

**INQUIRY INTO FOUNDATIONAL AND DISABILITY
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG
PEOPLE IN NEW SOUTH WALES**

Organisation: Royal Australasian College of Physicians
Date Received: 28 March 2025



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

RACP Submission – NSW Inquiry into Foundational and Disability Supports for Children and Young People

March 2025

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 23,000 physicians and almost 9,000 trainee physicians across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties, including paediatrics and child health, rehabilitation medicine, and Indigenous health. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

Contact: Debra Moss, Policy and Advocacy Officer, via policy@racp.edu.au.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

The Royal Australasian College of Physicians (RACP) appreciates the opportunity to provide feedback to the NSW Legislative Council's Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales (NSW).

The RACP:

- Acknowledges that different terms are used, and we recognise language can vary from person to person and across disability communities. In this submission, we use person-first language and use 'person/people with disability'.
- Welcomes the NSW Government's inquiry into the accessibility and effectiveness of services for children with disabilities in NSW, focusing on gaps in early intervention, diagnostics, workforce capacity, and cross-sector collaboration.
- Commends the NSW Government's commitment to acting on the Disability Royal Commission's Final Report and the final report of the Independent Review of the National Disability Insurance Scheme (NDIS) to improve outcomes for children and families

Key Messages

The NSW Government can play a pivotal role in fostering an inclusive and supportive environment for children with disabilities, their families, and carers by prioritising early childhood intervention and integrated support services.

Challenges in accessing these services has led to missed opportunities for improving children's health and development while placing increasing burdens on families. Delays in intervention can have long-term consequences, contributing to poorer health and mental health outcomes for children and young people. Addressing systemic barriers through clearer service pathways, streamlined access and enhanced support for families would reduce these risks and align with national strategies advocating for early intervention.

To improve outcomes, the NSW Government should invest in sustainable funding, workforce development and technological innovations to create a more integrated and responsive system, particularly in regional, rural and remote areas and other underserved areas.

Strengthening collaboration across government, non-government services, Aboriginal Community Controlled Organisations and other stakeholders is essential to making services more accessible and culturally responsive. Our RACP members urge the NSW Government to enhance cross-sector advocacy and improve support for families navigating the NDIS.

These measures will help establish a more equitable, efficient, and inclusive system, ensuring all children can thrive.

Recommendations for the NSW Government

The RACP suggests the following recommendations be considered by the NSW Government to create a fairer, more effective, and inclusive disability system, giving all children the support they need to reach their full potential.

Enabling child development and early childhood intervention services

1. Ensure early intervention services are universally accessible across the state, removing eligibility barriers and promoting early childhood intervention as a core service.
2. Implement long-term strategies for early intervention that improve functional outcomes, reduce health and psychosocial costs, and enhance care coordination between paediatricians, general practitioners (GPs), allied health professionals, educators, and disability services.
3. Increase support for families and carers by expanding respite care services, financial assistance, and flexible service delivery models to alleviate caregiving pressures and enable workforce participation.
4. Align state disability policies with the Committee on the Rights of Persons with Disabilities (CRPD) to ensure children with disabilities can fully participate in education, healthcare, and community life, with systemic protections in place.

Improving critical services across metropolitan, regional, rural, or remote NSW

5. Invest in integrated service models that strengthen collaboration between health, education, and disability sectors, ensuring early detection and ongoing care are embedded in general practice and early childhood education and care (ECEC) services.
6. Expand the health workforce in regional, rural and remote areas, enhance telehealth services for continued therapy access, and provide clear guidance for families navigating support services.
7. Increase mobile outreach services and integrate health, education, and community supports to bring services closer to families, particularly in rural and remote areas.
8. Embed allied health clinicians within schools and community settings to ensure continuity of care for children with developmental and behavioural challenges.
9. Prioritise co-designed services with Indigenous communities to ensure cultural safety and address the unique needs of Indigenous children and families.
10. Advocate for a shift in the NDIS away from therapy-centric interventions toward promoting inclusive environments for children with disabilities in schools and communities
11. Work with the NDIS to improve assessment and progress-tracking processes, ensuring interventions are tailored to each child's needs and reducing unnecessary administrative burdens.

Addressing barriers and gaps in the availability of diagnostic services

12. Expand funding models to improve diagnostic service coverage, particularly in rural and remote areas, by enhancing integration between public and private healthcare services, including general practice.
13. Invest in professional education and cultural competency training to improve service accessibility and better support health professionals working with children and families from Culturally and Linguistically Diverse (CALD) backgrounds who require diagnostic services.

Improving access to early childhood intervention services

14. Establish centralised systems of support to improve service integration for children with developmental concerns.
15. Expand specialised training programs for health professionals, including early childhood educators, allied health providers and (GPs, to improve capacity for supporting children with intellectual disabilities.
16. Provide dedicated case management services for families of children with complex disabilities to help navigate disability services.
17. Collaborate with the NDIS to streamline assessment processes, making them more accessible and less resource-intensive for families.
18. Increase funding for early childhood care to cover children with milder developmental concerns and integrate these services with the NDIS
19. Enhance the integration of healthcare professionals within the NDIS process to foster multidisciplinary care and streamline service delivery, improving overall efficiency and outcomes.

Optimising collaboration between government and non-government services

20. Invest in integrated service hubs that co-locate health, education, and disability support services for improved access and coordination.
21. Strengthen partnerships with Aboriginal Community Controlled Organisations (ACCOs) to enhance service delivery for Indigenous children with developmental concerns.
22. Introduce flexible funding mechanisms that enable service providers to collaborate across sectors and tailor support to individual needs.

Learning from child development or early childhood intervention models outside NSW

23. Provide sustainable, government-backed funding to support the scalability and long-term viability of disability programs, while promoting the integration of multidisciplinary teams and community-driven models to ensure holistic, localised service delivery.
24. Establish or expand grant schemes to support research and technology integration in disability services.

Addressing workforce challenges in child development and early intervention sectors

25. Invest in education and professional development programs to expand the disability care workforce and ensure more qualified professionals are available.
26. Support flexible workforce arrangements and provide administrative support to allow healthcare professionals to focus on direct care.
27. Expand telehealth infrastructure and prioritise recruitment of healthcare professionals from rural and Indigenous communities to address workforce shortages in these areas.

Addressing the Final Reports of the NDIS Review and the Disability Royal Commission

28. Ensure the findings from the NDIS Review and Disability Royal Commission inform policy, creating clear and flexible pathways for children to access and exit NDIS services.
29. Prioritise medical, health and education services in disability reforms, ensuring their integration into the broader disability support system.
30. Strengthen collaboration between the health and disability sectors to ensure health professionals are actively involved in all stages of reform.
31. Provide clear, accessible guidance for families navigating the NDIS system to reduce confusion and improve access to necessary supports.

Feedback on the Terms of Reference

1. How do you perceive the role of child development and early childhood intervention services in improving children's overall development, health, and well-being?

Our RACP members emphasise that child development and early childhood intervention services are essential, not optional. Our physicians stress that equitable access to services is critical to preventing delays in care and ensuring timely intervention during this crucial developmental period.

"These foundational years are so important to reduce the impact of disability on their development, and later adult years, reducing medical and psychosocial complications, improving participation in the community, and improving quality of life. There is also an opportunity to reduce carer burden and carer burnout risk, and support parents to remain in the workforce." RACP member.

Our RACP members acknowledge that early intervention improves long-term health outcomes, reduces the impact of disability, and enhances participation in education and community life. It can also alleviate pressure on families and carers, reduce stress and support workforce participation.

The RACP advocates for early, equitable, and integrated support services. This includes universal accessibility; coordination across health, education, and disability sectors; and a long-term approach to disability support. Our physicians underline that early childhood intervention is not a luxury but a necessity. Removing rigid eligibility criteria is essential to ensuring all children receive timely, appropriate and effective support.

Recommendation 1: Ensure early intervention services are universally accessible across the state, removing eligibility barriers and promoting early childhood intervention as a core service.

Early childhood intervention services play an integral role in reducing the long-term impact of disability by improving functional outcomes, community participation, and quality of life. Timely intervention can prevent the escalation of medical and psychosocial complications that may affect individuals throughout their life.

The RACP advocates for a lifelong approach to disability support that begins in early childhood; recognising that intervention at this stage can significantly alter the trajectory of a child's development and long-term health outcomes.

The RACP emphasises the importance of improved integration between health and disability services to ensure that children with disabilities receive coordinated care. Our RACP members support the need for systems that proactively support children and reduce barriers to access. Collaboration among

healthcare providers, including paediatricians, GPs, allied health professionals, educators, and disability services, is essential for optimising care and ensuring that children receive the comprehensive support they need.

Recommendation 2: *Implement long-term strategies for early intervention that improve functional outcomes, reduce health and psychosocial costs, and enhance care coordination between paediatricians, GPs, allied health professionals, educators, and disability services.*

The RACP underscores the importance of providing support not only to children with disabilities but also to their families and carers. Effective disability services must reduce the burden on families, addressing challenges such as carer burnout and enabling parents to continue their participation in the workforce. Early intervention services are particularly vital in alleviating stress for carers, providing respite, and offering financial support and flexible service models. These measures are critical for maintaining the wellbeing of families while ensuring that children receive the care they need.

Recommendation 3: *Increase support for families and carers by implementing respite care services, financial assistance, and flexible service delivery models to alleviate the pressures of caregiving and enable workforce participation.*

RACP members have consistently advocated for aligning disability policies with the Committee on the Rights of Persons with Disabilities (CRPD), emphasising the rights of children with disabilities to access essential services that enable full participation in education, healthcare, and community life. Given that children are vulnerable and unable to advocate for themselves, policies and practices must be designed to protect their rights and ensure their access to necessary services. The RACP has called for stronger systemic supports to safeguard these rights and ensure that all children, particularly those with disabilities, receive the care and resources required for their development.

Recommendation 4: *Align state disability policies and practices with the CRPD to ensure that children with disabilities are fully supported to participate in education, healthcare, and community life, with robust systemic protections in place.*

2. What types of child development and early intervention services are most critical in your region (metropolitan, regional, rural, or remote NSW) and how can their effectiveness, availability, and accessibility be improved?

In NSW, key services such as early childhood education and care (ECEC), developmental assessments, and allied health therapies, face long waitlists, even in well-served areas. Better coordination across health, education, and local health districts (LHDs) is essential to improving access and service efficiency. Our RACP members recommend integrated models combining health, disability, and education sectors to streamline early intervention.

Strengthening GP training and education for early identification and timely referrals, alongside improved staffing and expertise in ECEC services, is also critical. This aligns with the National Disability Strategy's emphasis on cross-sector collaboration¹ and findings from the Australian Early Development Census on improving child outcomes².

Recommendation 5: *Invest in integrated service models that strengthen collaboration between health, education, and disability sectors, ensuring early detection and ongoing care are embedded in general practice and early childhood education and care (ECEC) services.*

Service shortages are even more severe in regional, rural and remote areas, with limited access to allied health professionals and essential support services. Increasing the health professional workforce in these areas is crucial, through adequate resourcing, funding, and service sustainability.

¹ Australian Government. 2011. National Disability Strategy 2010-2020. Available from: <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability>

² Australian Government, Department of Education, Skills and Employment. 2019. Australian Early Development Census: National Report 2018. Available from: <https://www.aedc.gov.au>

Enhancing telehealth options is vital for children requiring ongoing therapy without local providers. Clear guidance is also needed to help families navigate available support systems. These measures align with the RACP's recommendations on telehealth and regional resource allocation³. Additionally, research highlights telehealth as an effective solution to service access challenges in rural settings⁴, without compromising care.

Recommendation 6: *Expand the health workforce in regional, rural and remote areas, enhance telehealth services for continued therapy access, and provide clear guidance for families navigating support services.*

For rural and remote areas, the situation is challenging, with our RACP members pointing to the difficulty families face when needing to travel long distances for assessments and therapy as there is a lack of local services. The absence of telehealth options with reduced communication reliability in many remote areas is a significant barrier to accessing critical early intervention services. To address this, RACP members recommend expanding mobile outreach programs and integrating services within local schools and preschools.

As one RACP member observed, state-based, local health districts, and federally funded non-government organisations provide critical child development and early intervention services. However, these services need better integration with preschools, schools, and local health districts to improve their effectiveness, availability, and accessibility. Currently, there is too much fragmentation, and a divide between NDIS and non-NDIS services is significantly impacting at-risk families' ability to access support.

Better coordination between health services, schools, and community centres is also needed. These improvements align with RACP recommendations on service integration in underserved areas⁵ and the National Rural Health Alliance's findings on the importance of outreach programs in overcoming rural healthcare barriers⁶.

Recommendation 7: *Increase mobile outreach services and integrate health, education, and community supports to bring services closer to families, particularly in rural and remote areas.*

Primary care plays a key role in early detection and ongoing care for children with developmental concerns. Improved integration between the health and education sectors is needed to address children's needs holistically and support teachers in managing developmental and behavioural challenges. Our RACP members recommend embedding experienced allied health clinicians in schools and community settings to ensure on-site expertise and improve care consistency.

Strengthening collaboration between the health and education sectors supports the holistic development of children with special needs, as advocated by the RACP⁷ and aligns with findings⁸ highlighting the benefits of embedded allied health professionals in schools for children with disabilities and behavioural concerns.

Recommendation 8: *Embed allied health clinicians within schools and community settings to ensure continuity of care for children with developmental and behavioural challenges.*

³ RACP Submission to the MRAC Post Implementation Review of MBS Telehealth items. 2023. Available from: [mbs-review-advisory-committee-s-\(mrac\)-post-implementation-review-of-mbs-telehealth-items.pdf](https://www.mbs-review-advisory-committee-s-(mrac)-post-implementation-review-of-mbs-telehealth-items.pdf)

⁴ Caffery LA, Muurlink OT, Taylor-Robinson AW. 2022. Survival of rural telehealth services post-pandemic in Australia: A call to retain the gains in the 'new normal'. *Aust J Rural Health*. doi:10.1111/ajr.12877. PMID: 35612267.

⁵ RACP Submission to the Early Years Strategy Discussion Paper. 2023. Available from [racp-submission-to-the-early-years-strategy-discussion-paper.pdf](https://www.racp-submission-to-the-early-years-strategy-discussion-paper.pdf)

⁶ National Rural Health Alliance. Available from: <https://www.ruralhealth.org.au/>

⁷ RACP submission to the NSW Inquiry into improving access to early childhood health and development checks. 2024. Available from: [racp-submission-to-the-nsw-inquiry-into-improving-access-to-early-childhood-health-and-development-checks.pdf](https://www.racp-submission-to-the-nsw-inquiry-into-improving-access-to-early-childhood-health-and-development-checks.pdf)

⁸ Horne M, Hine S. 2020. Collaborative teams: teachers, parents, and allied health professionals supporting students with autism spectrum disorder in mainstream Australian schools. *Australas J Spec Inklus Educ*. Available from: <https://www.cambridge.org/core/journals/australasian-journal-of-special-and-inclusive-education/article/collaborative-teams-teachers-parents-and-allied-health-professionals-supporting-students-with-autism-spectrum-disorder-in-mainstream-australian-schools/AEE59588DF30C2F21A487C09B4A9E414>

Cultural safety must be prioritised in service delivery, especially for Aboriginal and Torres Strait Islander communities. Our RACP members stressed the importance of co-designing supports with Indigenous disabled people and representative organisations to address the unique challenges faced by Indigenous children and families.

Increased support for Aboriginal and Torres Strait Islander families and carers, including mental health support for parents and siblings, which is often overlooked, is also vital. Creating a truly family-friendly, community-based and holistic system is essential. These points are reflected in the Australian Human Rights Commission's work on Closing the Gap⁹ which calls for culturally safe services to address barriers faced by Indigenous communities in accessing health care and disability supports.

Recommendation 9: *Prioritise co-designed services with Indigenous communities to ensure cultural safety and address the unique needs of Indigenous children and families.*

Many of our RACP members are concerned about the perception of the NDIS focussing on "fixing" children with disabilities, particularly through therapy-intensive models. Our RACP members advocate for creating more inclusive environments in schools and communities to support children with disabilities. This shift would reduce reliance on therapies and promote improved social inclusion and participation in everyday activities, including social events and team sports. This aligns with the RACP's call for systemic changes that foster inclusion¹⁰. The Australian Institute of Health and Welfare¹¹ also supports inclusive environments, highlighting the importance of community participation for the well-being of children with disabilities.

Recommendation 10: *Advocate for a shift in the NDIS away from therapy-centric interventions toward promoting inclusive environments for children with disabilities in schools and communities.*

Our RACP members recognise that the NDIS is not currently meeting the diverse needs of families. Our physicians stress the importance of better-assessing children's needs, tracking progress, and ensuring that interventions align with each child's needs. Ongoing assessments and improved coordination across service sectors, especially in rural and remote areas, are crucial for system effectiveness¹². Research from the Grattan Institute shows that improving NDIS efficiency will enhance outcomes for families and reduce system inefficiencies¹³.

Recommendation 11: *Work with the NDIS to improve assessment and progress-tracking processes, ensuring interventions are tailored to each child's needs and reducing unnecessary administrative burdens.*

3. Are there particular gaps in the availability or quality of diagnostic services for developmental concerns? What barriers do families face in accessing these services, and how could these be addressed?

Several RACP members highlighted access to both public and private services, especially in rural and remote areas, and missed early identification of developmental issues in primary care or school. This aligns with concerns previously raised in an RACP submission that calls for improved access to diagnostic services in rural and remote areas¹².

⁹ Australian Human Rights Commission. Close the Gap 2020. Available from: https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-2020?utm_source=chatgpt.com

¹⁰ RACP Submission to the Early Years Strategy Discussion Paper. 2023. Available from [racp-submission-to-the-early-years-strategy-discussion-paper.pdf](https://www.racp.org.au/wp-content/uploads/2023/09/racp-submission-to-the-early-years-strategy-discussion-paper.pdf)

¹¹ Australian Institute of Health and Welfare (AIHW). Australia's Disability Strategy 2021–2031 Outcomes Framework. 2021. Available from: <https://www.aihw.gov.au/reports/australias-disability-strategy/australias-disability-strategy-outcomes-framework/contents/education-and-learning/participation-in-early-childhood-education>

¹² RACP Submission to the Department of Social Services Review of the Australian Disability Strategy 2021–2031. 2021. Available from: [racp-submission-to-the-department-of-social-services-review-of-the-australian-disability-strategy-2021-2031.pdf](https://www.racp.org.au/wp-content/uploads/2021/09/racp-submission-to-the-department-of-social-services-review-of-the-australian-disability-strategy-2021-2031.pdf)

¹³ Bennett S, Orban H. 2024. Better, safer, more sustainable: How to reform NDIS housing and support. Available from: <https://grattan.edu.au/wp-content/uploads/2024/09/Better-safer-more-sustainable-Grattan-Institute-Report.pdf>

“Any evaluation of service gaps needs to include private services, as these are easily overlooked. Evaluation also needs to consider medical services (particularly GP) as this is easily overlooked as being ‘non-disability’.” RACP member.

Limited services, long wait times, and funding challenges, such as out-of-pocket costs for NDIS services, exacerbate inequities and highlight the need for streamlining disability services to ensure equitable access for all families¹⁴, regardless of location.

Recommendation 12: *Expand funding models to improve diagnostic service coverage, particularly in rural and remote areas, by enhancing integration between public and private healthcare services, including general practice.*

Our RACP members highlighted considerations for Culturally and Linguistically Diverse (CALD) communities – awareness, health literacy, translated resources, access to interpreters and so on, contribute to access issues to diagnostic services due to language barriers, cultural differences, and insufficient outreach and supports.

The RACP has previously called for investment in health professional education to enhance disability inclusion for CALD communities,¹⁵ noting that limited allied health options in rural and remote areas exacerbate these barriers. Studies have highlighted that CALD communities are underrepresented in healthcare service utilisation, contributing to delays in diagnosis^{16 17}. The National Disability Strategy Review¹⁸ also recommends implementing a national framework for CALD-specific disability support services.

Recommendation 13: *Invest in professional education and cultural competency training to improve service accessibility and better support health professionals working with children and families from CALD backgrounds who require diagnostic services.*

4. What challenges do families face in accessing early childhood intervention services? How do these challenges impact the child's development, health, and wellbeing, as well as on their family or carers and other government services and systems.

Our physicians identified the fragmentation of services as a major challenge, with families navigating a complex system of private and public providers. Our RACP members reported that this leads to confusion, delays, and duplicated efforts. Improvements in service integration, with centralising support to help families navigate the system and streamline processes, should be made. Digital platforms could also provide real-time information and simplify referrals¹⁹.

Recommendation 14: *Establish centralised systems of support to improve service integration for children with developmental concerns.*

Our RACP members highlighted the shortage of staff with appropriate training and expertise to support children with intellectual disabilities. The lack of skilled professionals results in inadequate support and

¹⁴ RACP Submission to the National Disability Framework 2022-2025. 2022. Available from: https://engage.dss.gov.au/wp-content/uploads/2023/05/08072022-RACP-submission_NDAF_July2022.pdf

¹⁵ RACP Submission to the Disability Royal Commission. 2021. Available from: [racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf](https://www.racp.org.au/wp-content/uploads/2021/06/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf)

¹⁶ Mullan J, Williams S, Loughnan M, et al. 2020. Health service access and utilisation amongst culturally and linguistically diverse populations in South Australia: a qualitative study. *Aust J Rural Health*. Available from: <https://pubmed.ncbi.nlm.nih.gov/33207914/>

¹⁷ Javanparast S, Naqvi SKA, Mwanri L. 2020. Health service access and utilisation amongst culturally and linguistically diverse populations in regional South Australia: a qualitative study. *Aust J Rural Health*. Available from: <https://www.rhr.org.au/journal/article/5694>

¹⁸ Australian Government, Department of Social Services. Australia's Disability Strategy 2021–2031. Available from: https://www.dss.gov.au/australias-disability-strategy?utm_source=chatgpt.com

¹⁹ Australian Digital Health Agency. National Digital Health Strategy 2023-2028. Available from: <https://ngphn.com.au/sites/default/files/2024-02/national-digital-health-strategy-2023-2028.pdf>

delays early intervention²⁰. The NSW Government should fund specialised training and education for health professionals to improve care quality and enable earlier interventions. The RACP also recommends mandatory disability inclusion training for health professionals to ensure they can meet the needs of children with disabilities.²¹

Recommendation 15: *Expand specialised training programs for health professionals, including early childhood educators, allied health providers and GPs, to improve capacity for supporting children with intellectual disabilities.*

Our physicians highlighted the lack of case managers available for children with complex disabilities, leaving families to navigate complex systems with multiple appointments and fragmented care. Families of children with complex disabilities often experience high stress due to uncoordinated services²². Our RACP members believe funding of dedicated case managers to streamline service access, reduce administrative burdens, and improve care coordination would make a difference. This would enhance continuity of care and ensure services meet children's specific needs.

Recommendation 16: *Provide dedicated case management services for families of children with complex disabilities to help navigate disability services.*

Our expert physicians emphasised the complex NDIS assessment process is a significant barrier to early childhood intervention, with families facing delays and confusion. The NDIS Review Final Report²³ recommends introducing new needs assessment processes to more consistently determine the level of need for each participant, aiming to simplify the process and improve service delivery. Our RACP members recommend simplifying the process by streamlining documentation requirements, enhancing communication, and offering clearer guidance. This approach would ensure timely access to support and alleviate the burden on families.

Recommendation 17: *Collaborate with the NDIS to streamline assessment processes, making them more accessible and less resource-intensive for families.*

Our RACP members identified a concern with insufficient funding for early childhood services that extends to children with milder developmental issues.

Current funding models focus primarily on severe cases, leaving a significant gap in early intervention opportunities for children with less severe developmental concerns. This approach limits access to essential services for a broader group of children and reduces the ability to prevent future issues. Early intervention is most effective when implemented as early as possible²⁴.

Integrating the NDIS with early childhood services could provide a more comprehensive, holistic approach to developmental needs. The integration of early childhood services with the NDIS would allow for more inclusive and accessible care, benefiting both children and their families²⁵. This would ensure that children with milder developmental issues are not excluded from early support.

²⁰ Australian Government, Department of Health. National Roadmap for Improving the Health of People with Intellectual Disability. 2021. Available from: <https://www.health.gov.au/sites/default/files/documents/2021/08/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability.pdf>

²¹ RACP Submission to the National Disability Strategy Review. 2021. Available from: [raccp-submission-to-the-department-of-social-services-review-of-the-australian-disability-strategy-2021-2031.pdf](https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf)

²² McGillivray, G. et al. 2022. Support needs and well-being of caregivers of children with neurodiverse needs in Australia: A qualitative study. *BMC Public Health*. doi.org/10.1186/s12889-022-13665-9

²³ National Disability Insurance Scheme (NDIS) Review. Working together: NDIS review final report. 2023. Available from: <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>

²⁴ Australian Institute of Health and Welfare. Australia's Disability Strategy 2021–2031: Outcomes Framework. Prevention and early intervention. 2021. Available from: <https://www.aihw.gov.au/reports/australias-disability-strategy/australias-disability-strategy-outcomes-framework/contents/health-and-wellbeing/prevention-and-early-intervention>

²⁵ National Disability Insurance Scheme (NDIS). Early Childhood Approach for children younger than 9. Available at: <https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-9>

Recommendation 18: Increase funding for early childhood services to cover children with milder developmental concerns and integrate these services with the NDIS.

The administrative burden of the NDIS application process continues to be identified by our RACP members as a significant issue, with the complexity and excessive paperwork creating barriers for non-healthcare professionals and delaying services. Health professionals, who are well-positioned to assess disabilities and coordinate care, are not always fully integrated into the NDIS process. Better integration of healthcare professionals into the NDIS system could streamline applications, reduce administrative burdens, and improve the overall experience for families.

Recommendation 19: Enhance the integration of healthcare professionals within the NDIS process to foster multidisciplinary care and streamline service delivery, improving overall efficiency and outcome.

5. How can collaboration between government and non-government services, including Aboriginal Community Controlled Organisations (ACCOs), educational settings, and health services, be improved to enhance outcomes for children with developmental concerns?

Our RACP members strongly support improving collaboration through integrated service models and case management and call for a "one-stop shop" model to simplify access to services. Our physicians recommend integrated service models that combine health, education, and disability support, improving coordination and access for families should be supported. This echoes the RACP NDIS Act Review submission²⁶ that advocates for more effective, integrated services that address the complex needs of children with developmental concerns

Recommendation 20: Invest in integrated service models that co-locate health, education, and disability support services for improved access and coordination.

Our RACP members also emphasised the importance of engaging grassroots expertise, particularly through Aboriginal Community Controlled Organisations (ACCOs).

"Make sure the appropriate people are involved, eg. those who understand what is needed at the grassroots level. Value flexibility and trial new ways of working across services that are led by clinicians and are in partnerships with families. Let these groups talk and meet with each other and fund this space.." RACP member.

The RACP has long advocated for culturally appropriate services to ensure equitable access for Indigenous families. Our RACP members recommend increased investment in ACCOs and capacity-building initiatives to ensure culturally responsive services, highlighting the value of community-led, culturally safe services.

Recommendation 21: Strengthen partnerships with Aboriginal Community Controlled Organisations (ACCOs) to enhance service delivery for Indigenous children with developmental concerns.

The importance of flexible funding models that encourage cross-sector collaboration was emphasised by our RACP members. Currently, restrictive funding limits innovation and effective teamwork. The RACP already advocates for funding flexibility to support innovative service delivery²⁷. This approach would enable collaboration between health, education, and disability services, allowing them to better meet the unique needs of children with developmental concerns and improve outcomes by breaking down barriers between sectors.

Recommendation 22: Introduce flexible funding mechanisms that enable service providers to collaborate across sectors and tailor support to individual needs.

²⁶ RACP Submission to the NDIS Act Review. 2021. Available from: [racp-submission-to-the-ndis-act-review.pdf](#)

²⁷ RACP submission to the Department of Social Services review of the Australian Disability Strategy 2021–2031. 2021. Available from: [racp-submission-to-the-department-of-social-services-review-of-the-australian-disability-strategy-2021-2031.pdf](#)

6. Are you aware of any effective child development or early childhood intervention models outside NSW that could inform best practices locally?

The value of multidisciplinary teams (MDTs) and local engagement in early childhood intervention was emphasised by our RACP members as a key theme. Successful models, such as the Gold Coast integrated service model²⁸ and the Yarran Early Intervention model²⁹, showcase the effectiveness of community-driven, flexible approaches to care. The Australian Health Ministers' Advisory Council³⁰ supports MDTs in providing holistic, collaborative care, which aligns with the RACP advocacy for better service integration.

"The Gold Coast have been innovative in incorporating multidisciplinary teams (MDT). Prior to the NDIS, on the central coast Yarran EI model worked very well. When looking at other models, what seems to always work well has been an MDT/integrated/local understanding and use of shared resources/ engagement of the local community in a flexible and coordinated approach." RACP member.

However, our RACP members also raised concerns about the sustainability of disability programs, citing the Cerebral Palsy Alliance's reliance on community donations³¹, which can create instability in service provision. Reliance on donations undermines long-term program viability. The RACP has advocated for government-backed funding of healthcare and disability services³² to ensure the continuity and quality of services. Ensuring government support would help programs scale effectively and remain stable.

Recommendation 23: Provide sustainable, government-backed funding to support the scalability and long-term viability of disability programs, while promoting the integration of multidisciplinary teams and community-driven models to ensure holistic, localised service delivery.

Grant schemes to drive innovation in disability services were highlighted by members as a way of increasing technology integration into early childhood intervention. Technological advancements can improve service access, especially in rural or underserved areas, and provide more personalised, timely care. Digital tools like telehealth and mobile applications (apps) have been found to enhance access and efficiency³³. Previous RACP submissions emphasise the value of research collaborations between disability service providers and universities to promote innovation and evidence-based practices^{34 35}

Recommendation 24: Establish or expand grant schemes to support research and technology integration in disability services.

7. What are the current workforce challenges in child development and early intervention sectors, such as staffing shortages or skills gaps? What strategies might help address these issues?

²⁸ Connor M, Cooper H, McMurray A. 2016. The Gold Coast Integrated Care Model. *Int J Integr Care*. Available from: <https://doi.org/10.5334/ijic.2233>.

²⁹ Yarran. Yarran Early Intervention. Available from: <https://www.yarran.org.au/>

³⁰ Productivity Commission. Health workforce: Submission 166. 2020. Available from:

<https://www.pc.gov.au/inquiries/completed/health-workforce/submissions/sub166/sub166.pdf>

³¹ Cerebral Palsy Foundation. CP Fundraising. Available from: <https://www.cpfundraising.org.au/>

³² RACP submission to the Department of Social Services regarding the Disability Royal Commission Final Report. 2021.

Available from: [racp-submission-to-the-department-of-social-services-regarding-the-disability-royal-commission-final-report.pdf](https://www.racp.org.au/wp-content/uploads/2021/06/racp-submission-to-the-department-of-social-services-regarding-the-disability-royal-commission-final-report.pdf)

³³ Barraket J. 2021. The digital divide in telepractice service delivery. *Aust Inst Fam Stud*. Available from:

<https://aifs.gov.au/resources/short-articles/digital-divide-telepractice-service-delivery>

³⁴ RACP submission: foundational (general) supports for people with disability. 2024. Available from: [racp-submission-foundational-general-supports-for-people-with-disability.pdf](https://www.racp.org.au/wp-content/uploads/2024/03/racp-submission-foundational-general-supports-for-people-with-disability.pdf)

³⁵ RACP submission to the NDIS Act review and participant service guarantee. 2019. Available from: [racp-submission-to-the-ndis-act-review.pdf](https://www.racp.org.au/wp-content/uploads/2019/06/racp-submission-to-the-ndis-act-review.pdf)

Workforce shortages in the disability sector, particularly among frontline support workers, allied health professionals, and behaviour support practitioners, remains a significant challenge³⁶. Our RACP members highlighted the need for targeted education at the university level and ongoing professional development to address interest and training opportunities. The importance of accessible, high-quality healthcare services for people with disabilities, which includes considerations for specialised training among healthcare providers cannot be overemphasised³⁷.

Recommendation 25: *Invest in education and professional development programs to expand the disability care workforce and ensure more qualified professionals are available.*

Flexible working arrangements were also emphasised as a key strategy to retain staff in the child development and early intervention sectors. Many of our RACP members noted that the workforce in these sectors is predominantly female and often have a family, making flexible work options essential for staff retention. Flexible work arrangements are a critical factor in retaining workers in sectors with high female participation, such as healthcare and early childhood education³⁸.

“Lack of flexible working ways and models is a concern, appreciating that most staff working in the disability sector are family-focused and female. Work with staff on flexible working arrangements. Value providing skills training and secondment/partnerships across sectors and even regions/countries to enhance skills and job satisfaction. Incorporate roles such as admin staff for supports clinicians so working at highest scope of practice can happen.”
RACP member

Recommendation 26: *Support flexible workforce arrangements and provide administrative support to allow healthcare professionals to focus on direct care.*

Promoting the recruitment of healthcare professionals from rural and Indigenous communities could also help address regional workforce shortages. Recruiting local professionals from these communities and providing them with the necessary training and support is an effective strategy for improving service delivery in rural areas³⁹. Our RACP members believe this will help bridge gaps in care and promote long-term improvements in service delivery.

Recommendation 27: *Prioritise recruitment of healthcare professionals from rural and Indigenous communities to address workforce shortages in these areas.*

8. How should the findings and recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report guide the implementation of foundational supports for children with developmental concerns in NSW?

Our RACP members highlighted that the findings from recent reports should inform a system that offers clear, flexible pathways into and out of NDIS-funded services. Families are concerned that leaving the NDIS could lead to a loss of crucial support.

³⁶ National Disability Services. State of the Disability Sector Report 2023. Available from:

https://nds.org.au/images/State_of_the_Disability_Sector_Reports/State_of_the_Disability_Sector_Report_2023.pdf

³⁷ Smeltza L, Haverkamp SM, Meeks L. 2023. Aspiring to disability consciousness in health professions training. *AMA J Ethics*. doi: 10.1001/amajethics.2023.1069.

³⁸ Australian Bureau of Statistics. Working arrangements, Australia, August 2021. Available from:

<https://www.abs.gov.au/statistics/labour/earnings-and-working-conditions/working-arrangements/aug-2021>

³⁹ Anderson L, Stone R, Johnson A, et al. 2021. Place-based strategies to address healthcare needs in rural and remote communities: A systematic review. *Int J Integr Care*. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11848968/>

“Clear pathways both in and back out of NDIS-funded services during early childhood. Currently, once ‘in’, parents are afraid to get ‘out’ as it seems synonymous with losing all supports.” RACP member.

Transitions out of the NDIS must be managed carefully to avoid disruptions in care⁴⁰. Our physicians consider a collaborative approach involving disability organisations, healthcare organisations, medical colleges and families is crucial to building an inclusive and effective system.

Recommendation 28: *Ensure the findings from the NDIS Review and Disability Royal Commission inform policy, creating clear and flexible pathways for children to access and exit NDIS services.*

9. Do you have any further comments you wish to make?

Concerns were raised from our RACP members that medical services and school supports are often overlooked in disability discussions, which is seen as a significant gap in services for Australian children.

Improved integration of medical, health and education services into disability care to provide holistic support and ensure children with developmental concerns benefit from both early intervention and ongoing opportunities is important.

“There needs to be more health professional involvement in the reform, to avoid issues that have arisen with NDIS, which has often stemmed from a lack of collaboration and fluency between health and disability sectors”. RACP member

Recommendation 29: *Prioritise medical, health and education services in disability reforms, ensuring their integration into the broader disability support system.*

Improved collaboration between the health and disability sectors is crucial, particularly in involving health professionals, such as paediatricians and physicians, GPs and allied health professionals, in reform discussions. Our RACP members feel coordination between healthcare and the NDIS has been an issue, and greater collaboration would ensure more streamlined, effective support for families. Our physicians see that efforts to improve communication between these sectors are essential to reduce inefficiencies and gaps in service delivery, creating a more integrated support system for families.

Recommendation 30: *Strengthen collaboration between the health and disability sectors to ensure health professionals are actively involved in all stages of reform.*

An RACP member shared their experience navigating the NDIS system:

“I am also a Guardian of my brother who has Down Syndrome and a severe intellectual disability, and I have much lived experience with disability. The NDIS is difficult to navigate, and this has added an extra burden to our families.” RACP member.

Unfortunately, many families struggle due to the system's complexity and the absence of clear, accessible guidance⁴¹. Our RACP members emphasised the need for a clearer, more supportive framework with easy-to-understand information and dedicated staff to assist families through the application and review processes, ensuring they can access the services their children need.

⁴⁰ Productivity Commission. NDIS costs: Productivity Commission inquiry report. 2021. Available from:

<https://oia.pmc.gov.au/sites/default/files/posts/2021/09/Productivity%20Commission%20Report%20-%20NDIS%20Costs.pdf>

⁴¹ Lloyd J, Moni K, Cuskelly M, Jobling A. 2021. Exploring the complexity of implementing National Disability Insurance Scheme plans for adults with intellectual disability: Parents' perspectives. *J Intellect Dev Disabil.* 2021. doi: 10.3109/13668250.2020.1843764.

Recommendation 31: *Provide clear, accessible guidance for families navigating the NDIS system to reduce confusion and improve access to necessary supports.*

Next steps

Incorporating these recommendations enables the Government to create a more effective, inclusive, and supportive disability support system for children with developmental concerns in NSW. This will contribute to a more equitable and efficient system of care, ensuring that all children can thrive.

We look forward to working together to achieve improvements for children and young people with developmental concerns, delays, differences or disabilities in NSW.

If you require further information or would like to engage with the RACP, please contact Debra Moss, Policy and Advocacy Officer, via policy@racp.edu.au.