

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

**Organisation:** National Disability Services

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

## **Submission**

## About this response

National Disability Services (NDS) 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. National Disability Services (NDS) is Australia's peak body for disability service organisations, and Australia's biggest and most diverse network of disability service providers. Our valued members collectively operate several thousand services for more than 300,000 Australians with disability and employ a workforce of more than 100,000 people. NDS New South Wales members operate over 300 services from large national organisations through to sole traders, employing more than 50,000 people. NDS is committed to a sustainable and diverse disability service sector, underpinned by the provision of high-quality, evidence-based practices and supports that strengthen, safeguard, and provide greater choice for people with disability in Australia.

We are grateful to the Legislative Council Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales for the opportunity to provide a submission and welcome the opportunity to contribute to the design and implementation of best-practice, evidence-based foundational and disability supports for children and young people in New South Wales.

## In summary:

In response to the terms of reference, NDS makes the following recommendations:

1. That NSW government co-design and implement foundational supports and disability supports with relevant stakeholders (government and non-government organisations, families, representation from disability providers, peak bodies and people with lived experience) that ensure a consistent experience for children, young people and families in NSW. *TOR (a), (c), (d), (e), (f), (h)*. This process should:
  - Implement and fund an integrated model or ecosystem of supports which intentionally enables collaboration
  - Map the availability of services across NSW 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.

2. Foundational and disability supports for children and young people should be in line with [best practice](#). (Appendix B)

*TOR (a), (b), (d), (h), (i)*

- Services should be family-centred and strengths-based, focusing on the development and wellbeing of the children, young people and their families.
- Supports should be delivered through a Key Worker, transdisciplinary model utilising the expertise of existing best-practice providers.
- Access to supports to be based on the functional need of the child or young person and family, not primarily on age.

3. NSW Department of Health services should be part of the ecosystem of supports for children, young people and their families.

*TOR (a), (c), (d), (h)*

- Implement a proactive approach to track children and families so that they don't fall through the gaps and miss critical health and development checks.
- Strengthen the first connection for childhood checks during the maternity and hospital period. This will enable early establishment of key relationships with families and identify any specific needs for example families experiencing vulnerability, or of CALD status, or Indigenous families.
- Implement a proactive approach with vulnerable communities with home visits and/or transport to community health centres for health and development checks
- Provide culturally safe and trusted staff and places for Indigenous communities, Culturally and Linguistically Diverse, and other marginalised communities for developmental checks. Existing trusted community organisations can facilitate this.
- Establish and resource local networks between hospitals, community health, early intervention providers, and other relevant stakeholders (see Recommendation 1)

4. NSW schools, early learning centres, and other services should be part of the ecosystem of supports for children, young people and their families.

*TOR (a), (d), (g), (h)*

- Address the barriers for early intervention supports accessing schools to provide

best-practice capacity building supports (including imposition of access fees).

- Review New South Wales Education Standards Authority (NESA) requirements to account for teachers providing early childhood intervention in the community.
- Review the *Educational Services (Teachers) Award* to account for teachers providing early childhood intervention in the community.
- Strengthen resourcing of supported playgroups as part of connected ecosystem of foundational supports in NSW ensuring these are accessible across the state.

5. Implement workforce initiatives to strengthen the workforce in early intervention, youth support, and family support services.

*TOR (g)*

- Provide subsidies to incentivise targeted training for new graduates for their first two (2) years of employment.
- Invest in the development and delivery of post-graduate accredited training in the Best Practice Guidelines for Early Childhood Intervention, including the Key Worker model.
- Develop a clear workforce strategy for early intervention and allied health to complement other existing workforce strategies.
- Work with universities and accrediting bodies to ensure the Best Practice Guidelines for Early Childhood Intervention, including the Key Worker model, are a requirement of the curriculum.

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## About National Disability Services

Our **vision** is for an inclusive Australia and our purpose is to support and champion organisations throughout Australia that provide high quality, sustainable services for people with disability.

NDS acknowledges the traditional custodians of the lands, seas, skies, and waterways throughout NSW. We pay respect to elders past, present and emerging and recognise their deep and continuing connections with our shared country, culture, and community.

## Introduction

Over 18% of the New South Wales (NSW) community [live with disability](#). This equates to 1.37 million people living with disability in NSW. People with disability are a diverse community. They vary in age, gender, gender identity, race or cultural background, family environment, socioeconomic circumstance, geographic location, and the nature of their disability. People experience a range of impacts due to disability, with [over 6 per cent of the population experiencing profound or severe disability](#).

For children the figures are:

aged 0 – 4 years 7.2% of males and 4.1% of females;

aged 5 – 14 years 16.4% of males and 10.7% of females and;

aged 15 – 24 years the percentages are 14.4% of males and 13.2% of females.

The National Disability Insurance Scheme (NDIS) supports 205,597 people in NSW as of [December 2024](#), including 18,880 (9.2 per cent) participants who identified as Aboriginal or Torres Strait Islander and 21,741 (10.6 per cent) who identified as culturally or linguistically diverse.

The numbers of New South Wales [children and young people who are participants](#) in the NDIS are:

Age Bracket	Number of NDIS Participants
0 – 9 years	48,949
9 – 14 years	38,514
15 – 18 years	19,020
19 – 24 years	17,528
<b>TOTAL</b>	<b>124,011</b>

The NDIS supports people with permanent impairment (physical, intellectual, cognitive, neurological, visual, hearing, or psychosocial) resulting in significant disability, and typically provides support to individuals between the ages of 0 to 65.

In [December 2023 National Cabinet agreed](#) to a reform agenda to support people with disability in and outside the NDIS scheme. These important reforms include additional foundational supports at state level. Early childhood assessment and intervention have been specifically noted as of key importance to the reform agenda. The NDIS review found that ‘children with disability and developmental concerns are not being consistently identified early in life’.

The [National Disability Reform Agenda](#) has agreed to design and plan for foundational supports to support people with disability who have needs greater than the mainstream system can provide and outside of the NDIS. In January 2024 Ministers Rishworth and Shorten announced funding for a [Foundational Support Strategy](#) to support people with disability. The strategy would specifically look at early intervention supports.

The Disability Reform Ministerial Council ([DRMC in February 2025](#)) committed to continue working together to progress the design of Foundational Supports, taking into account the views of people with disability, families and the sector. [The Disability Reform Roadmap](#), September 2024, by the DRMC states that Foundational Supports is one of five Key *Deliverables* and anticipated phased implementation from July 2025.

In 2022, NSW was the state which had the highest number of people with disabilities totaling [approximately 1.5 million](#) people. As only [199,00 of those people had NDIS plans](#) that left 1.3 million people in NSW unsupported.

The final report of the [NDIS Review](#), released on December 7, 2023, found that

*Support for **children with disability or developmental concerns** outside the NDIS is lacking. In 2021, 22 per cent of Australian children were developmentally vulnerable on one or more domains of the Australian Early Development Census by the time they reached school. This represents one in five children. The inadequacy of mainstream and foundational supports outside the NDIS results in poor outcomes for families and children and drives many to seek access to the NDIS because there is nowhere else to go. Situating early supports inside the NDIS disconnects children from mainstream services that promote positive child development.*

***Adolescents and young adults** with disability continue to fare poorly in comparison to their non-disabled peers across a range of indicators. There are few supports available outside the NDIS for adolescents and young adults as they transition to independence.*

Professionals and Researchers in Early Childhood Intervention ([PRECI](#)) is currently party to an independent review and revision of Australia’s Early Childhood Intervention (ECI) Best

Practice Framework. The [Review of Best Practice in Early Childhood Intervention Review Report](#) released in January 2025 recommends that the findings be used in the next stage of their work as the basis for the co-creation of the new framework.

Funded by the Department of Social Services, the consortium is led by Professor Christine Imms of the University of Melbourne in partnership with Murdoch Children's Research Institute (MCRI), PRECI, Secretariat on National Aboriginal and Islander Child Care (SNAICC), and Children and Young People with Disability Australia (CYDA).

The Best Practice Framework relates specifically to Action Item 2.4 of the [Early Childhood Targeted Action Plan](#) (TAP), which is overseen by the Department of Social Services and is one of five TAPs under Australia's Disability Strategy 2021-2031.

There is now a wealth of information, momentum, and goodwill for the co-design and implementation of a well-connected national ecosystem of foundational and disability supports. As a peak body, NDS has the expertise and provider engagement to support the NSW Government in moving forward with this critical opportunity to provide for the future of children, young people, their families and wider communities.

## **Response to the Terms of Reference**

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

Early intervention services are critical to the overall development, health, and wellbeing of children and young people with developmental concerns, delays, differences, or disabilities. These services play a pivotal role in shaping a child's developmental trajectory, providing essential support during the most formative years of their life.

*The early childhood years lay the foundation for all future development. Recent scientific evidence shows that early experiences shape our lives by affecting the way the young brain develops. What happens to us in the early years has a major effect on our health and social development through to adulthood. Therefore, we must ensure that children's early experiences are positive - that they have a secure foundation for development. (Sameroff, 2009; Shonkoff, 2010; Shonkoff & Phillips, 2000; Sroufe, 2009; Worthman et al., 2010).*

[National Guidelines Best Practice in Early Childhood Intervention 2016](#)

Research shows that early intervention significantly improves children's cognitive, social, and emotional development. Addressing developmental delays early helps children acquire essential skills and reach milestones like their peers. With 90% of brain development occurring by age five, timely intervention is vital. However, in New South Wales, the supply of early intervention services is not equal to demand and may not be evenly distributed.



Early intervention services help children develop [essential communication, motor, and cognitive skills](#), improving their overall health and wellbeing. These services prepare children for school, enhancing readiness, transitions, and performance. Children are more likely to [meet developmental milestones and perform in line with their peers](#), leading to fewer negative behaviors and school refusal.

Children are part of families, and early intervention benefits both. It provides families with resources, strategies, and emotional support, reducing stress and increasing confidence in supporting their child's development. Families gain skills to advocate for their child and navigate various systems, strengthening relationships and enhancing overall family wellbeing.

Early intervention services engage all stakeholders to support children's participation in educational and community settings. Inclusive practices foster belonging and positive social interactions, essential for emotional and social development. These supports also help children develop self-regulation and adaptive skills, preparing them for future transitions.

The unique and essential role of community-based child and family organisations in the support ecosystem is summarised in [Foundational Supports and the Disability Ecosystem for Children with Developmental Concerns, Delays, Differences and Disabilities Principles, Best Practices and Solutions](#) published by the Early Childhood Intervention Best Practice Network. These existing services:

- Have a strong understanding and expertise in delivering early intervention best practice including the Key Worker Model

*A recent survey by Monash University found that 61.5% of allied health professionals surveyed felt 'unsure', 'unconfident' or 'extremely unconfident' to work as a Key Worker. Expertise of providers who have delivered this model for decades is required to develop the capacity of the sector.*

- Are already firmly established in their local communities and uniquely positioned to offer tailored, culturally sensitive interventions that meet the specific needs of their communities.
- Provide a seamless approach for children and families, collaborating with universal services such as healthcare and education as well as targeted services like specialised therapy and support programs, creating an integrated network of care.
- Have established connections within their communities which they use to ensure families can easily navigate the system and receive comprehensive continuous support, reducing service gaps.
- Occupy a trusted place in their communities having between 30 to 150 years of experience. As registered providers with the NDIS they uphold strong governance systems and high-quality standards.

## Recommendations

- Implement and fund an integrated model or ecosystem of supports which intentionally enables collaboration
- Map the availability services across 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.
- Services to be family-centred and strengths-based, focusing on the development and wellbeing of the children, young people and their families.
- Supports to be delivered through a Key Worker, transdisciplinary model utilising the expertise of existing best-practice providers.

### **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**

The services and supports for children with developmental concerns in New South Wales are diverse. These vary depending on the stage of the family's journey.

For instance, during the prenatal phase and immediately post birth, families may be most directly support by the hospital system and community child and family health services.

As children age, families may connect in with supports through local supported playgroups or the early learning centres their children attend. Supported playgroups are essential ["soft-entry" points](#) in early intervention. They provide a welcoming environment for families to form social connections and develop support networks. These playgroups also connect families with early intervention specialists, allied health practitioners, and other community resources, including health services, early intervention programs, and educational resources.

When concerns arise regarding development, these may be identified by the GP, a specialist, community child and family health nurse, the child's supported playgroup or early learning centre or the parents themselves.

At this stage, however, families often face challenges due to the disconnected nature of these

services, which often operate in isolation, leading to a lack of coordination and integration. Fragmentation between the NDIS and State services creates jurisdictional challenges and families often lack awareness of available supports.

Access to early childhood intervention to support development when concerns are identified is essential and there is a strong network of community services who provide these services across the state. However, without funding from the NDIS, there is a financial barrier to families accessing these.

Those families with financial means may opt for private therapies (typically a medical model rather than a best-practice [social model](#)), disadvantaging those without such means. Others may seek Medicare funding which is limited, support through community health or support the NDIS Early Childhood Partners.

However, long waiting lists for community health and access to the NDIS Early Childhood Partners can cause delays, narrowing the window for effective intervention.

These challenges with access delays or funding constraints can be even more difficult in regional and remote communities where there are fewer early childhood intervention services available.

## Recommendations

- Implement and fund an integrated model or ecosystem of supports which intentionally enables collaboration
- Map the availability services across to ensure equity in access to best practice supports across the state
- Establish and resource local networks between hospitals, community health, early intervention providers, and other relevant stakeholders
- Services to be family-centred and strengths-based, focusing on the development and wellbeing of the children, young people and their families.
- Strengthen resourcing of supported playgroups as part of connected ecosystem of foundational supports in NSW ensuring these are accessible across the state.
- Strengthen the first connection for childhood checks during the maternity and hospital period. This will enable early establishment of key relationships with families and identify any specific needs for example families experiencing vulnerability, or of culturally and linguistically diverse (CALD) status, or Indigenous families.

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

The NDIS Review: Final Report put forward a vision of “a unified ecosystem of support”. The current fragmented, silo-ed system is not conducive to supporting children and families to access regular screenings and health checks.

Members report that connections and communication between the health system and early intervention services in NSW can be poor and inconsistent. Waiting lists for paediatricians, both public and private, are often long, with 18-month waits not uncommon. Children may wait for extended periods only to be deemed ineligible and redirected to another waiting list.

Families spend thousands on allied health assessments hoping to meet NDIS eligibility. However, many children with developmental concerns or delays, despite the expense, are deemed ineligible and receive no support.

#### **Recommendations**

- Implement a proactive approach to track children and families so that they don't fall through the gaps and miss critical health and development checks.
- Strengthen the first connection for childhood checks during the maternity and hospital period. This will enable early establishment of key relationships with families and identify any specific needs for example families experiencing vulnerability, or of CALD status, or Indigenous families.
- Implement a proactive approach with vulnerable communities with home visits and/or transport to community health centres for health and development checks
- Provide culturally safe and trusted staff and places for Indigenous communities, Culturally and Linguistically Diverse, and other marginalised communities for developmental checks. Existing trusted community organisations can facilitate this.
- Establish and resource local networks between hospitals, community health and early intervention providers.

### **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**

#### **Barriers**

Funding silos create barriers for children and young people accessing necessary services. When medical, community-nursing, allied health, and NDIS supports operate in isolation, it results in a fragmented system that is difficult for families to navigate. This leads to inconsistent information, delays, duplication of efforts, and gaps in service delivery. Families, especially in regional, rural, and remote areas, face significant burdens managing multiple

appointments and communications, causing frustration and stress. This can discourage them from seeking or continuing support. A lack of collaboration also leads to inefficient resource use. Integrated service delivery models are essential for effective early childhood intervention, ensuring comprehensive care that addresses the child's physical, cognitive, social, and emotional needs.

The current funding model hinders best-practice support for children and families. NDIS funding restrictions may limit support for parents, carers, and siblings. For example, a parenting course that builds the parents' capability and capacity to support them may be more effective than "therapising" the child.

Achieving inclusive school environments relies on capacity-building support from early childhood intervention services. Best practice guidelines endorsed by the NDIA emphasise inclusive supports in natural environments, like schools (Quality Area 2: Inclusion). Early intervention teams need access to schools to build the capacity of children, teachers, peers, and caregivers, and to collaborate with schools for supportive and accessible environments. However, some schools restrict therapist access, or charge fees, which is not in the best interest of the child or school.

- Transitioning to school is crucial. Without proper planning and support, children may develop negative associations with school, leading to refusal. These experiences are hard to overcome but can be minimised with well-planned transitions. Restricting intervention services during the first term or six weeks can jeopardize this transition and undermine months of preparation.
- Not-for-profit early intervention services cannot afford the \$50 fee per therapist per child per school. While school agreements allow this charge, it is not in the best interest of the child, family, or service. Billing this fee to support plans or families breaches NDIS rules and imposes significant costs on families, especially those with multiple team members involved, discriminating against those without financial means.
- Excluding intervention services can create an unsupportive school environment, negatively impacting achievement and escalating behaviors. This risks the child's social, emotional, educational, and inclusion opportunities.

The costs and wait-times for assessments and reports needed to apply for the NDIS create barriers, especially for families who can't afford them. This issue is worsened for those in regional, rural, and remote areas, where services are limited and often require expensive travel to metropolitan centers. This situation further disadvantages already marginalised groups, depending heavily on the capacity, and health literacy, of parents.

Families of children with developmental delays or disabilities face a complex and burdensome system of services, applications, and funding streams before accessing early intervention supports. Despite good intentions, the current system is hard to navigate,

creating barriers that hinder smooth access to, and movement between, services.

Members have reported that the NDIS pricing model has caused early intervention providers to withdraw from some regional areas, making service provision unsustainable and leaving these communities without supports available in metropolitan areas. Barriers to accessing early childhood intervention under the NDIS are well documented in the Discussion Paper ["Early Childhood Intervention and Therapeutic Supports for Children and Young People under Age 16"](#)

A graphic representation of the barriers is included at [Appendix A](#).

## Gaps

A common cry in Early Intervention services is “Where are the babies?” While babies with support needs continue to be born, they are not being connected with early intervention supports. Members report that families experiencing early or traumatic births are sent home unsupported to establish their family unit. Where ongoing hospital support is available, it tends to be an inpatient, medical model and may funnel the families into expensive private therapy through the hospital.

In documenting this delay in accessing supports Dr Stacey Alexander examined data related to the age at which children commenced supports with a particular Victorian provider, including this information in a submission to federal government. In her findings for the 2023/2024 financial year, looking at the ages of the 572 new children starting supports for the first time, the average age was found to be five years and two months. This delay in commencing critically important early intervention supports is tragic, is preventable, and must urgently be addressed.

Currently, early intervention services (not-for-profit non-government organisations) are using their discretionary funding to try to meet the needs of children and families due to the current gaps in the system. The NDIS Review: Final report states that

*The inadequacy of mainstream and foundational supports outside the NDIS results in poor outcomes for families and children and drives many to seek access to the NDIS because there is nowhere else to go. Situating early supports inside the NDIS disconnects children from mainstream services that promote positive child development*

Early intervention services often run supported playgroups (using discretionary funding or supplementing funding from Playgroups NSW, MyTime, Play Connect, NSW Dept of Communities and Justice Targeted Earlier Intervention, NSW Dept of Education Start Strong Pathways, benevolent, charitable or community grant funding). This goes some way toward meeting the gap in “soft” entry and connection points, providing pathways to connect in with other supports. Members report that the provision of these services is dependent on the intervention service’s ability to source funding and may not necessarily be available to

children and families in all parts of the state.

Services may use discretionary funding to support children and families who meet NDIS eligibility criteria but are excluded due to their visa type. Without NDIS support, families must pay for therapy privately, which is often unaffordable.

Children who achieve their NDIS plan goals can be prematurely exited from the scheme. Goal attainment was reliant on receiving the early intervention support and, without ongoing support, continued achievement cannot be guaranteed which may result in the child falling behind in their development and effectively losing the gains that were made from the intervention.

Children with trauma backgrounds and Post Traumatic Stress Disorder (PTSD) will present with significant developmental, psychological and social concerns, however this diagnosis, regardless of severity, does not meet NDIS eligibility criteria which leaves a vulnerable and disadvantaged group without the supports they desperately need. Again, early intervention providers attempt to go some way toward meeting these needs, but this is not consistent or available in all areas and is dependent on the goodwill of organisations that face financial sustainability concerns given the long-term issues with the NDIS pricing model.

*We believe that an unintended consequence of the current system is that generally families find it difficult to navigate and access support needed that is crucial in the early part of their journey. Furthermore, families that have any disadvantages (e.g., socially, culturally, or financially), experience further service gaps, delays and distress (Purcal, Hill & Meltzer, 2018).*

[Discussion Paper Early Childhood Intervention and Therapeutic Supports for Children and Young People under Age 16](#)

Children with sensory processing difficulties or ADHD may not always be eligible for the NDIS or other community health supports. This leaves these children and their parents without adequate support, despite significant impacts on their learning and school engagement. Many parents bear the cost of support through private therapies, but not all families can afford this, creating a disparity in access disadvantaging lower income families. Alternatively, families are left with medication as the primary and most cost-effective solution.

Current sector capacity building program funding does not offer support to early learning centres which can result in families being turned away from centres due to their child's support needs.



## Recommendations

- Implement and fund an integrated model or ecosystem of supports which intentionally enables collaboration
- Map the availability services across 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.
- Services to be family-centred and strengths-based, focusing on the development and wellbeing of the children, young people and their families.
- Supports to be delivered through a Keyworker, transdisciplinary model utilising the expertise of existing best-practice providers.
- Access to supports to be based on the functional need of the child or young person and family, not primarily on age.
- Implement a proactive approach to track children and families so that they don't fall through the gaps and miss critical health and development checks.
- Establish and resource local networks between hospitals, community health, early intervention providers, and other relevant stakeholders
- Address the barriers for early intervention supports accessing schools to provide best-practice capacity building supports (including imposition of access fees).

### **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**

Prior to the rollout of the NDIS the New South Wales early intervention ecosystem was very well connected. This was facilitated by the [Early Childhood Intervention Coordination Program \(ECICP\)](#).

*The Early Childhood Intervention Coordination Program (ECICP) in NSW promoted interagency collaboration and dismantled silos between government and non-government agencies to improve support for children with developmental delay or disabilities and their families. Thirteen regions across the state received \$12,000 annually to support coordination efforts tailored to local needs.*

*Operating for over 20 years before the introduction of the NDIS, the program continues*



*in some regions as local unfunded interagency initiatives. Community-based not-for-profit (NFP) organisations predominantly led these networks, ensuring stability through their extensive corporate knowledge, dedication to executing committee actions, and roles in governance, including treasurer positions and financial management of the annual committee funding. Interagency activities varied by region, addressing specific local needs through initiatives such as cross-organisational workshops to support families transitioning to school, strengthening local referral pathways, and addressing local training and workforce requirements.*

The enhanced connectedness of the local early intervention ecosystem flowed on to children and families being connected in a timely way to appropriate supports. Such a simple, low-cost initiative would be a significant step towards addressing the barriers identified at point d) above.

## **Recommendations**

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

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

[IBIS \(In-home Baby Intervention Service\)](#) program in Western Australia funded by Telethon and operated by Ability WA, provides early intervention support to infants up to two years old at risk of developmental delays. Delivered in the family's home, the program offers tailored therapy services, helping children build essential skills in a low-stress environment. By working closely with families, IBIS ensures infants meet developmental milestones and transition smoothly to other early childhood services.

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

The [NDS State of The Disability Sector 2024](#) report cites allied health practitioners as the biggest skill shortage with service providers reporting the most difficulty in recruiting and retaining these roles. The lack of connection and cooperation in the sector means that the

workforce that is available is not being used as effectively as it could be.

This shortage is exacerbated by the overservicing in clinic models and limited use of the Key Worker model.

[Discussion Paper Early Childhood Intervention and Therapeutic Supports for Children and Young People under Age 16](#)

- There are challenges with attracting and retaining Allied Health staff to regional, rural and remote locations. Smaller providers cannot compete with larger services that can offer above award wages
- Shortages in staffing result in long waitlists.
- Early childhood early intervention teachers are unable to obtain or maintain their New South Wales Education Standards Authority (NESA) accreditation in this type of work which makes it difficult to attract those teachers to the industry. There is also no classification within the Educational Services (Teachers) Award that recognises this community-based work.
- Training newly or recently graduated Allied Health practitioners takes time and is costly to support, supervise and train effectively to support both children and families holistically and as part of a multi or transdisciplinary team, working through a Key Worker. Allied Health university courses have little to no paediatric or early intervention best-practice content. Current NDIS funding does not allow for this additional cost of training staff.

## **Recommendations**

- Review NESA requirements to account for teachers providing early childhood intervention in the community.
- Review the *Educational Services (Teachers) Award* to account for teachers providing early childhood intervention in the community.
- Provide subsidies to incentivise targeted training for new graduates for their first two (2) years of employment.
- Invest in the development and delivery of post Graduate accredited training in the Best Practice Guidelines for Early Childhood Intervention, including the Key Worker model.
- Develop a clear workforce strategy for early intervention and allied health to complement other existing workforce strategies.
- Work with universities and accrediting bodies to ensure the Best Practice Guidelines for Early Childhood Intervention, including the Key Worker model, are a requirement of the curriculum.

- Provide incentives for study in the allied health and early childhood teaching professions.

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

The papers below each provide a response to the recommendations of the NDIS Review Final Report and put forward potential solutions and recommendations regarding the way forward.

[Discussion Paper Early Childhood Intervention and Therapeutic Supports for Children and Young People under Age 16](#)

[Foundational Supports and the Disability Ecosystem for Children with Developmental Concerns, Delays, Differences and Disabilities Principles, Best Practices and Solutions](#)

[Principles for Developing a NSW Foundational Supports System for Children with Developmental Differences, Delays, or Disability and their Families](#)

**i) any other related matter.**

Early Childhood Intervention Best Practice Network recognises support requirements up to and including age 16. The Youth Hubs model is more appropriate for young people between the ages of 16-25. For all ages the importance of place-based (tailored to the needs of the community), accessible, and culturally safe services is key.

The NDIS currently supports children aged 0 to 9 years via the Early Intervention pathway. However, not all children have access to appropriate supports in a timely manner in those crucial first years of life. Supports should not cut off arbitrarily based on chronological age but should rather be available based on functional capacity of the child and family. Children and young people with a background of trauma, domestic violence, homelessness, interaction with the justice system, diagnosed and undiagnosed disabilities and delays, may be at a disadvantage compared to their age peers and may not have the experience, social maturity, life skills and independence that is usually expected of their age group. Disability supports such as Youth Hubs play a vital role in supporting these young people by providing dedicated spaces that foster personal, social, and professional development. These hubs offer a supportive, non-judgmental environment where young people can gather, form relationships, learn, and grow. By offering resources, programs, and activities tailored to their needs, Youth Hubs help bridge the gap between formal education and real-world experience.

The Department of Communities and Justice publication [Key Tenets of Programs that Successfully Engage Young People](#) highlights several essential elements that contribute to the effectiveness of Youth Hubs.

## Recommendations

- Ensure access to foundational and disability supports is based on the functional need of the child or young person and family not based on chronological age.
- Provide community-based spaces for services to be available to children, young people and families in an accessible and culturally safe environment.
- Utilise established, local providers thereby realising efficiencies through the capacity of these services to leverage more easily off existing structures, frameworks, models and place-based providers.

## Concluding Comments

The current disability reform agenda in Australia and NSW including the new opportunities with the development of foundational supports in NSW provides an ‘once in a lifetime’ opportunity to co-design an integrated system of supports for children and young people. At this time it is important that momentum continues in NSW to design and implement foundational supports, and associated disability supports for children and young people.

The funding and consultative collaboration on design and implementation of foundational supports and review of associated disability supports is a strategic investment that yields significant benefits for NSW Australians with disability or development delays. For individuals, early intervention can lead to improved developmental outcomes, better health, and enhanced quality of life; families benefit from reduced stress and increased support, enabling them to provide a more stable and nurturing environment. Communities benefit from a positive impact of stronger social cohesion, increased resilience and reduced long-term costs associated with addressing complex needs later in life. Government and its departments, such as education, benefit from early intervention by having children better prepared for school, leading to improved academic performance and reduced behaviours of concern and absenteeism. An appropriately designed integrated system based on best practice minimises unintended consequences on health services – general practice, community and hospital services.

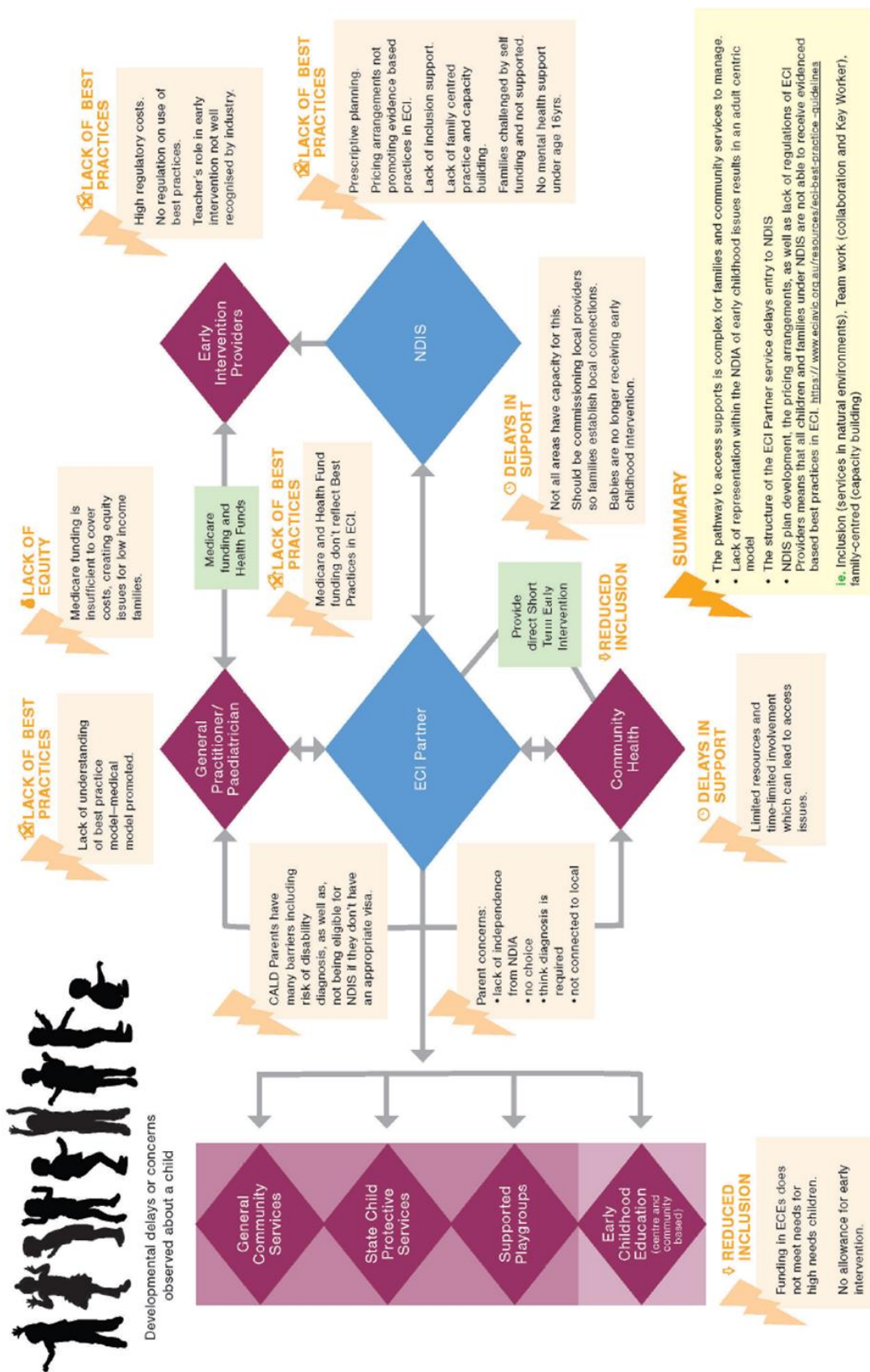
The NSW State Government's substantial funding for early intervention supports reflects their recognition of its importance and their commitment to this crucial area. In their [discussion paper](#), CaFSA emphasises the importance of **leveraging existing services and resources** to prevent duplication and fragmentation. They highlight the need for **better allocation of current funding** to enhance the effectiveness of foundational supports. The [Early Childhood Intervention Best Practice Network](#) (ECIBPN) discusses the need for a robust and enduring community sector supported by effective funding models. They stress that while current funding levels are significant, better allocation and integration into existing service systems are crucial for maximising impact and to improve the effectiveness of foundational supports.

As a peak body with expertise at a national and NSW level, NDS brings its experience and provider engagement to detailing its recommendations contained in this submission.

As of April 2025, NDS advocates strongly that it is critical that NSW to proceed with collaboration, consultation, and co-design of Foundational supports and associated disability supports for children and young people.

## Appendix A: [Graphic Representation of Barriers](#)

### CHALLENGES WITH THE EARLY CHILDHOOD INTERVENTION SERVICE SYSTEM UNDER THE NDIS





## Appendix B: [Existing General Supports – Mainstream / Foundational](#)

The table below outlines a range of mainstream and general supports (which could be considered foundational) which already exist in the community, and some of the primary funding sources. Expanding access to these to a wider population base would move these into the foundational support ecosystem. Further adaptations which would be required are also noted.

Service Type	Example Funding Sources	Adaptations
<b>PRENATAL AND POSTNATAL EDUCATIONAL COURSES</b>	Parent funded (fee-for-service) Provided by local health districts	Include information about child development  Include information about where to find support  Offer free to families experiencing vulnerabilities
<b>SUPPORTED PLAYGROUPS</b>	Department of Social Services Funding  NSW Dept of Communities and Justice - Targeted Earlier Intervention Funding  NSW Dept of Education - Start Strong Pathways Funding	Funding streams could combine to deliver playgroups with a variety of focuses including:  <ul style="list-style-type: none"> <li>- Education for parents;</li> <li>- Early education for children;</li> <li>- Parental support;</li> <li>- Informal developmental screening;</li> <li>- Information, linkages and referral;</li> <li>- Support to overcome barriers to early childhood education enrolments;</li> <li>- Child protection and family preservation.</li> </ul>
<b>PLAYGROUPS OFFERED BY PRIVATE PROVIDERS</b>	Parent-funded (fee for service)	These must be delivered by qualified educators or allied health practitioners with experience in child development.  Sector development regarding inclusion to promote capacity building of these private providers.
<b>INFORMATION PROVISION, REFERRAL AND LINKAGES</b>	NSW Dept of Communities and Justice - Targeted Earlier Intervention Funding	Fund some local Interagencies focussed on children and young people but dependent on the funded provider in DCJ regions. Could be converted to consistent interagencies in each region.
<b>PARENTING PROGRAMS</b>	Department of Social Services Funding  NSW Dept of Communities and Justice - Targeted Earlier Intervention Funding	Current ad hoc provision of programs such as those below could be more widely and consistently funded and provided by trained practitioners. Examples of universal parenting programs:  <ul style="list-style-type: none"> <li>-Triple P</li> <li>- Being a Parent</li> <li>- Tuning into Kids</li> <li>- Tuning into Teens</li> <li>- Circle of Security</li> <li>- MyTime</li> <li>- Grandparent programs</li> <li>- Stepping Stones</li> </ul> Parenting programs for children with delay or disabilities:  <ul style="list-style-type: none"> <li>- Now and Next</li> <li>- Envisage</li> </ul>

## Appendix B: [Existing General Supports – Mainstream / Foundational](#) (continued)

Service Type	Example Funding Sources	Adaptations
<b>DEVELOPMENTAL SCREENING AND LIGHT TOUCH DEVELOPMENT SUPPORT</b>	Local Health Districts  Brighter Beginnings Funding	<p>It is acknowledged that Child and Family Health Nurse clinics are also an important part of developmental screening during this age and the foundational support service system. We believe that this system would benefit from:</p> <ul style="list-style-type: none"> <li>- Utilisation of a 'team around the child' approach which utilises a diverse workforce which has early childhood development qualifications including early childhood teachers and paediatric allied health professionals.</li> <li>- Provision of screening and supports in natural settings to enable a more complete picture and reduce barriers to participation.</li> <li>- Being the primary provider of developmental checks due to extensive paediatric experience this requires. We acknowledge the important role of General Practitioners and suggest that they can refer to these clinics where screening identifies concerns which require further review.</li> <li>- A commissioning approach where developmental concerns are identified, families have the option to be given referral and funding to access early intervention from local providers under more specific foundational supports.</li> </ul> <p><b>For the Brighter Beginnings Program:</b> This program needs to target a wider range of children (including earlier ages), children in small early childhood education centres, and children who are not attending early childhood education too. The program could be a follow up program from child and maternal health nurses and needs to incorporate support regarding the 'next steps' after screening outcomes.</p>
<b>INNOVATIVE SOLUTIONS FUNDING</b>	<a href="https://idfm.org.au/funding-streams/innovative-solutions">https://idfm.org.au/funding-streams/innovative-solutions</a>	<p>Innovative Solutions Support is one stream of funding available to eligible early childhood education and care services through the Inclusion Development Fund (IDF). It provides funding for flexible and tailored inclusion support that goes beyond the scope of support that can be provided by Inclusion Agencies. Delivered by qualified educators or allied health practitioners.</p>



## Appendix B: [Existing General Supports – Mainstream / Foundational](#) (continued)

Service Type	Example Funding Sources	Adaptations
<b>SCHOOLS AS COMMUNITY CENTRES</b>	<a href="https://education.nsw.gov.au/teaching-and-learning/curriculum/early-learning/schools-as-community-centres">https://education.nsw.gov.au/teaching-and-learning/curriculum/early-learning/schools-as-community-centres</a>	<p>An initiative supporting families in their local school community to enhance the early learning and wellbeing of children birth to 8 years.</p> <p>Enhance funding to ensure it is delivered by qualified educators or allied health practitioners with experience in child development. Ensure these are offered in all communities in need.</p>
<b>TOY LIBRARIES</b>	Home   Toy Libraries Australia: <a href="https://www.toylibraries.org.au/">https://www.toylibraries.org.au/</a>	<p>Expand the number of toy libraries in NSW. Enhance funding to ensure they are delivered by qualified educators or allied health practitioners experience in child development.</p>

## Appendix C: [Existing Supports – Specialised / Targeted](#)

The table below outlines a range of more targeted supports which already exist in the community, and some of the primary funding sources. Expanding access to these to a wider population base would move these into the foundational support ecosystem and ensure families are not left behind. Further adaptations are also required and noted.

Service Type	Example Funding Sources	Adaptations
<b>INDIVIDUAL EARLY CHILDHOOD INTERVENTION OR THERAPEUTIC SUPPORTS</b>	Local Health Districts NDIA Individual Funding Packages NSW Dept of Communities and Justice	Local Health District funding is often 'in clinic' rather than in the community – services in natural settings are important for best outcomes.
<b>PARENT CAPACITY BUILDING</b>	Family Preservation and Targeted Earlier Intervention Funding	Adaptations are required to existing programs for families with specific needs e.g., Tuning into Kids for children with disabilities  Provision of funding for evidence based programs such as Hanen <sup>3</sup>
<b>TRANSITION TO SCHOOL SUPPORTS</b>	NDIA Individual Funding Packages NSW Dept of Education - Start Strong Pathways Funding	This is currently restricted to ad hoc community programs other funding streams. This requires special funding for all children, regardless of visa status.
<b>PEER SUPPORT FOR PARENTS &amp; SIBLINGS</b>	ILC Funding	This funding is not reliable and makes ongoing service delivery difficult.  This service could be provided by local community-based organisations.
<b>FAMILY THERAPY TO SUPPORT STRONG PARENTAL RELATIONSHIPS</b>	Medicare funding	Where individual psychologists will allow mental health care plans to be used for this purpose do allow parents to access this. However, one parent then does not have access to individual therapy.  This should be a separate funding available for parents with children with developmental concerns, delays or disabilities through Medicare.
<b>BROKERAGE FOR EQUIPMENT HIRE/ RESOURCE PURCHASE</b>	Commonwealth Inclusion Support Program NSW Dept of Education Disability Inclusion Funding	Continue to fund this on a needs-application basis.
<b>CAPACITY BUILDING FOR EARLY LEARNING CENTRES, SCHOOLS, GENERAL PRACTITIONERS, ETC</b>	Commonwealth Inclusion Support Programme (Long Day Care, Family Day Care, Outside School Hours Care) NSW Disability Inclusion Funding (Preschools) NSW Sector Capacity Building (Preschools)	Attached to individual children so services where children not accessing do not access capacity building. No structured professional development.

