

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

**Organisation:** NSW Council of Social Service

**Date Received:** 17 April 2025

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Submission to the Select Committee on

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

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27 April 2025  
Final Submission

## Executive Summary

NCOSS welcomes the opportunity to provide a submission to the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales. This submission highlights critical gaps in early intervention services, barriers to access, and recommendations for implementing Foundational Supports effectively.

## Key Findings

1. More than 1 in 6 NSW children live in poverty, costing the state an estimated \$60 billion annually.
2. Children in disadvantaged areas are four times more likely to have developmental vulnerabilities.
3. System fragmentation and transport barriers significantly impede access to critical services.
4. The transition to Foundational Supports requires careful coordination to avoid creating new service gaps.

## Summary of Recommendations

1. Implement a **whole-of-government strategy to eliminate child poverty** in NSW.
2. Increase **targeted investment in early intervention** supports with measurable outcomes.
3. Create **"Linker" roles in high-need communities to improve service navigation**.
4. **Expand transport access** and affordability for low-income families.
5. Establish **cross-sector governance for Foundational Supports** implementation.
6. Ensure **disability-led design with robust safety nets** for those at risk of falling through gaps.

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# 1. Introduction and Terms of Reference

NCOSS thanks the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales for the opportunity to provide our views on this matter.

Our submission aims to address the following Terms of Reference in two parts:

## Child development and early intervention

**(1)(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.

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

## Implementation of Foundational Supports

**(1)(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.

**(1)(h)** measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational support.

To inform this submission, NCOSS has held discussions with multiple members and sector organisations, including other peak bodies.

## 2. Child Development and Early Intervention

### 2a. Addressing Child Poverty: A Prerequisite for Development

In NSW, more than 1 in 6 children (approximately 375,000) are living in poverty<sup>1</sup>, with rates higher in regional and rural communities. This systemic disadvantage fundamentally undermines children's developmental trajectory:

- Children from disadvantaged backgrounds are 32% more likely to experience developmental delays.<sup>2</sup>
- More than one-third of Australian children in the most socioeconomically disadvantaged areas are developmentally vulnerable at school entry.<sup>3</sup>
- These children are four times more likely to have language and cognitive vulnerabilities compared to peers in advantaged areas.<sup>4</sup>
- The annual economic cost of child poverty to NSW is estimated at \$60 billion through increased healthcare costs, reduced productivity, and increased social service needs.<sup>5</sup>

*“For many children, the issue is not ‘developmental vulnerabilities’, but poverty and its toxic ripple effects. The NSW Government needs to address the underlying issues of poverty as well as invest in the support system.” – Olivia Wright, Director of the Mirrung Project at Ashcroft Public School*

#### Recommendation

1. In partnership with the Commonwealth Government, lead a community-wide commitment to eliminate child poverty, backed by:
  - a. Standardised measurement framework with annual public reporting
  - b. Clear Reduction targets (i.e. 25% reduction by 2027, 50% by 2030)
  - c. Whole-of-government action plan delivered in 6 months
  - d. Cross-sector advisory committee with lived experience representation

<sup>1</sup> Impact Economics and Policy 2024, *The economic costs of child poverty in New South Wales*. Report prepared for NCOSS.

<sup>2</sup> Australian Early Development Census (2022), Australian Early Development Census National Report 2021, Australian Government

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Impact Economics and Policy 2024, *The economic costs of child poverty in New South Wales*. Report prepared for NCOSS.

## 2b. Building Strong, Connected Social Infrastructure

Poverty creates incredibly difficult and complex circumstances that make it almost impossible for families to identify and address developmental needs. Families in poverty face significant financial stress and limited or no access to stable housing, transport and technology. These challenges are often compounded by a range of other issues that could include intergenerational trauma, domestic and family violence, and poor mental health.

Locating child health, development and early intervention supports within place-based organisations or hubs can provide families with a familiar, trusted, soft entry point into support systems. These include those within schools and preschools, neighbourhood centres, Aboriginal Community Controlled Health Organisations and multicultural services. These organisations are better able to build trust, link children into the right supports, and identify additional support needs for the family.

### Case study

#### Mirrung – creating a thriving learning environment

*Mirrung demonstrates how school-based integrated support models can transform outcomes in communities experiencing significant disadvantage:*

- **Context:** 40% of children in Ashcroft live below the poverty line
- **Approach:** Comprehensive developmental screening for all Preschool and Kindergarten students with integrated intervention pathways
- **Impact:** In 2024, 70% of 4–5-year-olds were initially identified with developmental vulnerabilities; after targeted interventions, this number decreased by over 40% within six months
- **Key elements:** Co-located services, professional development for educators, small group interventions, and specialist referral pathways

Ashcroft Public School is home to a strong, resilient and diverse community, which is also one of the most disadvantaged in New South Wales. 40% of children in Ashcroft live below the poverty line.

Mirrung at Ashcroft Public School utilises the school as a universal 'soft entry' gateway to respond flexibly to the priorities and needs of the community. It takes a whole-of-family approach, that via a dedicated team, provides of a comprehensive range of child and family supports and services, and provides service coordination between students, families and local health and social service organisations.

Mirrung has had a significant impact on the school community. At the start of 2024, Mirrung rolled out comprehensive developmental screening checks for all Preschool and Kindergarten students. Nearly 70% of the 4–5-year-olds in the school were flagged as

having some developmental vulnerabilities. Mirrung worked with Ashcroft Public School teaching staff to develop a comprehensive program of interventions to support these children. By the end of the year, the school conducted a follow-up assessment, and the number of students flagged as requiring further support had fallen by just over 40% (from 51 to 30 students).<sup>6</sup>

## Recommendation

2. Increase overall investment in early intervention and prevention supports, beyond new investment in Foundational Supports.
  - a. Create community or school based integrated service hubs in the 20 LGAs with the highest rates of poverty.
  - b. Fund more evidence-based early intervention programs with clear measurement frameworks
  - c. Design and implement workforce development initiatives, particularly in regional areas with critical shortages.
3. Invest in 50 'Linker' roles in regions with the highest concentrations of disadvantage in NSW, with:
  - d. Culturally responsive recruitment strategies
  - e. Ongoing evaluation of impact
  - f. Flexible brokerage funding of \$50,000 per Linker annually
  - g. Clear integration with existing service coordination mechanisms

## 2c. Removing Transport Barriers

Transport accessibility directly affects a family's ability to access early intervention services. NCOSS's 2024 Cost of Living survey revealed:

- 44% of low-income NSW households cannot afford travel for essential healthcare<sup>7</sup>
- 68% rank transport costs among their top five financial pressures<sup>8</sup>
- Regional families face challenges due to limited public transport networks

For families without reliable car access, attending multiple appointments across various locations becomes virtually impossible. Eliminating transport barriers by investing in transport can reduce the disparity in health and development outcomes in children

<sup>6</sup> Social Outcomes 2024, *Mirrung Impact Report*. Commissioned by NCOSS.

<sup>7</sup> UTS Institute of Public Policy & Governance 2024, *Impossible Choices: Decisions NSW communities shouldn't have to make*, Cost of Living in NSW 2024. Commissioned by NCOSS.

<sup>8</sup> Ibid.

experiencing poverty and disadvantage. Access to affordable transport is critical to a family's ability to access early intervention and other key supports.

### Recommendation

4. Improve transport as an enabler of accessing vital supports by:
  - a. Expanding public transport concessions to all Commonwealth Health Care Card holders
  - b. Extending the \$2.50 per day capped fare to income support recipients.
  - c. Increasing public transport options for regional, rural and remote communities to improve connections to health and social services.
  - d. Increasing community transport options in regional areas.
  - a. Removing the restriction around community transport as an eligible service within IPTAAS.

## 3. Implementation of Foundational Supports

### 3a. Whole of System Reform Approach

The introduction of Foundational Supports will have wide-ranging impacts across the entire service system, including in disability, health, early childhood and education. Drawing on the lessons learnt from the initial NDIS transition, which created service gaps and organisational instability, we emphasise the importance of:

#### Clear Definition and Scope

Currently, confusion exists across the community services sector and government agencies around the term 'Foundational Supports'. There appear to be two main uses:

1. General reference to existing mainstream supports outside of the NDIS. E.g. Information, Linkages and Capacity Building (ILC) program and general early childhood supports.
2. Specific reference to a new, separate program with 'General' and 'Targeted' categories as recommended by the NDIS Review (the scope of which are not yet clearly defined).

#### Cross Agency & Cross Sector Collaboration

Formal cross-sector and cross-agency partnerships will be essential to ensure the introduction of Foundational Supports does not threaten sector sustainability or create service gaps in an already fragmented system. Implementation requires shared ownership across:



- Ministry of Health
- Department of Communities and Justice
- Department of Education
- Community services sector
- Disability organisations
- Early learning and childcare providers
- Aboriginal Community Controlled Organisations

## Recommendation

### 5. Establish a formal cross sector and cross agency Foundational Supports Implementation Taskforce with:

- a. Representation from the Ministry of Health, the Department of Communities and Justice, and the Department of Education
- b. Equal participation from the community services sector including peak bodies, disability service providers, TEI providers, early learning and childcare providers, education, and health non-government organisations.
- c. Dedicated implementation funding
- d. Clear communication and engagement strategy with opportunities for community service sector peaks to identify gaps in information and develop and circulate clear, consistent, timely communication
- e. Regular public reporting on progress

## 3b. Inclusive Co-Design and Partnership

The NDIS implementation highlighted the importance of involving people with disabilities, their families, and carers in designing support systems.

For Foundational Supports, 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.

## Recommendation

6. Ensure all design, transition, and implementation of Foundational Supports is disability-led through:
  - a. Dedicated co-design budget
  - b. Paid participation for people with lived experience
  - c. Targeted engagement with priority cohorts including:
    - i. First Nations communities
    - ii. Culturally and linguistically diverse families
    - iii. Regional and remote communities
    - iv. Families experiencing complex disadvantage
  - d. User testing of systems and processes before full implementation

### 3c. Preventing & Managing Service Gaps

The separation of the NDIS from broader disability services created gaps in support ecosystems. Learning from these lessons, it is important that transition arrangements for Foundational Supports are resourced adequately to enable seamless integration. The federal and state governments should work closely together to ensure NDIS participants are smoothly transitioned to Foundational Supports only when the program is well-established and if it will meet their needs.

## Case study

### Growing cohort of children falling through the NDIS/Foundational Supports gap

- NCSS has heard multiple stories of children previously eligible for NDIS supports are being reassessed as ineligible. Families are told they will access equivalent support through Foundational Supports. In the interim period, these children are receiving limited or no services.
- Uncertainty exists about whether Foundational Supports will adequately meet their needs.

## Recommendation

7. Develop and resource appropriate safety nets as part of the transition to ensure that support is also provided to people whose needs are not met through the NDIS and/or Foundational Supports, including:
  - a. Transition support funding
  - b. Clear eligibility criteria and simple application process
  - c. Articulate a maximum determination period to provide certainty to families
  - d. Regular review of emerging needs and service gaps
  - e. Specific focus on children with developmental needs who fall between service systems

## 4. Full List of Recommendations

1. In partnership with the Commonwealth Government, lead a community-wide commitment to eliminate child poverty, backed by:
  - a. Standardised measurement framework with annual public reporting
  - b. Clear Reduction targets (i.e. 25% reduction by 2027, 50% by 2030)
  - c. Whole-of-government action plan delivered in 6 months
  - d. Cross-sector advisory committee with lived experience representation
2. Increase overall investment in early intervention and prevention supports, beyond new investment in Foundational Supports.
  - a. Create community or school based integrated service hubs in the 20 LGAs with the highest rates of poverty.
  - b. Fund more evidence based early intervention programs with clear measurement frameworks
  - c. Design and implement workforce development initiatives, particularly in regional areas with critical shortages.
3. Invest in 50 'Linker' roles in regions with the highest concentrations of disadvantage in NSW, with:
  - a. Culturally responsive recruitment strategies
  - b. Ongoing evaluation of impact
  - c. Flexible brokerage funding of \$50,000 per Linker annually
  - d. Clear integration with existing service coordination mechanisms
4. Improve transport as an enabler of accessing vital supports by:
  - a. Expanding public transport concessions to all Commonwealth Health Care Card holders
  - b. Extending the \$2.50 per day capped fare to income support recipients.
  - c. Increasing public transport options for regional, rural and remote communities to improve connections to health and social services.
  - d. Increasing community transport options in regional areas.
  - e. Removing the restriction around community transport as an eligible service within IPTAAS.

5. Establish a formal cross sector and cross agency Foundational Supports Implementation Taskforce with:
  - a. Representation from the Ministry of Health, the Department of Communities and Justice, and the Department of Education
  - b. Equal participation from the community services sector including peak bodies, disability service providers, TEI providers, early learning and childcare providers, education, and health non-government organisations.
  - c. Dedicated implementation funding
  - d. Clear communication and engagement strategy with opportunities for community service sector peaks to identify gaps in information and develop and circulate clear, consistent, timely communication
  - e. Regular public reporting on progress
6. Ensure all design, transition, and implementation of Foundational Supports is disability-led through:
  - a. Dedicated co-design budget
  - b. Paid participation for people with lived experience
  - c. Targeted engagement with priority cohorts including:
    - i. First Nations communities
    - ii. Culturally and linguistically diverse families
    - iii. Regional and remote communities
    - iv. Families experiencing complex disadvantage
  - d. User testing of systems and processes before full implementation
7. Develop and resource appropriate safety nets for people whose needs are not met through the NDIS and/or Foundational Supports, including:
  - a. Transition support funding
  - b. Clear eligibility criteria and simple application process
  - c. Articulate a maximum determination period to provide certainty to families
  - d. Regular review of emerging needs and service gaps
  - e. Specific focus on children with developmental needs who fall between service systems

NSW Council of Social Service (NCOSS) is the peak body for non-government organisations in the health and community services sector in NSW. NCOSS works to progress social justice and shape positive change toward a NSW free from inequality and disadvantage. We are an independent voice advocating for the wellbeing of NSW communities. At NCOSS, we believe that a diverse, well-resourced and knowledgeable social service sector is fundamental to reducing economic and social inequality.

## NCOSS Contacts

Gadigal Country, Yirranma Place  
Lvl 1, 262 Liverpool St,  
Darlinghurst NSW 2010

**P** (02) 9211 2599

**E** [info@ncoss.org.au](mailto:info@ncoss.org.au)

**[ncoss.org.au](http://ncoss.org.au)**



## Acknowledgement of Country

NCOSS respectfully acknowledges the sovereign Custodians of Gadigal Country and pay our respects to Elders, past, present and emerging. We acknowledge the rich cultures, customs and continued survival of First Nations peoples on Gadigal Country, and on the many diverse First Nations lands and waters across NSW.

We acknowledge the spirit of the Uluru Statement from the Heart and accept the invitation to walk with First Nations peoples in a movement of the Australian people for a better future.

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