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Select Committee on Foundational and Disability Supports Available for  
Children and Young People in New South Wales  
Legislative Council  
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**RACP responses to Questions on Notice – NSW Inquiry into Foundational and Disability  
Supports available to Children and Young People - Inquiry Hearing 19 June 2025**

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*The CHAIR: I might start, before handing over to the Deputy Chair. One of your recommendations is around expanding respite care services. I am interested to know where you see some of those gaps existing at the moment.*

*NIROSHINI KENNEDY: I might let you take that, Lydia.*

*LYDIA SO: Sorry, I couldn't see across the room. I was wondering if I could take that first question on notice?*

*The CHAIR: That is fine. I am happy for you to take any question on notice.*

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**RACP response (July 2025) –**

The RACP submission recommends ensuring implementation of respite care where it is currently lacking. In NSW, families of children and young people with disability face a number of barriers to accessing to timely, appropriate respite services, including.

- **Shift to in-home models:** Following the privatisation of Ageing, Disability and Home Care NSW, many families and carers have lost access to centre-based respite options. Under the National Disability Insurance Scheme (NDIS), respite is typically delivered in-home, which does not meet the needs of families and carers in crisis or those who need separated time. Families and carers report feeling desperate and unsupported around their options.
- **Workforce shortages and quality concerns:** There is a shortage of skilled respite workers across NSW. There is also limited sector appetite to offer overnight or out-of-home care due to risks and costs. Some families have reported avoiding available services due to poor quality and lack of trust of service providers.
- **NDIS-related access barriers:** Families and carers face administrative burdens, inconsistent planning outcomes, and long delays in securing respite through the NDIS. Many are unaware of respite options unless they engage an advocate.



- **Equity gaps:** Rural and remote families and carers face long wait times and travel distances. Aboriginal and Torres Strait Islander families often encounter culturally unsafe services.

These systemic issues continue to prevent families from accessing the respite they need. The RACP recommends coordinated action across government and service sectors to ensure **equitable, culturally safe, and timely implementation** of respite care options for families and carers of children with disability.

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*The CHAIR: My final question—Dr So, you talked about workforce shortages, particularly in certain sectors. I am interested to know what those sectors are, that you are aware of, that there are particular workforce shortages in being able to service the needs of families.*

*LYDIA SO: Would it be okay to add to what Dr Kennedy had said about the earlier question before I answer the workforce shortages? I did say that our service doesn't provide outreach, but actually we are embedded in the community paediatrics service and we are based across different community health centres. So I suppose, in a way, that is providing outreach. In relation to workforce, I was wondering, maybe Dr Kennedy, you might be able to talk a little bit more about that one?*

*NIROSHINI KENNEDY: Of course, Lydia. While I can't speak to the exact services in New South Wales, in general terms what we're hearing across Australia is there are great waiting lists for children with developmental and behavioural conditions, and the waiting lists are linked to a number of things—a growing need, but also workforce shortages across diagnostic services, treatment services, follow-up services and allied health. Certainly, there is a huge inequity, as well, in terms of access. Many families choose to use private services when the waiting lists at public services are insurmountable, but that is not an equitable option for a lot of families. And that means that the most vulnerable are missing out. Certainly there is a lot of concern amongst paediatricians about workforce shortages and the maldistribution, particularly across rural and regional areas and particularly for priority populations—so in the Aboriginal community controlled sector and in other vulnerable populations. We can certainly take this question on notice and give you some more specific data around New South Wales. We'd be happy to come back to you on that, but that's in broad terms—what we were referring to in our submission.*

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## **RACP response (July 2025) –**

We understand the Chair's question to be directed to Dr Kennedy's mention of workforce shortages in her opening statement, and in the RACP submission.

There are significant and complex workforce challenges in the child development and early intervention sectors in NSW, particularly in developmental paediatrics. These include:

### **1. Staffing shortages and maldistribution**

- There are long wait times to see a paediatrician in NSW, both in the public health and private sectors, often between 12 months and 3 years. This is more pronounced in regional, rural and remote communities, as well as Indigenous communities.
- While there are over 1,300 paediatric members of the Royal Australasian College of Physicians (RACP) in NSW, including approximately 600 trainees, many graduates do not take on full-time roles, often working part-time hours.



## **2. Training and workforce planning gaps**

- The RACP does not cap trainee numbers or fund training positions. Positions are funded by local jurisdictions.
- Workforce growth is therefore limited by the availability of such positions.
- Advanced training in Community Child Health (CCH), the subspecialty relevant to developmental paediatrics, requires up to 36 months, which is significantly extended for part-time trainees.

## **3. High demand for part-time and flexible work**

- Approximately 90% of community child health trainees are women, and most work part-time.
- Trainees often find it difficult to relocate to rural and remote settings due to inflexible working arrangements, family responsibilities, and lack of suitable accommodation or childcare.
- These barriers reduce the effectiveness of initiatives like the Specialist Training Program (STP), which funds training in non-hospital settings.

## **4. Medicare issues**

- Developmental assessments are complex and time-consuming, but current Medicare item numbers do not adequately remunerate this work.
- This contributes to disincentives for paediatricians and General Practitioners to specialise in developmental assessments or undertake high volumes of such work.

## **5. Attraction and retention issues in rural areas**

- Rural training and workforce roles are often designed without consideration of family needs.
- The availability and quality of accommodation, schooling, and childcare are ongoing barriers to rural placements.

These challenges highlight the need for coordinated action between the NSW Government, RACP, and other partners to expand training opportunities, support flexible and part-time roles, improve rural placement conditions, and address structural funding and remuneration barriers to attract and retain the workforce needed in developmental paediatrics.

The RACP welcomes the opportunity to work with Governments and other stakeholders to address these issues.