

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

Organisation: Federation of Parents and Citizens Associations of New South
Wales

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Child Development, Early Childhood Intervention, and Disability Supports

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Introduction

The Federation of Parents and Citizens Associations of New South Wales (P&C Federation NSW) welcomes the opportunity to contribute to the Select Committee's inquiry into child development, early childhood intervention services, and disability supports for children and young people. As the peak body representing parents and carers of students in NSW public schools, our submission brings forward the lived experiences and perspectives of families navigating the education, health, and disability systems. We are committed to ensuring that every child, regardless of disability or developmental needs, can access timely and effective supports that enable them to thrive in inclusive school and community settings.

This submission addresses the inquiry's terms of reference with a focus on early intervention, inclusive education, and the foundational supports that families require. We reference recent landmark reviews – notably the *National Disability Insurance Scheme (NDIS) Review Final Report (2023)* and the *Disability Royal Commission (DRC) Final Report (2023)* – supporting key recommendations where they align with parent priorities and proposing further measures to fill gaps in support for families in NSW public education. In doing so, we highlight disparities in service access across metropolitan, regional, rural, and remote communities, and underscore the importance of cross-sector collaboration between education, health, and disability services. Our recommendations aim to strengthen the policy framework so that no child in NSW is left behind due to insufficient support or systemic fragmentation.

Key recommendations - Summary

Joint government investment in foundational early intervention supports outside the NDIS; improving access to diagnostic assessments through expanded developmental screening and reduced wait times; better coordination between schools, early childhood service providers, health services, and the NDIS to ensure seamless support for students and their families; targeted strategies to address gaps in rural and remote areas, including outreach services and workforce incentives; a focus on local workforces that are contextualised to each community, increasing community knowledge, resilience and acceptance of diverse methods of support and a sense of belonging for those with disability; building a strong, culturally responsive workforce across early childhood intervention and education sectors, particularly in rural regional and remote communities; reforming initial teacher education to embed disability inclusion and teaching to diverse needs as core components of university curricula; a university curriculum focus on methods and strategies for inclusion that are driven by socio-ecological theorists; and removal of Behaviourist theory influences in methods and strategies embedded in NSW Department of Education policies with a view to increase internal motivators for behaviour as opposed to external motivators that reduce self awareness, agency and empowerment.

The Critical Role of Early Childhood Intervention and Disability Supports

Early childhood intervention (ECI) and disability supports play a transformative role in a child's development, health and wellbeing. The early years set the foundation for lifelong learning, communication, and social skills. Timely intervention – whether through therapy, inclusive early education, or family support – can significantly improve developmental outcomes, mitigate the impact of disabilities, and reduce the need for more intensive support later in life. Parents consistently emphasise that getting supports “*as early as possible*” is crucial to their child's and family's success. Early intervention not only benefits the child's skills and confidence by supporting a range of diverse learners to participate in curricula, education and learning through play, but also supports the family's capacity to nurture development and advocate for their needs.

Research and best practice affirm this importance. For instance, the NDIS Review recommended that all governments expand universally available child development checks to ensure early identification of children with developmental concerns and enable early intervention. Identifying issues early—through regular developmental screenings or assessments—allows families to receive supports during critical developmental windows. Likewise, international frameworks stress early identification and a family-centred approach, recognising that empowering parents and carers is integral to effective intervention. The P&C Federation strongly supports these principles: *every child with developmental delays or disability should be able to get the supports they need early on, before challenges compound*. Early intervention services (such as speech therapy, occupational therapy, early childhood education programs, and parenting support) should be seen as an essential investment in children's futures.

In NSW, many families have benefited from early intervention programs – whether through the NDIS's Early Childhood Early Intervention pathway, state-funded services, or supports offered in preschools and schools. However, access to these foundational supports is uneven, and too often dependent on a family's ability to navigate complex systems or afford private services. In the following sections, we outline the major barriers that parents and carers encounter in obtaining early childhood and disability supports, and recommend policy actions to improve the effectiveness, availability and equity of services across the state.

Availability and Access to Supports Across NSW (Metropolitan, Regional, Rural, Remote)

Parents across NSW report significant challenges in finding and accessing the *right supports at the right time* for their children. While a range of services exists – from medical and allied health services (like paediatricians, speech and occupational therapists, psychologists) to NDIS-funded supports and school-based programs – availability is highly variable by location and context. In metropolitan areas, families may face long waiting lists but eventually find services; in regional, rural, and remote areas, the needed services may simply not exist locally or have multi-year backlogs. This inequity has a direct impact on child development and family wellbeing, and it is a top concern for the P&C Federation.

Evidence illustrates the stark disparities. In some parts of rural NSW, children are waiting up to 6 years to see a specialist paediatrician or allied health professional, if one is available at all. Royal Far West – a charity supporting country children – estimates that 180,000 children in rural NSW need developmental health services that are not available in their region. Children in remote communities are also more likely to start school developmentally behind: rural children are twice as likely to be developmentally vulnerable at school entry than their city peers. These statistics are troubling – they reflect an unacceptable “postcode lottery” in which geography determines the level of support a child can access.

Even in metropolitan Sydney or larger regional centres, service gaps exist. Many public health child development units have lengthy queues, and the rapid expansion of the NDIS has not fully compensated for the withdrawal or thinning of state-funded therapy services. Families who do not meet NDIS eligibility (for example, children with milder delays or those awaiting diagnosis) often have minimal support options. Those who *are* NDIS participants can sometimes obtain therapy privately, but finding qualified providers (especially speech or occupational therapists) is difficult due to high demand. Wait times of several months to over a year for therapy appointments are commonly reported by parents. This delay in support provision can cause children to lose progress or for behaviours to escalate, affecting their participation at preschool or school.

Socioeconomic factors further influence access. Higher-income families may alleviate delays by paying for private assessments or therapy out-of-pocket, whereas lower-income families often must rely on overstretched public systems. A recent study of families seeking neurodevelopmental assessments found an average wait of 3.5 years in public services from the point a parent first raised concerns to receiving a full assessment – and notably, families with lower socioeconomic status experienced the longest delays in getting support. This highlights that current systems are *least accessible to those with the fewest resources*, exacerbating inequity.

One parent in North West Sydney told us *“We’re out of pocket \$280 per week for speech pathology. We don’t get anything back, and one of us has to take a day off work to get there. We had spent \$45,000 before he reached school age. It’s hard but we make it work. I don’t know how it would be possible for a single parent family.”*

To address these gaps, the P&C Federation supports a substantial increase in foundational supports available outside the NDIS. We echo the NDIS Review’s call for National Cabinet to jointly design and fund a coherent suite of disability supports available to all children and families, beyond individualised NDIS plans. Such supports should include community-based therapy services, early childhood and school inclusion programs, and information/navigation assistance. We particularly endorse Recommendation 1.12 of the NDIS Review, which proposes *joint investment in early supports for children with emerging developmental concerns and disability*. If implemented, this could ensure that a child in regional NSW with speech delay, for example, can access a speech pathologist through a local health or education service without having to wait for an NDIS package or travel to a major city.

Additionally, we support innovative service delivery models to extend reach into underserved areas. Outreach clinics, telehealth, and itinerant specialist visits can help bridge some gaps. Telehealth has proven useful for certain therapies and consultations; however, it cannot fully replace on-the-ground services, especially for children with complex needs or for hands-on

interventions. Therefore, a hybrid approach is needed: invest in digital solutions and regional outreach while also incentivising professionals to work in rural and remote communities. This might involve scholarship and placement programs for allied health graduates, relocation support, and developing local talent pipelines (e.g. upskilling education staff or community members as therapy aides). Critically, we also encourage incentives for those living in rural, regional and remote communities to promote further study and professional development within communities. This may include travel incentives to study hubs or other local communities, digital access supports, additional subsidies or incentives to study in identified areas, or reducing requirements for face-to-face participation in education modules. No child's access to support should be limited by their postcode. A statewide Foundational Supports Strategy, as recommended in the NDIS Review, should explicitly plan to eliminate geographic disparities and ensure baseline services (developmental checks, early intervention and health supports) are available in all regions of NSW.

Public schools are a critical and largely underutilised avenue to support children who face barriers accessing early intervention and disability services. Given the universal reach of the public education system across NSW – including in rural and remote areas – schools can play a greater role as hubs for child development support. The Department of Education could strengthen partnerships with NSW Health and the NDIS to bring health professionals, such as speech therapists, occupational therapists, and psychologists, directly into schools.

Embedding allied health expertise within or alongside public schools would help bridge access gaps, particularly in communities where external services are scarce or overstretched. It would also enable earlier identification of developmental concerns, more consistent intervention, and stronger collaboration between teachers, therapists, and families. By co-locating or integrating services, schools could serve not only as educational environments but also as points of access for critical developmental supports – reducing travel burdens, wait times, and disjointed care pathways. We encourage careful analysis of “preferred providers” to ensure quality and fit-for-purpose delivery.

The P&C Federation recommends that the NSW Government explore pilot programs that embed health professionals into public school settings, particularly in disadvantaged, regional, rural, and remote areas, as part of a broader foundational supports strategy. We encourage methods of delivery that support and embrace local communities to deliver these supports, in order to ensure local context and knowledge is embedded in professional practice.

The P&C Federation also stresses the importance of providing adequate funding for rural schools to accommodate the additional needs resulting from service gaps. If a rural child cannot readily access private therapy, the school often becomes the de facto site of support – meaning teachers and learning support staff step in to do therapeutic reinforcement or manage complex needs. These schools need extra resources (funding for additional learning support officers, training, access to advice from specialist teachers or therapists) so that they can fulfill that role without detracting from other students. We recommend that as part of the implementation of any foundational supports strategy, the NSW Department of Education evaluate the allocation of its disability funding to ensure rural and remote schools are being equitably resourced in line with higher needs.

In conclusion, children in rural and remote NSW must become a priority cohort for investment and innovation. We cannot accept a scenario where a child's developmental outcomes are

predetermined by their location. By dedicating targeted support – both human and financial – to these regions, NSW can move toward genuine equity. As Royal Far West states, it is “so wrong” when children miss out purely because of where they live. This inquiry presents an opportunity to right that wrong through bold, focused measures.

Barriers in Accessing Diagnostic Services

Access to diagnostic services – such as developmental assessments, autism and ADHD evaluations, and other specialist diagnostic processes – is a critical issue highlighted by parents and carers. A clear diagnosis (or even a timely evaluation of needs) can open doors to funding, early intervention programs, and tailored educational supports. However, long wait times and high costs are prevalent barriers that leave families in limbo during a key period of the child’s development.

As noted, public pathways for assessment are severely bottlenecked. On average, Australian children are waiting *years* for comprehensive developmental assessments. One large NSW study found an average wait of 3.5 years from when parents first noticed a developmental concern to when they obtained a full assessment for their child through public services. In practice, this might mean a parent who becomes concerned at age 3 does not receive a confirmed diagnosis (for example, of autism spectrum disorder) until the child is around 6½ years old. Such delays result in missed opportunities for early support, as the study’s authors point out. Families with limited means are often stuck on these waitlists, whereas those who can afford private assessments (costing thousands of dollars) may obtain answers sooner. This creates an inequitable two-tier system of “those who wait” and “those who pay,” which is fundamentally unfair for children.

In rural and remote NSW, diagnostic services are even harder to come by. As referenced earlier, some regions have no resident paediatricians or child psychologists accepting referrals for developmental assessments, forcing families to travel long distances or join waiting lists that can stretch for years. If a family cannot travel or pay for private consultations in the city, their child may miss out on early intervention entirely during the most crucial years. We have heard anecdotally from parents in western NSW who spent months just securing a referral, then were told of a two-year wait for a government clinic appointment. As one parent in located in the Dubbo region told us *“I’ve waited 2 years and we still don’t have the diagnosis my child needs to secure support in and out of school. His teacher does a lot to help but they keep telling me to get the diagnosis – how can I?”* Stories of children starting school without a diagnosis – despite years of evident challenges – are unfortunately common, meaning they often start behind and without targeted supports in place.

Another family on the South Coast of NSW shared their experience with us. Their child requires weekly speech therapy, occupational therapy and psychology appointments. The family could not get the coveted after school appointments (3:30pm - 4:30pm noting that these services closes at 5pm). There was a three year or more waiting list for these appointments.

The family provided us the following breakdown of their week for their child:

Monday

9:10 – 9:50: Travel to speech therapy

10:00-10:45: Speech therapy appointment

10:45 – 11:40: Travel to school

Tuesday

9:10 – 15:00: School

Wednesday

9:10 – 15:00: School

Thursday

8:45 – 9:30: Travel to psychology

9:30 – 10:00: Psychology

10:00-11:00: *Break (not long enough to travel to school)*

11:00-12:00: travel to occupational therapy

12:00-13:00: Occupational therapy

13:00-14:00: Travel to school

14:00-15:00: School

Friday

School

In order to accommodate these appointments, one parent has had to leave full time employment – drastically impacting the family's combined income. This family undertook significant analysis of the quality and access to care under the NDIS, the compromise of losing dual incomes, availability of appointments to reduce time spent outside of school. The parent noted that it would be possible to pay an additional \$9600 per year for some providers to travel to the school to conduct these sessions. This family determined that the \$9600 that could be spent on professionals' travel costs is better spent on their child's support sessions. Ultimately, this child's schooling experience is not equal to their peers. They are absent from school 60 days in the school year – which impacts their learning, their friendships, and their sense of belonging.

This example highlights the importance of local providers of varied supports, and a practical lens on the experience of families in the method of service provision. Incentives for before or after school appointments, for example, would support some families – but ultimately cross-institutional approaches to individual support programs will alleviate the burden on families.

These barriers underscore the need for system-wide solutions to improve diagnostic access. The P&C Federation supports the NDIS Review's Recommendation 2.13, which urges all Australian governments to expand universal child development checks. In NSW, this could translate to strengthening the existing child health checks offered through NSW Health (such as vision screening and Blue Book health checks) to include more robust developmental and behavioural screening at multiple ages before school. We recommend developing a standardised pathway for referral and assessment when a developmental concern is flagged – one that is proactive and does not rely solely on parents navigating the process. For example, if a general practitioner or early childhood educator identifies potential

developmental delay, there should be a clear, timely route into a multidisciplinary assessment service (with defined maximum wait times).

Additionally, greater use of multidisciplinary teams and interim supports can help. If a full diagnostic workup is delayed, families should still be able to access early intervention based on identified needs rather than waiting for a label. We note that Ireland's approach to children's disability services aims to provide supports *"based on their need, regardless of their diagnosis, where they live or go to school"*. This is a valuable principle: NSW should ensure that no child is denied services simply because a formal diagnosis has not yet been made. The Department of Education's policies could be adjusted to allow provisional support in schools when a disability is suspected (for instance, interim funding for extra support while an autism assessment is underway).

Finally, to reduce diagnosis wait times, workforce and process improvements are essential. Increasing the number of developmental paediatricians, child psychologists, and other specialists through targeted recruitment is one aspect. Another is exploring task-sharing models – for example, allowing credentialed GPs or nurse practitioners to conduct or initiate certain assessments in underserved areas (with oversight from specialists). The Disability Royal Commission highlighted that restrictive rules (such as those preventing GPs from prescribing some medications for ADHD) can pose barriers to timely care in rural areas. We encourage flexible approaches that maintain safety but improve access. The use of telehealth for diagnostic consultations should continue to be expanded, paired with locally accessible preliminary testing (e.g. hearing tests, language evaluations) to support the diagnostic process. NSW should also monitor and participate in any national strategies arising from the NDIS Review to streamline disability diagnoses for children. By ensuring that families get answers and support plans faster – within months, not years – we can vastly improve children's developmental trajectories and reduce stress on parents.

Cross-Sector Collaboration and Service Integration

Families frequently describe having to navigate a maze of separate systems – education, health, disability services (NDIS), community services – with little coordination between them. Parents and carers often become the default case managers for their children, having to retell their story to each agency and ensure that supports in one domain (e.g. therapy through health or NDIS) are understood and accommodated in another domain (e.g. at school). This fragmentation leads to frustration, inefficiency, and sometimes children "falling through the cracks" when each system assumes another is addressing a need. Improved cross-sector collaboration is therefore a critical area of focus.

Coordination between Education and NDIS: A particular pain point is the interface between public schools and the NDIS. While the NDIS funds individual supports like therapy or equipment for eligible children, schools are responsible for educational adjustments and learning support. In practice, the boundaries are blurry – for example, is a communication device part of a child's "education" or "disability" support? Families report instances of "buck-passing," where they are told to use NDIS funding for something the education system would traditionally provide, or vice versa. The P&C Federation is encouraged by the NDIS Review's

Recommendation 2.8, which calls for the National Disability Insurance Agency (NDIA) and education departments (state and Commonwealth) to develop a plan to better connect the NDIS and school education systems and improve outcomes for students with disability. We urge the NSW Government to take a leading role in this initiative – for example, by establishing a joint working group between the NSW Department of Education and NDIA regional offices, along with parent representatives, to identify and resolve integration issues. Areas of focus should include enabling NDIS-funded therapists to work closely with schools (with appropriate protocols for school visits or information sharing) and ensuring that supports like personal care or transport are coordinated so that students can attend school with minimal disruption.

More broadly, cross-agency partnerships are needed at multiple levels. We support the principle of a unified or complementary system of supports, as reflected in the NDIS Review. Clarifying the responsibilities of the NDIS versus other service systems through a refreshed intergovernmental agreement (as per Recommendation 2.6 of the NDIS Review) would help each sector plan better and collaborate rather than operating in silos. For families, this technical change could have real benefits – if everyone knows who is responsible for what support, families are less likely to be bounced around or left with unmet needs. The goal must be a “no wrong door” approach: whether a family seeks support at a school, a community health centre, or through a disability service, they should be connected to the appropriate supports without having to coordinate it all themselves. Local Area Coordinators in these areas must be more reliable, accessible and responsive. One family told the P&C Federation of their experience in the South Coast region, where their child has been part of the NDIS program for 7 years and heard from their LAC once. This experience is not isolated, and critical reflection and improvement is required to ensure the efficacy of 2.6.

Integration of Health, Early Childhood, and Education services

The early childhood period (0-5 years) is especially ripe for integrated service models. Families often interact with maternal and child health nurses, GPs, preschools or childcare, and perhaps early intervention providers simultaneously. NSW should explore models that co-locate or formally network these services. One example is the federal *Connected Beginnings* program, which in selected communities brings together early learning centres, Aboriginal Community Controlled Health Organisations (ACCHOs) and family support services to improve outcomes for Indigenous children. Such models recognise that a child’s development is influenced by health, education, culture and family factors all at once. We recommend expanding holistic “Child and Family Hubs” or one-stop shops, particularly in disadvantaged areas, where families can get health checks, therapy, parenting advice, and enrolment in quality early learning in one place. Improved data sharing agreements between agencies are also important – for instance, with parental consent, an early intervention provider’s reports should travel with the child into their school setting, so that the school can plan supports from day one.

Crucially, parents and carers must be central to cross-sector collaboration. As experts on their children, parents should not only be passive recipients but active partners in planning meetings across health, NDIS and education. The Disability Royal Commission underscored the need for educational authorities to consult with students with disability and their parents in

decision-making about adjustments. We echo this: when different sectors come together to support a child (for example, in a case conference for a student with complex needs), the family's insights and preferences should guide the process. In practical terms, NSW could implement joint training for school staff and health/disability professionals on team-based planning and cultural competency, including understanding the perspectives of families from diverse backgrounds. The involvement of Aboriginal Community Controlled Organisations is also vital for Aboriginal families – collaboration with ACCHOs can improve cultural safety and trust, addressing the “element of fear” that sometimes deters Indigenous families from accessing support.

In summary, breaking down silos between education, health and disability services will require leadership and sustained effort, but the benefits are enormous: smoother pathways for families, more efficient use of resources, and ultimately better developmental and educational outcomes for children. We recommend the NSW Government facilitate regular cross-sector forums at both local and state levels to troubleshoot systemic issues, and consider appointing “child development navigators” or key worker roles (as suggested in some DRC recommendations for health navigators) who can help families coordinate across services. By improving collaboration, we can ensure that the various supports a child needs – from diagnosis, to therapy, to classroom accommodations – work in unison rather than at cross-purposes.

Workforce Challenges in Early Intervention and Education Support

Across NSW, the effectiveness of child development and disability services is intimately tied to the availability, quality, and capacity of the workforce. Parents consistently identify workforce shortages and turnover as key issues – whether it's not enough therapists to handle caseloads, not enough teacher's aides in classrooms, or frequent changes in staff that disrupt continuity for their children. Addressing workforce challenges is therefore a cornerstone of any sustainable improvement in supports.

Allied Health and Specialist Workforce

The demand for paediatric allied health services (speech pathology, occupational therapy, physiotherapy, psychology, etc.) has surged in recent years, due in part to greater awareness and the expansion of the NDIS. Supply has not kept up. Parents tell us there are simply not enough practitioners in many areas, and those in practice are often overwhelmed with long waitlists. This is exacerbated outside the cities, as discussed, but even in Sydney families report difficulty finding therapists who have immediate capacity. Burnout is a concern as well – clinicians with excessive caseloads may leave the sector, further reducing supply. We note that the NDIS Review and the Disability Royal Commission both call for strategic investment in the disability workforce as part of ensuring a “fair and sustainable” system (though specific workforce recommendations lie outside the provided excerpts). NSW should collaborate with the Commonwealth on any national workforce strategy for disability and allied health, while also taking state-level action. Such actions could include expanding university program places for high-need disciplines, providing incentives for graduates to enter paediatric practice, and facilitating more student placements in school and early childhood settings (which can help attract them to work in those settings post-qualification). Furthermore, recognising the important role of *cultural diversity* in the workforce is vital – families benefit from seeing

practitioners who understand their cultural and linguistic background. Supporting more Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse individuals to join the early intervention workforce (e.g. via scholarships or identifying career pathways) can improve the cultural safety and reach of services.

Education and School Staff

Within schools, supporting students with disability relies on a range of staff, from classroom teachers to learning and support teachers, teacher's aides (SLSOs), counsellors, and specialist itinerant teachers. Many parents feel that schools are understaffed for the level of need – for example, a child might be approved for some aide time but only receive a fraction due to resource constraints. Teachers as a whole also need more training and support to implement inclusive practices. The DRC's education recommendations noted the importance of skilling up the education workforce, calling for better guidance and resources to support teachers to make reasonable adjustments and adapt curriculum for diverse learners.

The P&C Federation urges the NSW Government to invest in professional development on inclusive education for all teaching staff, and to ensure that each school has access to specialist expertise (either on staff or via outreach teams) for advising on complex cases. Professional development must be immediate and ongoing to address current gaps.

However, longer-term reform is essential. Teacher education at university must embed a socio-ecological model of disability inclusion and the teaching of diverse needs as a fundamental part of initial teacher education. Future teachers must graduate with deep understanding of inclusive practices, the rights of students with disabilities, how to implement reasonable adjustments, and differentiated teaching strategies like Universal Design for Learning. This should not be treated as an elective or a specialist focus, but as core content for all future teachers.

The P&C Federation recommends that NSW universities, in partnership with government and school systems, review and revise their initial teacher education curricula to ensure that socio-ecological model of disability inclusion is embedded across all units of study, so that graduate teachers are prepared from day one to meet the needs of all students.

Workforce Planning and Retention

Quality of support depends not just on raw numbers but on retaining experienced, motivated individuals. High turnover – whether of therapists or support teachers – is disruptive to children who rely on stable relationships and consistent approaches. Parents have shared experiences of investing months in building trust between their child and a therapist, only for that therapist to leave and the process to restart with someone new. To combat this, improving workforce conditions is key. That means reasonable workloads, opportunities for training and career progression, adequate remuneration (to attract talent and reduce poaching between sectors), and supportive workplace cultures. In education, ensuring that staff tasked with inclusion (like learning support teams) have sufficient time and recognition for that work is important to prevent burnout. In the disability support sector, we note initiatives like the proposed national NDIS Workforce Plan and encourage NSW to ensure its own services (such as NSW Health therapy teams or Department of Education support units) are part of coordinated planning.

One specific workforce initiative we support is the creation of ‘disability navigators’ or liaison officers, as was suggested for health settings. In the context of schools, a role like a *School Inclusion Coordinator* could be piloted – an individual with expertise in disability who works with families, teachers, and external providers to coordinate support for students with complex needs. This could alleviate some burden from parents and teachers by having a designated professional focused on integrating services and supports for the student.

We recommend a focus on outlining the role of a ‘keyworker’ under the NDIS to compliment work undertaken in other settings to ensure both alignment of delivery and a ‘two pronged’ approach to support. A support system delivered both from education and from community would ensure families and children are supported holistically in all aspects of their lives, rather than in siloes.

Finally, to monitor progress, the government should collect and publish data on workforce indicators such as provider-to-population ratios in various regions, wait times for key services, and staff turnover rates in relevant sectors. Transparent data will help identify hotspots of workforce shortfall and evaluate which strategies are making a difference. The workforce challenge is admittedly complex and will take time to resolve, but it is foundational – without the people to deliver services, even the best policy designs will falter. We urge the inquiry to make strong recommendations that elevate workforce development as a priority in child development and disability support planning.

Implementing the NDIS Review and Disability Royal Commission Recommendations

The recent NDIS Review and Disability Royal Commission have provided comprehensive roadmaps for improving disability support systems and outcomes. Many of their recommendations resonate with the experiences of NSW families in public schools. The P&C Federation strongly supports the swift implementation of these recommendations, particularly those concerning foundational supports, inclusion, and rights. We also seek to ensure that the specific needs of families in the public education system are addressed as these reforms move forward.

Foundational Supports and a Unified System

The NDIS Review’s top recommendations call for investing in foundational supports outside the NDIS to bring fairness and balance to the broader ecosystem supporting people with disability. We fully endorse this direction. The heavy reliance on the NDIS for services has left gaps for those not in the Scheme and put strain on families and the Scheme itself. For children, foundational supports include things like community early intervention services, inclusive childcare and preschool programs, respite and peer support for families, and universally accessible information and referral services. We applaud the specific actions proposed, such as developing a Foundational Supports Strategy and jointly funding navigation supports and advocacy. In practice, this could mean that parents of a child with disability in NSW can receive guidance and training (for example, through a capacity-building program for caregivers – NDIS Review Rec 1.8) even if their child is not on an NDIS plan. It could also mean expansion of programs like therapy in schools or community hubs that any child can access based on need. We urge the NSW Government to champion these foundational

investments through the National Cabinet and to pilot initiatives as soon as possible. A concrete step would be setting up a NSW interdepartmental taskforce to identify where state programs can be bolstered or new services established in line with the Review's vision, using cooperative funding models.

Inclusive Education and School Supports

The Disability Royal Commission placed strong emphasis on inclusive education, and its recommendations in Volume 7 align closely with what parents want: a system where children with disability have equal access to mainstream schooling and the adjustments needed to succeed. We note Recommendation 7.1 of the DRC, which calls for states to ensure a legal entitlement for students with disability to enrol in their local mainstream school, with minimal exceptions, and to take action against any gatekeeping practices that prevent or discourage such enrolment. NSW's response has been that this entitlement already exists and is being reinforced – the P&C Federation will hold the Department of Education to that commitment. We have heard from some families about subtle gatekeeping (for instance, being advised that a different school “might suit their child's needs better” when the local school should have been able to accommodate). One family told us that in their regional school, the school principal and school counsellor recommended a single parent relocate one of their children to a school 30 minutes away as “they have more resources to suit your child's needs”. This presented a practical impossibility for the parent – both children could not be dropped off and picked up from their respective schools within supervised times. This parent experienced that their child had been “isolated” from their local community, which impacted the entire family's sense of belonging. The flow on for that child's wellbeing extend beyond the school context. Removal from the local school impacts their relationship outside of school hours with existing friends, neighbours, and peers from preschool.

We recommend implementing the DRC's suggestions of tracking and reviewing any enrolment refusals and establishing an independent appeal process for parents who feel their child is being denied access. This would provide transparency and accountability, giving families greater confidence that “*inclusive education*” is not just a slogan but a guaranteed right.

Another critical DRC recommendation, which we support, is to prevent the inappropriate use of exclusionary discipline (suspensions, expulsions) for students with disability (Recommendation 7.2). The Commission urged education authorities to revise discipline policies so that suspension is truly a last resort and that a student's disability and circumstances are considered before any exclusion. Many parents have raised concerns about high suspension rates of students with disabilities – often stemming from behaviours or needs that were not adequately supported in the classroom. We call on NSW to implement this by strengthening its behaviour support frameworks that are student centred (and not informed by Behaviouralist theory), providing alternatives to suspension (like positive behaviour programs and specialist interventions), and tracking suspension data to ensure equity. We acknowledge NSW's recent steps (e.g. the 2024 Student Behaviour Policy focusing on positive practices) and encourage continued refinement in line with the DRC's vision.

Furthermore, the DRC's Recommendation 7.3 highlighted the need to improve how schools provide reasonable adjustments. This includes better guidelines for schools on their obligations, clearer information for families about support funding and processes, and

ensuring things like individual plans are clear, collaborative, in place and shared with parents. From the parent perspective, this is essential – many families struggle to understand what adjustments (e.g. assistive technology, extra tutoring, modified curriculum) their child is entitled to, or how to request and ensure those supports. We urge the Department of Education to work with parent groups (like P&C Federation and advocacy organisations) to co-design user-friendly guides and training about educational adjustments and to require every student with a disability to have a documented plan developed in partnership with their parents. Additionally, consistent with DRC recommendations, schools should maintain records and report on the adjustments made, which can help identify systemic gaps (for example, if certain supports are rarely used or if some schools lag in providing adjustments).

Beyond the School: Transitions and Broader Systems

Children do not remain children forever, and part of the concern of parents is ensuring that early supports lead to better outcomes in adolescence and adulthood. The NDIS Review touched on supporting key transitions (Rec 1.13 proposes programs for adolescents with disability to prepare for post-school life). We believe one aspect that needs more attention (and perhaps was not fully captured in either report) is the transition from early childhood services into school, and later from school to further education or employment. These junctions can be stressful for families if support systems change or drop away. For instance, some parents of children who received solid ECI services before school find that once in the school system, they must fight anew for resources. Conversely, some who had good support in school struggle after graduation if adult services are lacking. We recommend that NSW develop specific transition planning protocols: ensure every child in early intervention has a transition-to-school meeting involving their early childhood providers and the new school team; similarly, require that from Year 9 onwards, students with disabilities have a transition plan (as hinted by DRC Recommendation 7.5 on post-school transitions, which encouraged starting planning in Year 9 in collaboration with parents). The latter should link students to vocational experiences, NDIS or Disability Employment Services where appropriate, and other community supports. Parents and carers should be engaged early in discussing and shaping these transition plans for their children's futures.

Monitoring and Accountability

Implementing these major reviews' recommendations will require diligent monitoring. We suggest the NSW Government publicly report on its progress in adopting relevant NDIS Review and DRC recommendations (itemising those that fall within state responsibility or require state collaboration). For example, since the inquiry's terms of reference (h) specifically mentions the NDIS Review and DRC in relation to foundational supports, the Committee could recommend that NSW set up a formal implementation taskforce to drive these changes. This taskforce should include parent representatives and people with disability to keep efforts grounded in lived experience. The P&C Federation stands ready to assist and participate in any such implementation efforts, to ensure that the voices of families in public education remain front and centre as reforms take shape.

Conclusion

In conclusion, the P&C Federation of NSW urges the Select Committee to put forward bold, child-centred recommendations that will strengthen early intervention and disability supports for children and young people across our state. From the perspective of parents and carers, the current system has many strengths – dedicated professionals, world-leading policies like the NDIS, and a public education system committed to inclusion – but also critical gaps and inequities that must be addressed. By investing in foundational supports accessible to all, we can reduce pressure on crisis points and specialist services. By improving access to diagnoses and early support systems, we can change a child's developmental trajectory and family's life course. By fostering collaboration across sectors, we can eliminate the burden on families to coordinate care and ensure more holistic support. By focusing on rural and remote communities, we can uphold the principle of a fair go for every child. By tackling workforce shortages and skills, we ensure that well-intentioned programs reach children in practice. And by implementing the visions of the NDIS Review and Disability Royal Commission, we align NSW with a national agenda for a more inclusive, effective, and rights-based support system.

Ultimately, what parents and carers want is simple: to see their children happy, included, and developing to their fullest potential, without having to fight for the basic supports that make that possible. We appreciate the Committee's attention to these issues and its inclusion of family perspectives. The P&C Federation is hopeful that this inquiry will lead to tangible improvements – so that a few years from now, fewer parents will have to say “we waited years for help” or “we couldn't get the support because of where we live or how much it cost.” Instead, they will be able to say that NSW truly provides “the right support, in the right place, at the right time” for every child.

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