiatives should use non-stigmatising, strengths-based approaches with flexible delivery (including evenings/weekends), peer learning components, and measurable outcomes tied to caregiver confidence and family wellbeing rather than just child-specific metrics.

Recommendation 13

That foundational supports uphold children's right to support in their learning and educational setting and be formally embedded within playgroup, early learning and school settings through revised funding mechanisms, co-commissioned allied health supports, universal design for learning implementation, educator capability building and integrated inclusion planning between education, health and disability systems.

Recommendation 14

That the New South Wales Government develop a cross-sector workforce strategy for foundational supports that includes a transitional fund for providers, pay parity initiatives, indexed funding rates, rural workforce incentives, student placement pipelines, supervision supports and joint workforce planning with health, education and disability sectors.

Recommendation 15

That foundational supports recognise parents and carers as critical partners and include universal and targeted parent and carer capacity building initiatives focused on strengthening caregiver confidence, early learning support at home and responsive parenting practices, with delivery embedded in accessible, non-stigmatising community settings such as home, educational services (early childhood education and schools), neighbourhood centres, playgroups and family support services.

3.184 The committee heard evidence that families and carers often serve as case managers navigating fragmented systems, while children and young people with lived experience offer critical insights into what effective supports look like in practice. Stakeholders consistently called for genuine co-design processes that move beyond tokenistic consultation, emphasising the need for ongoing governance roles rather than one-off inputs to ensure services remain relevant, accountable and responsive to real needs. The committee therefore recommends that the New South Wales Government include families, carers and people with lived experience be embedded in foundational supports implementation, including advisory groups, evaluation design, commissioning input and service quality monitoring.

Recommendation 16

That families, carers and people with lived experience be embedded in foundational supports implementation, including advisory groups, evaluation design, commissioning input and service quality monitoring.

3.185 The committee heard evidence that system fragmentation forces families to repeat their stories across disconnected services, creating administrative burdens that delay access to timely supports and risk children missing critical interventions. Stakeholders highlighted how siloed data systems across health, education and community sectors prevent effective care coordination, exacerbate wait times and undermine accountability for outcomes. The committee therefore recommends that the New South Wales Government establish shared digital infrastructure featuring universal intake tools, secure consent-based information sharing protocols, comprehensive service directories, real-time referral tracking, and public outcomes dashboards to enable seamless coordination, eliminate duplication and provide transparency on system performance. This infrastructure should be co-designed with families, carers and frontline providers, incorporate privacy safeguards and digital inclusion measures for underserved communities, and integrate with existing NDIS and mainstream systems to create a single access point for foundational supports statewide.

Recommendation 17

That the New South Wales Government invest in shared digital infrastructure for foundational supports, including common intake tools, consent-based information sharing, service directories, referral tracking and outcomes dashboards to improve coordination, reduce duplication and strengthen system accountability.

Appendix 1 Submissions

No.	Author
1	Siblings Australia
2	Name suppressed
3	Name suppressed
4	Parents of Deaf Children
5	Council of Catholic School Parents NSW/ACT
6	Isolated Children's Parents' Association of NSW Inc
7	Toy Libraries Australia Inc
8	The Shepherd Centre
9	Deaf Australia
10	Australian Association of Psychologists Inc
11	Disability Council NSW
12	Royal Australasian College of Physicians
13	Autism Advisory and Support Service
14	Autism Spectrum Australia
15	Cerebral Palsy Alliance
16	Australian, New Zealand and Asian Creative Arts Therapies Association
17	At One Play Therapy
18	Office of the Advocate for Children and Young People
19	Marathon Health
20	Mission Australia
21	NSW Council of Social Service
22	Multicultural Disability Advocacy Association of NSW
23	National Disability Services
24	Speech Pathology Australia
25	Assistive Technology Suppliers Australia (ATSA)
26	Northcott Disability Services
27	Pharmaceutical Society of Australia
28	Plumtree Children's Services
29	Shaping Outcomes
30	Public Service Association of New South Wales
31	Noah's Ark Inc

No.	Author
32	People with Disability Australia
33	Allied Health Professions Australia
34	Early Childhood Intervention Best Practice Network
35	United Nations Youth Australia
36	The Institute of Special Educators (InSpEd)
37	Australian Association of Social Workers
38	Mental Health Carers NSW Inc
39	APM
40	The Australian Literacy and Numeracy Foundation
41	Autism Awareness Australia
42	Local Community Services Association (LCSA)
43	Federation of Parents and Citizens Associations of New South Wales
44	Karitane
45	AASE NSW
46	Confidential
47	Belongside Families
48	Australian Music Therapy Association
49	Carers NSW
50	Illawarra Disability Alliance
51	Australian Physiotherapy Association
52	Uniting NSW.ACT
53	NSW Government
54	Woodville Alliance
55	Occupational Therapy Australia
56	Down Syndrome NSW
57	The Hive Mt Druitt (United Way Australia)
58	Child and Family Supports Alliance NSW
59	Catholic Schools NSW
60	NSW Nurses and Midwives' Association
61	Youth Action
62	Family Advocacy
63	Special Education Principals' and Leaders' Association
64	NSW Teachers Federation
65	EarlyEd

No.	Author
66	Eapen V et al - STARS for Kids
67	Name suppressed
68	Physical Disability Council of NSW
69	Dr James Justice Bond
70	Playgroup NSW
71	Triple P International

Appendix 2 Witnesses at hearings

Date	Name	Position and Organisation
Friday, 30 May 2025 **Macquarie Room** **Parliament House, Sydney**	Mrs Morgan Fitzpatrick	Vice-chair NSW Divisional Committee, National Disability Services and CEO Koorana
	Ms Alice Lans	NSW Divisional Committee member, National Disability Services and CEO Noah's Inclusion Services
	Mx Megan Spindler-Smith	Deputy CEO, People with Disability Australia
	Mr Colin Usher	CEO, Shaping Outcomes, Early Childhood Intervention Best Practice Network
	Mrs Kerry Dominish	CEO, Early Ed, Early Childhood Intervention Best Practice Network
	Ms Tairyn Vergara	CEO, Parks Community Network and acting President, Local Community Services Association
	Mr Can Yasmut	CEO, Local Community Services Association
	Ms Maddy Williams	Policy and Research Manager, Local Community Services Association
	Ms Grainne O'Loughlin	Child and Family Supports Alliance NSW
	Ms Dina Petrakis	Child and Family Supports Alliance NSW
	Mr Nicholas Blaxell	NDIS Appeals Advocate, Multicultural Disability Advocacy Association of NSW
	Ms Gillian White	Deputy Secretary, The Cabinet Office, NSW Government
	Ms Anne Campbell	Deputy Secretary, NSW Department of Communities and Justice

Date	Name	Position and Organisation
Thursday, 19 June 2025 **Macquarie Room** **Parliament House, Sydney**	Mrs Kylie Irvin	Portfolio Manager – NDIS Western, Marathon Health
	Dr Niroshini Kennedy	President of the Paediatrics and Child Health Division, Royal Australasian College of Physicians
	Dr Lydia So	Fellow and Developmental Paediatrician, Royal Australasian College of Physicians
	Mr Antony Nicholas	CEO Osteopathy Australia / Immediate past Board Chair, Allied Health Professions Australia
	Ms Carolyn O'Mahoney	APA Titled Paediatric Physiotherapist; National Chair, Disability Group, Australian Physiotherapy Association, Allied Health Professions Australia
	Ms Lyn Brodie	CEO Speech Pathology Australia, Allied Health Professions Australia
	Mrs Michelle Oliver	Chief Occupational Therapist, Occupational Therapy Australia, Allied Health Professions Australia
	Mr Dean Murphy	Policy and Research Manager, Local Community Services Association
	Ms Nichole Callan	Child and Family Health Nurse, Member, NSW Nurses and Midwives' Association
	Ms Sylvanna Mahmic	CEO, Plumtree Children's Services
	Ms Emily Caska	CEO, Playgroup NSW

Date	Name	Position and Organisation
	Ms Ellen Hester	Lived experience individual, and Administration Officer, Playgroup NSW
	Mr Ben Fioramonte	General Manager of Children, Families and Disability Support, Settlement Services International
	Mr Matthew Johnson	President, Special Education Principals' and Leaders' Association
	Ms Gemma Quinn	CEO, Federation of P&C Associations NSW
	Ms Aresha Quaass	President, Federation of P&C Associations NSW
	Annabel Strachan	President, Isolated Children's Parents' Association of NSW Inc.
	Libby McPhee	Secretary, Isolated Children's Parents' Association of NSW Inc.
	Dr Sally Howell	President, Australian Association of Special Education NSW (Expert Panel Member of the Institute of Special Educators (InSped))
	Ms Angela Scarfe	Senior Policy Advisory, Australian Association of Social Workers
	Ms Cara Varian	CEO, NSW Council of Social Service
	Ms Olivia Wright	Director, School Gateway Project, NSW Council of Social Service
	Ms Zoë Robinson	NSW Advocate for Children and Young People

Date	Name	Position and Organisation
	Ms Emily Backhouse	Aboriginal Participation Officer, NSW Advocate for
	Ms Sonja Vujanic	Previous YAC Member, NSW Advocate for Children and Young People
	Ms Lauren Stracey	CEO, Youth Action
	Ms Ayesha Ayaz	Youth Action Member, Youth Action
	Ms Eliza Tait	Youth Action Member, Youth Action

Appendix 3 Minutes

Minutes no. 1

Wednesday, 13 November 2024
Select Committee on Foundational and Disability Supports Available for Children and Young People in NSW
Members' Lounge, Parliament House, Sydney at 1.35 pm

1. **Members present**
   Mrs Maclaren-Jones, *Chair*
   Ms Boyd, *Deputy Chair*
   Mr Buttigieg
   Mr Martin
   Mrs Mitchell
   Mr Murphy

2. **Tabling of resolution establishing the committee**
   The Chair tabled the resolution of the House establishing the committee, which reads as follows:

   (1) That a select committee be established to inquire into and report on child development, early childhood intervention services and other foundational and disability supports available for children and young people with developmental concerns, delays, differences or disabilities in New South Wales, and in particular:

      (a) the role of such services and supports on a child's overall development, health and wellbeing

      (b) the types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in metropolitan, regional, rural and remote New South Wales, including medical, community-nursing, allied health services, NDIS services and other service delivery models

      (c) the role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services

      (d) gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems

      (e) opportunities to increase engagement across sectors and improved collaboration across both government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services

      (f) other government or best practice child development and early childhood intervention service models and programs operating outside of New South Wales

      (g) workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers, and

      (h) measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational supports, and

      (i) any other related matter.

(2) That, notwithstanding anything to the contrary in the standing orders, the committee consist of seven members comprising:

(a) three government members

(b) two opposition members, one being Mrs Maclaren-Jones, and

(c) two crossbench members, one being Ms Boyd.

(3) That the Chair of the committee be Mrs Maclaren-Jones and the Deputy Chair be Ms Boyd.

(4) That, unless the committee decides otherwise:

(a) all inquiries are to be advertised via social media, stakeholder emails and a media release distributed to all media outlets in New South Wales

(b) submissions to inquiries are to be published, subject to the Committee Clerk checking for confidentiality and adverse mention and, where those issues arise, bringing them to the attention of the committee for consideration

(c) attachments to submissions are to remain confidential

(d) the Chair's proposed witness list is to be circulated to provide members with an opportunity to amend the list, with the witness list agreed to by email, unless a member requests the Chair to convene a meeting to resolve any disagreement

(e) the sequence of questions to be asked at hearings alternate between Opposition, crossbench and Government members, in that order, with equal time allocated to each

(f) transcripts of evidence taken at public hearings are to be published

(g) supplementary questions are to be lodged with the Committee Clerk within two business days following the receipt of the hearing transcript, with witnesses requested to return answers to questions on notice and supplementary questions within 21 calendar days of the date on which questions are forwarded to the witness

(h) answers to questions on notice and supplementary questions are to be published, subject to the Committee Clerk checking for confidentiality and adverse mention and, where those issues arise, bringing them to the attention of the committee for consideration, and

(i) media statements on behalf of the committee are to be made only by the Chair.

(5) That the committee report by 31 October 2025.

3. Conduct of committee proceedings

3.1 Media

The committee noted the Broadcast of Proceedings resolution (as amended by the Legislative Council on 19 October 2022), in particular the provisions relating to the filming, broadcasting, rebroadcasting and photography of committee proceedings, including:

(4) That unless resolved otherwise by a committee, this House authorises:

(a) the filming, broadcasting and photography of members and witnesses in committee proceedings:

(i) by representatives of media organisations, including from around the committee meeting table,

(ii) by any member of the public, from the position of the audience, and

(b) the rebroadcasting of committee proceedings on the Legislative Council and Parliament's social media channels.

4. Conduct of inquiry into foundational and disability supports available for children and young people in NSW

4.1 DPS Briefing paper

Resolved, on the motion of Mr Murphy: That the committee commission DPS Research Service to prepare a briefing paper on the inquiry's terms of reference.

4.2 Closing date for submissions

Resolved, on the motion of Mr Murphy: That the closing date for submissions be Sunday, 31 March 2025.

4.3 Stakeholder list

Resolved, on the motion of Mr Martin: That:

- the secretariat circulate to members the Chair's proposed list of stakeholders to be invited to make a submission
- members have two days from when the Chair's proposed list is circulated to make amendments or nominate additional stakeholders
- the committee agree to the stakeholder list by email, unless a meeting of the committee is required to resolve any disagreement.

4.4 Approach to submissions

Resolved, on the motion of Mr Martin: That, to enable significant efficiencies for members and the secretariat while maintaining the integrity of how submissions are treated, in the event that 50 or more individual submissions are received, the committee may adopt the following approach to processing short submissions:

- All submissions from individuals 250 words or less in length will:
  - have an individual submission number, and be published with the author's name or as name suppressed, or kept confidential, according to the author's request
  - be reviewed by the secretariat for adverse mention and sensitive/identifying information, in accordance with practice
  - be channelled into one single document to be published on the inquiry website
- All other submissions will be processed and published as normal.

4.5 Online questionnaire

Resolved, on the motion of Mrs Mitchell: That:

- the committee use an online questionnaire to capture individuals' views, and that the draft questions for this questionnaire be circulated and agreed by the committee over email, unless a formal meeting is needed to resolve any disagreement
- the closing date for the online questionnaire be Sunday 31 March 2025.
- the online questionnaire be promoted in the media release announcing the establishment of the inquiry and on the inquiry webpage
- individual responses to the online questionnaire be kept confidential
- the secretariat prepare a summary report of responses to the online questionnaire, with this report circulated and agreed by the committee over email, unless a formal meeting is needed to resolve any disagreement

- the committee not accept proformas.

4.6 Hearings and site visit dates

Resolved, on the motion of Mr Murphy: That the timeline for hearings and site visits be considered by the committee following the receipt of submissions. Further, that hearing dates and site visits be determined by the Chair after consultation with members regarding their availability.

4.7 Accessible versions of committee's report

Resolved, on the motion of Ms Boyd: That the committee authorise the creation of accessible versions of the committee's report upon tabling.

5. Adjournment

The committee adjourned at 1.42 pm, *sine die.*

Emma Rogerson
Committee Clerk

Minutes no. 2

Friday 30 May 2025
Select Committee on Foundational and Disability Supports
Macquarie Room, Parliament House, Sydney, 9.02 am

1. Members present

Mrs Maclaren-Jones, *Chair*
Ms Boyd, *Deputy Chair*
Mr Buttigieg (via videoconference)
Mr D'Adam
Mr Fang (substituting for Mrs Mitchell, until 11.00 am)
Mr Martin
Mrs Mitchell (via videoconference, from 11.00 am)
Mr Murphy

2. Previous minutes

Resolved, on the motion of Mr D'Adam: That draft minutes no. 1 be confirmed.

3. Correspondence

The committee noted the following items of correspondence:

Received

- 19 February 2025 – Letter from Ms Sandy Fitter, Group Head, Strategic Relations, Research and Policy, Settlement Services International to secretariat, requesting an invitation to appear before the committee
- 29 May 2025 – Letter from Hon Kate Washington MP, Minister for Families and Communities and Disability Inclusion, to the committee, providing supplementary information about Commonwealth and state and territory commitments about foundational supports.

4. Submission closing date

The committee noted that it agreed via email to extend the submission closing date from Monday 31 March 2025 to Sunday 27 April 2025. Further, that in the circumstances that the online questionnaire was not explicitly considered at the time, the Chair requested the secretariat to update the closing date for the questionnaire to that for submissions.

5. Briefing paper

The committee noted that it agreed via email to authorise the publication of the briefing paper prepared by the Parliamentary Research Service, received 27 March 2025.

Resolved, on the motion of Mr Murphy: That the committee authorise the publication of the briefing paper prepared by the Parliamentary Research Service, received 27 March 2025.

6. Public submissions

The committee noted that the following submissions were published by the committee clerk under the authorisation of the resolution appointing the committee: submissions nos. 1, 4 – 38, 40 – 45, and 47 – 66, 68 and 69.

7. Partially confidential submissions

Resolved, on the motion of Mr D'Adam: That the committee keep the following information confidential, as per the request of the author: names and/or identifying and sensitive information in submissions nos. 2 and 3.

Resolved, on the motion of Mr D'Adam: That the committee authorise the publication of submissions nos. 39 and 67, with the exception of identifying and/or sensitive information which are to remain confidential, as per the request of the author.

8. Confidential submissions

Resolved, on the motion of Mr D'Adam: That the committee keep submission no. 46 confidential, as per the request of the author.

9. Public hearing

Sequence of questions

Resolved, on the motion of Mr Fang: That the allocation of questions to be asked at the hearing be left in the hands of the Chair.

Witnesses, the public, and the media were admitted at 9.15 am.

The Chair made an opening statement regarding the broadcasting of the proceedings and other matters.

The following witnesses were sworn and examined:

- Mrs Morgan Fitzpatrick, Vice-chair NSW Divisional Committee, National Disability Services and CEO Koorana
- Ms Alice Lans, NSW Divisional Committee member, National Disability Service and CEO Noah's Inclusion Services.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mx Megan Spindler-Smith, Deputy CEO, People with Disability Australia (via videoconference).

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Mr Colin Usher, CEO, Shaping Outcomes, Early Childhood Intervention Best Practice Network
- Mrs Kerry Dominish, CEO, Early Ed, Early Childhood Intervention Best Practice Network.

Mrs Kerry Dominish tendered the following document and requested that it be kept confidential:

- A Key Worker Model in Foundational Supports.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Tairyn Vergara, CEO, Parks Community Network and acting President, Local Community Services Association
- Mr Can Yasmut, CEO, Local Community Services Association
- Ms Maddy Williams, Policy and Research Manager, Local Community Services Association.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Grainne O'Loughlin, Child and Family Supports Alliance NSW
- Ms Dina Petrakis, Child and Family Supports Alliance NSW.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mr Nicholas Blaxell, NDIS Appeals Advocate, Multicultural Disability Advocacy Association of NSW.

The evidence concluded and the witnesses withdrew. The media and public withdrew.

10. Reporting date

Resolved, on the motion of Mrs Mitchell: That the Chair seek a resolution from the House to extend the reporting deadline until 29 May 2026.

11. Hearing dates

The committee noted that it initially agreed via email to hold hearings on the following dates: Wednesday 14 May (Parliament), Thursday 22 May (regional), Friday 30 May (Parliament), Wednesday 18 June and Thursday 19 June (regional).

The committee noted that:

- it subsequently agreed via email to postpone the hearings on Wednesday 14 May and Thursday 22 May
- the Wednesday 18 June would not proceed, and that the Thursday 19 June hearing would take place at Parliament House
- further dates will be scheduled for hearings and a site visit later in the year and/or in early 2026.

12. Tabled documents

Resolved, on the motion of Ms Boyd: That the committee accept and keep confidential the following document tendered during the public hearing:

- 'A Key Worker Model in Foundational Supports', tendered by Mrs Kerry Dominish, CEO, Early Ed, Early Childhood Intervention Best Practice Network.

13. Public hearing (resumed)

Witnesses, the public, and the media were re-admitted at 3.30 pm.

The following witnesses were sworn and examined:

- Ms Gillian White, Deputy Secretary, The Cabinet Office, NSW Government
- Ms Anne Campbell, Deputy Secretary, NSW Department of Community and Justice.

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 4.14 pm.

14. Adjournment

The committee adjourned at 4.15 pm, until Thursday 19 June 2025, Macquarie Room, Parliament House (hearing).

Verity Smith
Committee Clerk

Minutes no. 3
Thursday 19 June 2025
Select Committee on Foundational and Disability Supports
Jubilee Room, Parliament House, Sydney at 9.03 am

1. **Members present**
Mrs Maclaren-Jones, *Chair*
Ms Boyd, *Deputy Chair*
Mr Barrett (substituting for Mrs Mitchell) (via videoconference)
Mr Buttigieg (via videoconference)
Mr D'Adam
Mr Martin
Mr Murphy

2. **Previous minutes**
Resolved, on the motion of Mr Murphy: That draft minutes no. 2 be confirmed.

3. **Correspondence**
The committee noted the following items of correspondence:

Received
- 10 June 2025 – Email from Mr John Skene, Disability Officer, New South Wales Teachers Federation to secretariat, requesting to appear with teacher members at future hearing.

Sent
- 29 May 2025 – Letter from the Chair to the Hon Kate Washington MP, Minister for Families and Communities, and Minister for Disability Inclusion, thanking her for her letter dated 29 May 2025 providing supplementary information about Commonwealth and state and territory commitments about foundational supports, and for her assistance to the committee.

4. **Extension to reporting date**
The committee noted that on 4 June 2025, the House resolved to extend the reporting date for this inquiry to 29 May 2026.

5. **Professional photography at hearing**
Resolved, on the motion of Mr Murphy: That the committee authorise professional photographers, commissioned by the Department of the Legislative Council, to take photos at today's hearing from 11.30 to 12.00 pm.

6. **Online questionnaire summary report**
Resolved, on the motion of Mr D'Adam: That the committee publish the online questionnaire summary report on the inquiry website.

7. **Public hearing**

Sequence of questions

Resolved, on the motion of Mr D'Adam: That the allocation of questions to be asked at the hearing be left in the hands of the Chair.

Witnesses, the public, and the media were admitted at 9.15 am.

The Chair made an opening statement regarding the broadcasting of the proceedings and other matters.

The following witness was sworn and examined:

- Mrs Kylie Irvin, Portfolio Manager – NDIS Western, Marathon Health.

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Dr Niroshini Kennedy, President of the Paediatrics and Child Health Division, Royal Australasian College of Physicians (via videoconference)
- Dr Lydia So, Fellow and Developmental Paediatrician, Royal Australasian College of Physicians (via videoconference).

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Antony Nicholas, CEO Osteopathy Australia/Immediate past Board Chair, Allied Health Professions Australia
- Ms Carolyn O'Mahoney, APA Titled Paediatric Physiotherapist; National Chair, Disability Group, Australian Physiotherapy Association, Allied Health Professions Australia (via videoconference)
- Ms Lyn Brodie, CEO Speech Pathology Australia, Allied Health Professions Australia (via videoconference)
- Mrs Michelle Oliver, Chief Occupational Therapist, Occupational Therapy Australia, Allied Health Professions Australia (via videoconference)
- Mr Dean Murphy, Professional Officer, NSW Nurses and Midwives' Association
- Ms Nichole Callan, Child and Family Health Nurse, Member, NSW Nurses and Midwives' Association (via videoconference).

Mr Dean Murphy tendered the following document:

- 'Little Wings boost regional child health care', The Lamp, June/July 2025, p 22-23.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Sylvana Mahmic, CEO, Plumtree Children's Services
- Ms Kylie Aekins, Parent-Peer Hub Leader, Plumtree Children's Services
- Ms Emily Caska CEO, Playgroup NSW
- Ms Ellen Hester, Lived experience individual, and Administration Officer, Playgroup NSW.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mr Ben Fioramonte, General Manager of Children, Families and Disability Support, Settlement Services International.

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Mr Matthew Johnson President, Special Education Principals' and Leaders' Association
- Ms Gemma Quinn, CEO, Federation of P&C Associations NSW

- Mr Patrick Doumani, Member services and Research Officer, Federation of P&C Associations NSW
- Annabel Strachan, President, Isolated Children's Parents' Association of NSW Inc. (via videoconference)
- Libby McPhee, Secretary, Isolated Children's Parents' Association of NSW Inc. (via videoconference).

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Dr Sally Howell, President, Australian Association of Special Education NSW (Expert Panel Member of the Institute of Special Educators (InSped)).

The evidence concluded and the witness withdrew.

The following witness was sworn and examined:

- Ms Angela Scarfe, Senior Policy Advisor, Australian Association of Social Workers (via videoconference).

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Ms Cara Varian, NSW Council of Social Service
- Ms Olivia Wright, Director, School Gateway Project, NSW Council of Social Service.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Zoë Robinson, NSW Advocate for Children and Young People
- Ms Emily Backhouse, Aboriginal Participation Officer, NSW Advocate for Children and Young People
- Ms Sonja Vujanic, Previous YAC Member, NSW Advocate for Children and Young People
- Ms Lauren Stracey, CEO, Youth Action
- Ms Ayesha Ayaz, Youth Action Member, Youth Action
- Ms Eliza Tait, Youth Action Member, Youth Action.

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 5.13 pm.

8. Tabled documents

Resolved, on the motion of Mr D'Adam: That the committee accept the following document tendered during the public hearing:

- 'Little Wings boosts regional child health care', The Lamp, June/July 2025, p 22-23, tendered by Mr Dean Murphy, Professional Officer, NSW Nurses and Midwives' Association.

9. Other business

Resolved, on the motion of Ms Boyd: That the committee authorise the publication of submission no. 70.

Resolved, on the motion of Ms Boyd: That the committee authorise the publication of correspondence, and attached document, from Sandy Fitter, Group Head, Strategic Relations, Research and Policy, Settlement Services International, providing information about their services, dated 19 February 2025.

10. Adjournment

The committee adjourned at 5.15 pm, *sine die*

Sarah Newlands
Committee Clerk

Draft minutes no. 4
Friday 13 February 2026
Select Committee on Foundational and Disability Supports
Room 1043, Parliament House, Sydney at 9.37 am

1. Members present
Mrs Maclaren-Jones, *Chair*
Ms Boyd, *Deputy Chair*
Mr Buttigieg (via videoconference)
Mr D'Adam (via videoconference)
Mrs Mitchell (via videoconference)
Mr Murphy (via videoconference)

2. Apologies
Mr Martin

3. Previous minutes
Resolved, on the motion of Mr D'Adam: That draft minutes no. 3 be confirmed.

4. Answers to questions on notice and additional information
The committee noted the following answers to questions on notice and additional information were published by the committee clerk under the authorisation of the resolution appointing the committee:

- answers to questions on notice from Multicultural Disability Advocacy Association, received 26 June 2025
- answers to questions on notice and additional information from Local Community Services Association, received 27 June 2025
- answers to questions on notice from Department of Communities and Justice, received 27 June 2025
- answers to questions on notice from The Cabinet Office, received 27 June 2025
- answers to questions on notice from Child and Family Supports Alliance, received 30 June 2025
- answers to questions on notice from Settlement Services International, received 1 July 2025
- answers to questions on notice from New South Wales Nurses and Midwives' Association, received 11 July 2025
- answers to questions on notice from The Royal Australasian College of Physicians, received 17 July 2025
- answers to questions on notice from NSW Council of Social Service, received 17 July 2025
- answers to questions on notice and additional information from Allied Health Professions Australia received 17 July 2025.

5. Proposal to produce an interim report
The committee noted that it agreed to the following via email on 24 September 2025:

- produce an interim report based on the submissions received and the hearings held so far, to be tabled in February 2026
- hold further hearings following this
- extend the reporting date of the inquiry to the end of 2026.

6. Extension of reporting date

The committee noted that on 15 October 2025, the House resolved to extend the reporting date for this inquiry to 24 December 2026.

7. Consideration of Chair's draft interim report

The Chair submitted her draft interim report entitled 'Foundational and Disability Supports Available for Children and Young People in New South Wales: First Report', which, having been previously circulated, was taken as being read.

Ms Boyd moved:

a) That page xiv be amended by inserting the following paragraphs at the end:

> 'Commonly used terms throughout the report
>
> 'Parents', 'carers' and 'caregivers' may be used alone, together or interchangeably in this report, while acknowledging that parents are not necessarily carers and vice versa. In the context of this report, the use of any of these terms refers to someone who has responsibility for the child or young person and is making decisions about their education or care.
>
> References to disability includes physical, intellectual and psycho-social disability. A person can have more than one disability and/or type of disability.
>
> Developmental delay is used throughout the report to refer to children and young people who have experienced or are experiencing delays in developing some skills or developmental milestones more slowly than other children of the same age.
>
> This report uses both person-centred and identity-centred language regarding disability in recognition that different people use different language to refer to themselves.'

b) That the following new chapter be inserted before current chapter 1:

> 'Chapter 1: The voices of children and young people
>
> This chapter provides some direct accounts from children and young people about the importance of valuing, recognising and prioritising the voices of children and young people through decision-making processes that directly impact their lives. This was emphasised as a key part of ensuring children and young people are empowered to have autonomy, choice and control over what their support and access needs are.
>
> Ms Emily Backhouse, Aboriginal Participation Officer, NSW Advocate for Children and Young People said in the hearing:
>
> I would really appreciate a bit of an education piece for families and for carers, to actually acknowledge and to understand their rights when accessing services and not just falling into the trap of listening to GPs and paediatricians. They do great work. But I think there's a lot of times, especially when there's such a strain, that it's so easy to just push to the side and put into the too-hard basket. I think that's happening more and more, especially with this strain on services, and so I think getting families to acknowledge and to understand where they can sit.
>
> From my perspective as someone, again, who's very well educated and very well related within this kind of space, I find it very difficult to do things like NDIS applications and to fill out forms and to remember details. I think creating some sort of thing where we can build that communication between practitioners—there is no communication currently. When you're having to jump between public and private, and especially in different local health districts, that's causing even more complexity. I know there are many things in there; but I think, again, a piece around younger children—we are missing their voices and we're missing their participation. We're relying on parents, families and carers maybe a little bit too much to tell us what their young children need when they can actually tell us themselves. That would be a really nice, hopeful dream."

Ms Eliza Tait, Youth Action Member, Youth Action said during the hearing:

As a young person living with a disability and navigating the education system, I know firsthand how critical foundational supports are. At 13, I was hospitalised against my will. Soon after, I was excluded from a private school, not because I lacked ability but because they lacked the will to support my needs. I was labelled too complex and too difficult, and repeatedly made to feel like I didn't belong. That exclusion hurt, but, more than anything, it made me angry—angry that systems built to serve young people were failing the ones who needed them most. What I want this inquiry to hear clearly is tying access to foundational support to formal diagnosis creates a harmful binary between those deemed eligible and those left behind. Foundational support must be youth specific, flexible and accessible before diagnosis.

The medical model that currently underpins all our servicing is damaging young people. Behind me—I am sure he wouldn't mind me saying—one of my peers has been excluded from school due to the fact of exclusion, of bullying, of ableism. It is the same story as me. If we had services which saw us as whole people and saw us as kids and not just our disability or the fact that we don't have our paperwork, if we had more compassion in our systems to go, "This is a 13-year-old who wants to get to school. They are trying really hard and they are not able to because of this discrimination," I think it would change every kid's life with a disability in New South Wales.

Speaking on behalf of the youth sector, Ms Lauren Stracey, CEO, Youth Action:

We talk a lot at Youth Action about the fact that we need to take a rights-based approach to the way that we work with young people. I think that is critical and fundamental to this all, but I think we need to invest heavily in the early intervention space for the nought to five—that kind of early years—but adolescence is the second wave of neuroplasticity, so we need to have some solid investment in that space as well. The benefit of investing in that particular developmental period is that we have these absolute legends over here who can help inform it and help co-design it. They not only bring what they know now; their childhood wasn't long ago, so they can also reflect on what they needed and what they were missing out on. Being able to have investment that is really driven by young people's voices, that has a rights-based approach and that really looks at that whole person would be fantastic to see.

One of the things that we heard in our consultations that some of the young people here were part of was that that whole challenge created another set of challenges that they were then having to navigate. You were having to advocate for yourself at school, and the energy that that took then impacted your mental health. You were having to pull resources from other parts of your world to be able to maintain education, which meant that you then collapsed when you got home and you weren't able to engage in family in the same ways.

Similarly, young people are also speaking to the fact that being able to engage with the supports that they needed—being able to go to your psychologist, for example, and learn some skills that might support you in another domain and then being able to go to a specialised youth space like a youth centre or a youth hub or something like that, where you have supportive adults to be able to hold you while you enacted those skills— actually meant that you got better benefit from the thing that you were accessing treatment for. If you haven't got the opportunity to generalise that and if it only happens in a clinical environment, the learning doesn't get embedded in quite the same way. There are lots of opportunities where we can broaden out what we think of in terms of this kind of support to be able to create whole ecosystems which can hold young people as they develop.

Finding 1:

That the voices of children and young people must be recognised, valued and prioritised through decision-making processes, as a crucial part of ensuring children and young people have autonomy around what their support and access needs are.'

c) That the following new paragraph be inserted after paragraph 1.6:

> 'Following the NDIS Review, on 22 August 2024 the *National Disability insurance Scheme Amendment (Getting the NDIS Back on Track No.1) Bill 2024* passed the Australian Parliament. This made significant changes to the NDIS, including the introduction of new approved and prohibited supports lists, a new planning and eligibility framework which includes a new needs assessment process, and debt recovery powers.'

d) That the following new paragraph be inserted after paragraph 1.9:

> 'In August 2025, the federal government announced a new program called Thriving Kids, which aims to divert children under nine years old with developmental delay and/or autism with low to moderate support needs from the NDIS. Thriving Kids is proposed to be delivered by state and territory governments. In early February 2026, the Federal Government released its model for Thriving Kids, to be implemented by January 2028. The committee acknowledges that while this announcement was made after the inquiry's initial hearings took place, it is a particularly important development in the context of this inquiry. The committee will consider this and other recent developments throughout the rest of the inquiry.'

e) That paragraph 1.11 be amended by inserting before 'It is difficult to say…':

> 'Approximately 1.35 million people of NSW's population of 8.17 million people live with disability, or one in four people. Not all people with disability experience developmental delay during childhood, however many people who experience developmental delay during childhood identify as a person with disability. Australia has human rights obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child to prioritise and uphold the rights of people with disability, including children and young people. In the context of these enshrined rights, it is paramount that the voices of children and young people are recognised, valued and prioritised through decision-making processes and have autonomy around what their support and access needs are. The CRPD social model recognises disability as a natural aspect of human diversity.'

f) That paragraph 1.11 be amended by inserting at the end:

> 'Many children and young people do not receive a formal diagnosis for a particular disability/disabilities during the early years of their life, and many do not receive one until much later in life. Identifying as a person with disability does not depend on receiving a formal diagnosis. Many people with disability never receive a formal diagnosis in their lifetime.'

g) That paragraph 1.33 be amended by inserting at the end:

> 'The CRPD imposes obligations on states to 'ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.' This includes the obligation to 'provide early and comprehensive information, services and support to children with disabilities and their families.'

h) That paragraph 1.48 be amended by omitting 'The NDIS was rolled out across Australia in 2020' and inserting instead:

> 'In March 2013, legislation to establish the NDIS was passed, and the National Disability Insurance Agency (NDIA) was formed to deliver the NDIS across all Australian states and territories. Following a lengthy trial period, the NDIS was rolled out in NSW on 1 July 2017, and was rolled out across every jurisdiction by 2020.'

i) That paragraph 1.59 be amended by

   i. inserting the following new dot point after 'or long-day care before school entry':

      - 'DCJ is responsible for administering the Targeted Earlier Intervention (TEI) program and Family Connect and Support (FCS) services. These programs are undergoing a recommissioning process where they are scheduled to be combined under one program.'

ii. inserting the following new dot point after 'and capacity building':

- 'Neighbourhood and community centres (NCCs) are the largest community-led infrastructure network in NSW. NCCs operate as service providers within the diverse community services sector, facilitate community development projects, and coordinate service delivery. There are 175 NCCs in NSW. The NSW government is one of the few state governments in Australia that does not support neighbourhood and community centres (NCCs) through the provision of ongoing core funding.'

iii. inserting the following new dot point after 'electronic form':

- 'The DOE's Start Strong program seeks to improve affordability of preschool education, support quality uplift in preschool education, drive improved outcomes for children, and incentivise increased enrolment and attendance in quality preschool programs in the years before school.'

j) That paragraph 2.6 be amended by:

i. inserting '(NSWNMA)' after 'New South Wales Nurses and Midwives' Association'

ii. inserting 'The NSWNMA explained in their submission that the role of nurses and midwives during this time is instrumental in early identification and referral for possible disability from conception through to childhood' after 'vital years'.

k) That paragraph 2.9 be amended by inserting the following new dot point at the end:

- 'Over-reliance on needing a diagnosis also impacts many families who are unable to access a formal diagnosis, as they are then not able to access other supports.'

l) That the following new paragraph be inserted after paragraph 2.64:

'Playgroup NSW in their submission spoke about the role of playgroups in acting as navigation hubs, soft entry points, capacity builders and community connectors:

> Playgroups sit at the intersection of multiple sectors. We are:
>
> • Soft entry points into formal systems, requiring no diagnosis or eligibility to attend
>
> • Preventive platforms, identifying early concerns in development, parenting, or safety
>
> • Navigation hubs, helping families access services such as ECE, health, allied health, early childhood intervention (ECI), and support coordination
>
> • Capacity-builders, supporting parents and caregivers with knowledge, confidence, and skills
>
> • Community connectors, strengthening social capital, peer networks, and early identification of vulnerable children

Our service model includes both community and supported playgroups, including supported playgroups for specific cohorts such as children with a disability or delay, Aboriginal and Torres Strait Islander families, children and families from culturally diverse backgrounds and early learning readiness. So too, community playgroups play a vital—yet often overlooked—role in inclusive early childhood development, parent capacity and community connection, including for children with a disability or delay.

Ms Zoë Robinson, NSW Advocate for Children and Young People, spoke about the importance of community based navigators in the hearing:

> We're not creating spaces where you have to almost build another avenue to advocate for it. You should be creating spaces where people can step in; that is what service is about. It is saying that we've created a space. Everyone talks about it: youth hubs, one-stop shops or whatever you want to call them. They are places where someone can come or someone can go to that person and say, "What are the things that you need?" Then it is our role to

> make sure that you have those things. We still have to start with what people have a right to, as opposed to expecting it to be carried by community people, carers and individuals. We have a role and a capacity in that space to say, "Actually, we're going to do our best to enable and ensure, and we're not going to negotiate any of that away".'

m) That paragraph 2.118 be amended by inserting the following new paragraph after 'their needs.':

> 'Megan Spindler-Smith, Deputy Chief Executive Officer of People with Disability Australia, explained the importance of co-design with children and young people with disability in the hearing on 30 May 2025:
>
> > One of the things that gets left behind a lot of the time—and this is discussed as part of the Convention on the Rights of the Child—is that children and young people are not actually included in the design of what is needed. That key co-design and direct collaboration is what is being requested so that these supports are disability- and person-centred. They then allow for that space of intersectional lived experiences for our very diverse New South Wales.'

n) That the following new recommendation be inserted after Finding 5:

> **'Recommendation X**
>
> > That the New South Wales Government provide sustainable and ongoing core funding for neighbourhood and community centres'.

o) That paragraph 2.171 be amended by inserting 'and fund' after 'That the New South Wales Government implement'.

p) That paragraph 2.172 be amended by inserting 'children and young people,' after 'This system should be co-designed with'.

q) That recommendation 5 be amended by:

   i. inserting 'and fund' after 'That the New South Wales Government establish'.
   ii. inserting 'co-location' after 'a statewide, integrated foundational supports'.
   iii. inserting at the end: 'This should be co-designed with children and young people, located in places that are accessible and integrated into the community, and should be designed to deliver timely, culturally appropriate and individualised supports'.

r) That paragraph 2.177 be amended by inserting 'and fund' after 'That the New South Wales Government establish'.

s) That paragraph 2.179 be amended by:

   i. inserting 'and carers' after 'recognise parents'.
   ii. inserting 'and carer' after 'targeted parent'.

Question put and passed.

Mr D'Adam moved:

a) That Finding 9 be amended by omitting 'to access to curriculum' and inserting instead 'improve educational outcomes'.

b) That Recommendation 2 be amended by omitting 'caregiver wellbeing' after 'measures to identify and respond to'.

c) That Recommendation 8 be amended by omitting 'That foundational supports funding models transition from short term, project based grants to' and inserting instead 'Foundational supports funding models should include'.

d) That Recommendation 14 be amended by omitting 'expert' and inserting instead 'critical'.

e) That Recommendation 14 be amended by omitting 'mental wellbeing' after 'strengthening caregiver confidence,'.

Question put and passed.

Mr D'Adam moved: That Recommendation 3 be amended by omitting 'New South Wales' and inserting instead 'Commonwealth'.

Question put.

The committee divided.

Ayes: Mr Buttigieg, Mr D'Adam, Mr Murphy.

Noes: Ms Boyd, Mrs Maclaren-Jones, Mrs Mitchell.

There being an equality of votes, question resolved in the negative on the casting vote of the Chair.

Mr D'Adam moved: That Recommendation 4 be amended by omitting 'travel subsidy enhancements' after 'mobile allied health teams,'.

Question put.

The committee divided.

Ayes: Mr Buttigieg, Mr D'Adam, Mr Murphy.

Noes: Ms Boyd, Mrs Mclaren-Jones, Mrs Mitchell.

There being an equality of votes, question resolved in the negative on the casting vote of the Chair.

Mr D'Adam moved: That Recommendation 12 be omitted:

> **'Recommendation 12**
>
> That foundational supports uphold children's right to support in their learning and educational setting and be formally embedded within playgroup, early learning and school settings through revised funding mechanisms, co-commissioned allied health supports, universal design for learning implementation, educator capability building and integrated inclusion planning between education, health and disability systems.'

The committee divided.

Ayes: Mr Buttigieg, Mr D'Adam, Mr Murphy

Noes: Ms Boyd, Mrs Mclaren-Jones, Mrs Mitchell.

There being an equality of votes, question resolved in the negative on the casting vote of the Chair.

Resolved, on the motion of Mr D'Adam: That:

The draft report as amended be the report of the committee and that the committee present the report to the House;

The committee secretariat correct any typographical, grammatical and formatting errors prior to tabling

The committee secretariat be authorised to update any committee comments where necessary to reflect changes to recommendations or new recommendations resolved by the committee

Dissenting statements be provided to the secretariat within 24 hours after receipt of the draft minutes of the meeting

The secretariat is tabling the report at 2.00 pm, Friday, 20 February 2026

The Chair to advise the secretariat and members if they intend to hold a press conference, and if so, the date and time.

8. Other business

Resolved, on the motion of Mr D'Adam: That the committee thank the secretariat for their work on the inquiry.

9. Adjournment

The committee adjourned at 9.46 am, *sine die*.

Markus Bell
Committee Clerk