Submission No 63

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

Organisation: Special Education Principals' and Leaders' Association
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Submission to the Select Committee on Foundational and Disability Supports for Children and Young People in NSW

Introduction

As President of the NSW Special Education Principals' and Leaders' Association (SEPLA) and National President of the Australian Special Education Principals Association (ASEPA), I appreciate the opportunity to contribute to this important inquiry. SEPLA represents over 400 school leaders across New South Wales dedicated to the education and wellbeing of children and young people with disability. We have a first-hand view of the strengths and shortcomings of current support systems. In this submission, we outline key issues hindering optimal outcomes for children and young people with disability in NSW and offer evidence-informed recommendations for reform. Our proposals are aligned with findings of the Disability Royal Commission, the recent NDIS Review, Australia's Disability Strategy 2021–2031, and the NSW Disability Inclusion Plan 2021–2025. We also highlight successful practices in NSW schools that could be expanded and emphasise the need for culturally responsive and well-resourced supports including a skilled, supported workforce to ensure every child and young person with disability can thrive.

Key Issues in the Current System

Despite pockets of excellence, there are systemic gaps and barriers that prevent many children and young people with disability from accessing the foundational supports they need. Key issues include but are not limited to the following:

Gaps in Early Childhood Intervention: Too many children are not identified or supported early enough in life. Early developmental concerns are often missed or addressed late, despite evidence that intervening in the first years (especially the critical first 1,000 days) yields the greatest benefits. The average age of entry into the NDIS's early childhood program is still nearly 4 years, meaning many toddlers miss out on timely intervention. One in five NSW children starts school developmentally vulnerable in at least one domain, a rate unchanged over the past decade. This highlights a serious gap in effective early childhood intervention supports before school. Without consistent early identification and support, developmental delays widen over time. Families report long waits or lack of access to therapy, and siloed health and education services that fail to coordinate early supports. In short, NSW lacks a universally accessible, well-coordinated early childhood intervention system to catch children as early as possible.

Barriers to Inclusive Education:

While NSW is committed to inclusive education in principle (Inclusive Education Statement for students with disability), in practice many students with disability still face exclusion or inadequate support in schools. Negative attitudes and low expectations for students with disability persist in some settings. There are cases of "gatekeeping", students being informally discouraged or delayed from enrolling in mainstream schools or classes as well as specialist placements. Even when enrolled, necessary adjustments are not consistently provided: individual education plans (IEPs) may lack detail or are not fully implemented, and reasonable adjustments can depend on the advocacy ability of parents.

The Disability Royal Commission (DRC) heard numerous examples of schools failing to provide required supports or using exclusionary discipline on students with disability. The NSW Auditor-General review in 2024 likewise found gaps in how the Department of Education assists schools to make consistent, effective adjustments for students with disability. These inconsistencies lead to inequitable experiences, some students receive excellent support, while others “fall through the cracks.” Inclusive education should not depend on luck or parental persistence. All schools need the resources, training and accountability to ensure students with disability truly belong, participate and succeed alongside peers.

Limited Accessibility of Foundational Supports Outside the NDIS:

The National Disability Insurance Scheme provides individualised funding for those meeting its eligibility thresholds, but many children and families fall outside the NDIS or have needs that the NDIS doesn’t cover. There is a critical lack of “foundational supports” for those not on NDIS plans – the community and mainstream services that should support children with milder disabilities, developmental concerns, or those awaiting diagnosis.

The recent Independent Review of the NDIS concluded that supports for this cohort are a “mainstream matter” requiring a coordinated response from state service systems. Currently, however, significant gaps exist. The NDIS Review found that early supports offered via NDIA’s partners (like early childhood partners and LACs under the Information Linkages and Capacity-building program) are not widely available, especially outside metropolitan areas, and have major gaps for Aboriginal and Torres Strait Islander families. These non-NDIS supports have been under-resourced, fragmented, and poorly integrated with health, education, and community services. As a result, families whose children don’t qualify for an NDIS plan often struggle to find any help, a gap which can allow mild issues to escalate into more significant disabilities. A strong foundation of universally accessible supports (therapy, parenting programs, developmental screening, inclusive early learning etc.) is missing, leaving many children without help unless and until they enter the NDIS. This two-tiered system is fundamentally inequitable.

Navigation Complexity and Service Fragmentation:

Families of children with disability often face daunting complexity in trying to navigate multiple service systems, disability services, healthcare, education supports, community programs, etc. Services are fragmented across different government agencies and levels (Commonwealth vs State vs local), each with their own processes. There is no “no wrong door”; instead, parents frequently act as unpaid case managers for their child, expending enormous effort to coordinate between doctors, therapists, schools, and disability providers. The DRC found that this complexity disproportionately burdens people with cognitive disability and their families. Key transitions – for example, from early childhood to school, or paediatric to adult health care – often lack continuity of care, requiring families to start over in new systems. Poor communication between professionals and agencies is common. While the NDIS was intended in part to improve service coordination, its interface with other systems has proven confusing for participants and providers alike. The NDIS does fund some navigation supports, but these are split across various roles (planners, Local Area Coordinators, support coordinators, etc.), leading to inconsistency and gaps. Moreover, the federal Information & Linkages (ILC) program, meant to help all people with disability connect to services, has not delivered as intended; reviews found ILC efforts have focused on NDIS processes rather than community linkages. In short, service systems are hard to understand and access, especially for vulnerable families. The complexity itself becomes a barrier, those without the time, knowledge or advocacy skills struggle to get the supports their child needs.

Inconsistent Transition Support for Youth with Disability:

Young people with disability do not receive consistent guidance and support as they navigate key life transitions from primary to high school, from school to post-school education or employment, and into adult services. The adolescence period (roughly ages 10–19) is critical for building skills and foundations for adult life. Yet many fall through the cracks of disjointed systems during this stage.

Career development and transition planning in schools is often inadequate; 80% of families and students report that their school did not provide appropriate career or transition planning information, and 60% felt the school had low expectations for the student’s future. Fewer than half of students with disability have access to work experience opportunities during high school, leaving them at a disadvantage when seeking employment after completion of schooling. There is fragmentation between the education system, disability employment services, and further education providers, making it difficult for students to find and navigate post-school options. The result is too many young people exiting school without a clear plan or support for the next stage of life, whether that be tertiary study, job training, or other meaningful adult roles. Inconsistent transition support contributes to lower rates of school completion, higher youth unemployment, and loss of potential. We need to do better at preparing every young person with disability for life after school.

Inadequate Data and Planning Frameworks:

There is a lack of robust data and integrated planning to drive improvement in disability supports. Basic questions, such as how many children with disability or developmental delays are out there? Are their needs being met? Which interventions work best? – are difficult to answer because data is siloed and inconsistent. Different agencies and programs use different definitions and collect different metrics. For instance, the ABS Survey of Disability and the school-based Nationally Consistent Collection of Data (NCCD) both provide useful insights, but there is no unified system linking health, early childhood, education, and NDIS data. The Disability Royal Commission highlighted “a lack of consistent disability data” across systems and recommended a nationally consistent approach to data collection for disability services. It urged governments to implement common disability identifiers (“disability flags”) in mainstream service databases by 2025 and to collect better data on children and young people with disability, including Indigenous and CALD children. Without good data, planning is done “in the dark.” Currently, service planning and funding allocations are not sufficiently evidence-based. There is no comprehensive outcome framework tracking how children with disability are faring across NSW.

The NSW Disability Inclusion Plan and Australia’s Disability Strategy include outcome measures, but data gaps hinder monitoring. Additionally, there is insufficient sharing of data between agencies – for example, early childhood health checks data is not automatically shared with education to trigger school support. This results in missed opportunities to plan transitions or target resources. In summary, better data and coordinated planning are needed at the system level to ensure supports match the actual needs on the ground.

Interagency and Intergovernmental Coordination Challenges:

Children and young people with disability rely on supports from multiple government portfolios, health, education, communities, transport, justice as well as the interface between state and Commonwealth systems (particularly the NDIS and federal programs). However, current coordination mechanisms are weak. The division of responsibilities between the NDIS (Commonwealth) and state services has often been unclear or contested, leading to “buck-passing” and gaps. The Committee’s own briefing paper notes that inconsistent application of NDIS vs state responsibility principles has made some supports effectively nobody’s job. For example, behavioural supports in schools or therapy for a child might be deemed an “NDIS responsibility” by a state agency, while the NDIA considers it part of mainstream education, leaving the family in limbo. Until recently, there has been no joint planning framework specifically for foundational supports for children. Encouragingly, in December 2023 the National Cabinet (PM and Premiers) agreed to jointly design and fund new foundational disability supports for children and young people, to be delivered through existing service settings like schools and child health services. Under this agreement, state and Commonwealth governments will share funding and integrate efforts so that “all states and territories [are] better off”. This is a positive step, responding to recommendations of the NDIS Review for clearer shared investment (e.g. the Review called for National Cabinet to jointly invest in navigation supports and foundational services outside the NDIS. However, concrete mechanisms for interagency collaboration within NSW also need strengthening. Too often, education, health, and community services operate in silos at the local level. School principals struggle to coordinate with health or child protection when there isn’t a clear structure or the basic staffing entitlement for joint case management. Likewise, the transition from early childhood intervention (often health-funded) to school supports (education) can be patchy.

Joined-up governance, both between Sydney and Canberra, and among NSW agencies is essential to create a seamless support system.

In summary, the current landscape is marked by fragmentation: early childhood supports that many cannot access, schools that vary widely in inclusiveness, an NDIS “entry lottery,” labyrinthine service pathways, unsupported transitions, poor data, and coordination gaps. These issues mean children and young people with disability do not consistently get the right support at the right time. The following recommendations address these challenges with practical, evidence-based reforms.

Evidence-Informed Recommendations

Drawing on the collective experience of special education leaders across NSW, as well as the findings of major inquiries and strategies, we propose the following recommendations to strengthen foundational and disability supports. These recommendations are interrelated and should be implemented as part of a coordinated reform agenda by the NSW Government in partnership with the Commonwealth.

1. Invest Early: Create a Comprehensive Early Childhood Intervention Ecosystem. Prioritise early identification and intervention for developmental delays and disabilities, to ensure no child “misses the window” for support. This includes:

Universal developmental screening and early referrals: Implement consistent early childhood screening programs (e.g. at key ages in infancy and toddlerhood), with culturally appropriate tools for Aboriginal children like the ASQ-TRAK developmental screener. When concerns are identified, families should be promptly connected to evaluation and services, rather than the current patchwork where “frequency and timing of child health checks vary considerably” and many families struggle to access them. A statewide framework for early identification should set clear targets (for example, increasing the percentage of children receiving a developmental check by age 2, and reducing the age of first support).

Expand accessible early intervention services outside the NDIS: NSW should work with the Commonwealth to rapidly roll out the “foundational supports” envisioned by National Cabinet for children under school age. These should build on best practices and successful models. One model we recommend is Queensland’s network of Early Childhood Development Programs (ECDPs) attached to public schools. In Queensland, for over 40 years, each special school has an ECDP unit that provides early childhood education and therapy for children with disability (birth to 5) and supports their transition to school. There are over 100 such programs across QLD, embedded in local communities and run by the Education Department. NSW should establish a similar statewide early intervention program, possibly co-locating it with the 100 new public preschools that NSW is already planning to open by 2027. By offering high-quality early childhood programs that include therapy, parent support, and play-based learning, linked closely with schools, we can ensure children get the vital interventions they need before school and have a smoother transition into formal education. Importantly, these services must be free or low-cost and not limited to NDIS participants, no family should be left without support simply because their child isn’t (yet) on an NDIS plan. Early investment will pay off in improved developmental trajectories, reducing the need for more intensive support later on.

Align with NDIS Early Childhood Approach reforms: As the NDIS implements improvements to its Early Childhood Early Intervention (ECEI) approach (following the Review’s recommendations), NSW should align its services to complement those changes. The NDIS Review noted that entry to the NDIS for young children can be inequitable and inconsistent – for example, children with developmental delay may or may not get access depending on interpretation of criteria. A robust state-based early intervention system can help ensure support for all, while the NDIS refines its criteria. We support the NDIS Review’s call for clearer pathways for children to get the right supports, whether inside or outside the Scheme. NSW should actively participate in the co-design of the new national early childhood intervention strategy (noting the Australian Government's commitment of $11.6 million to develop foundational supports strategy and best-practice early childhood supports alongside the NDIS). By integrating state and federal efforts, we can create a "no wrong door" for early childhood services, where families are connected to help immediately, without being bounced between systems.

2. Strengthen Inclusive Education in Schools – Funding, Training and Accountability: Ensure that NSW delivers on the promise that every child with disability can access and participate in quality education on an equal basis. Key actions under this recommendation:

Provide adequate resourcing and support for inclusive practice: The rise in students with disabilities and diverse learning needs in our schools is clear – over 25% of NSW students received an adjustment for disability in 2024, up from 18% in 2015 (Special education principals facing growing stress and burnout | The Educator K/12). However, resources have not kept pace. In a recent survey, 9 out of 10 principals said their school lacks the resources to support students with disability properly. The NSW Government must boost funding for in-school supports, including learning support staff, specialist teachers, assistive technology, and accessible infrastructure. The NSW Auditor-General's 2024 report recommended improvements to how the Department allocates and monitors disability funding – this should be expedited. We also support adopting recommendations from the Disability Royal Commission Volume 7 (Inclusive Education), such as moving towards funding models that are needs-based and ensuring the Nationally Consistent Collection of Data (NCCD) is used to drive resource decisions (with improvements in consistency and accuracy). In short, schools must have the resources and the staffing required to make all necessary adjustments so that inclusion is not just an ideal but a daily reality.

Build educator capacity through training and professional development: A well-trained workforce is the bedrock of inclusive education. Teachers and support staff should have strong skills in differentiating curriculum, positive behaviour support, augmentative communication, and other inclusive strategies. Yet currently, many educators feel under-prepared to teach students with complex needs, and professional learning can be ad-hoc. We recommend a systemic approach to workforce development: incorporating mandatory units on inclusive/special education in initial teacher education, providing ongoing specialist training for classroom teachers, and expanding mentorship programs where experienced special educators coach mainstream teachers. The Disability Strategy audit noted "gaps in professional learning for staff" as a persistent issue. We commend initiatives like the Department's Inclusive Practice in Education Hub and online training modules, but more is needed to reach every teacher. School leaders also require training in leading inclusive schools. SEPLA members have found success through professional learning communities that share best practices across schools – this should be supported and expanded. Building capability for inclusive education is explicitly prioritized in Australia's Disability Strategy ([PDF] Summary of Australia's Disability Strategy 2021–2031 - 2024 Update), and NSW should lead by example in this area.

Reduce exclusionary practices and enforce inclusion standards: NSW must hold itself accountable for the education outcomes of students with disability. This means monitoring and addressing practices that ensure children have access to specialist support staff, classes and settings dependent on need. The concept of full inclusion simply will not work as one size fits all models simply can't provide the specialist services many students need. Stricter oversight is needed to prevent inappropriate suspensions or informal exclusions of students with disability (consistent with DRC recommendations to prevent exclusionary discipline, but schools need the training, resources and staff to be able to do this. Schools should be required to report data on such practices, and regional support teams should intervene when problems arise. Additionally, the Department should strengthen its Individual Education Plan (IEP) policy – every student with a disability should have a high-quality, personalized plan developed with parents, and the implementation of these plans should be regularly reviewed and schools need additional staffing and the time to do this.

The DRC found that many required adjustments were not documented or followed through on IEPs; we must change that. We echo the Royal Commission's call for greater transparency and review mechanisms, families need avenues to appeal if supports are denied or inadequate. Creating an independent inclusive education oversight function (for instance, an Inclusive Education Ombudsman or strengthening the mandate of the NSW Education Standards Authority in this domain) could ensure that students' rights are protected and that there is recourse when things go wrong. Ultimately, NSW should aspire to implement all the recommendations from the Disability Royal Commission's education report in a way that fits our context – including developing a roadmap to improve inclusion while also ensuring and providing for the needs of students who require specialised settings. This balanced approach aligns with Australia's Disability Strategy Outcome Area 1 (Education and Learning) and the NSW Disability Inclusion Plan's goals of inclusive communities and accessible systems (NSW Disability Inclusion Plan | Communities and Justice).

3. Enhance Support for Families to Navigate and Coordinate Services: No family should have to battle bureaucracy to get support for their child. We recommend establishing dedicated navigation and case coordination support for children and young people with disability and their families in NSW:

Disability "Service Navigators" or Local Support Coordinators: Consistent with Royal Commission Recommendation 6.34, NSW (with Commonwealth support) should introduce disability navigators to help families, especially those with complex needs, find and coordinate services. A family of a child with disability should have access to a local point person who understands all the systems – health, education, community services, the NDIS, charities – and can guide them. The NDIS Review has specific actions (Action 4.1, 4.2, 4.3) proposing a joint commissioning approach to deliver local navigation support outside the NDIS. NSW should champion and pilot this approach. For example, each Local Health District or Education region could host a "Children's Disability Navigator" program where trained coordinators (perhaps experienced social workers or allied health professionals) are assigned to families to help develop a single integrated support plan, connect them to relevant services, and troubleshoot barriers. This would greatly reduce the burden on parents and ensure more coordinated care.

Strengthen the Information Gateway: Families need clear, accessible information about what supports exist and how to access them. Currently information is fragmented, one might have to call numerous helplines or scour websites. We recommend creating a one-stop NSW Disability Supports Portal (building on or linking to the national Disability Gateway and the Service NSW system) specifically tailored to children/young people, where parents, educators, or young people themselves can easily find what services (government and non-government) are available in their local area. This should include translated materials and outreach through community organizations to reach culturally and linguistically diverse (CALD) families. The goal is to eliminate the "insider knowledge" problem and make it easy for any family to know where to go for help, whether it's early intervention, respite, assistive technology, mental health support, or transition programs. The platform could also incorporate a warmline or live navigation assistance.

Investing in robust information and referral networks aligns with the intended function of the NDIS ILC program (which, as noted, has yet to fully deliver on community linkage). We need to ensure information is not just available, but proactively delivered to families at key points (for example, when a child is diagnosed, or when they approach school-leaving age).

Integrated planning and case conferences for complex cases: For children and youth with high and complex needs (for instance, co-occurring disability and health or behavioural challenges), we recommend NSW establish a formal mechanism for interagency case management. This could be a local panel or multi-disciplinary team that brings together representatives from education, health, disability services, and other relevant agencies (e.g. Family and Community Services) to jointly plan supports for the child. Some regions have ad-hoc arrangements, but a consistent state-wide model would ensure that complex cases are proactively managed. This mirrors the "wraparound services" approach that was highlighted as a principle in recent foundational supports consultations, stakeholders noted that supports should be delivered in local, place-based settings with wraparound services tailored to the child and family. By having all agencies at the table, we can reduce duplication, fill gaps, and agree on who will do what (preventing the common scenario of each assuming the other is handling an issue). It also provides a clear escalation pathway – when a school or a doctor is worried about a child falling through cracks, they can refer to this team.

4. Provide Continuous Transition Support Across Key Life Stages: To address the patchy transition support, NSW should implement structured programs that guide young people and their families through each major life transition:

Primary to Secondary School: Ensure every student with additional needs has a transition plan when moving from Year 6 to Year 7. Many primary schools already create student profiles or hold transition meetings, but we recommend standardizing this process. For example, orientation programs that allow students with disability to visit high schools multiple times, meet key staff, and practice routines can reduce anxiety and set them up for success. Information sharing between primary and secondary schools should be mandatory – including IEPs, successful support strategies, and any risks or medical needs. The incoming high school should have supports in place from Day 1. Dedicated funding for extra orientation or summer “bridge” programs (perhaps run jointly by primary and secondary staff) would help students with disability adjust socially and academically.

School to Post-School (Employment or Further Education): We strongly support establishing a comprehensive careers and transition support service for students with disability, as recommended by the DRC (Recommendation 7.5). By no later than Year 9, schools (in collaboration with external agencies) should begin engaging students with disability in planning for their future after school. This involves career guidance, work experience placements, life skills training, and connection to post-school options. The troubling statistics from the NDIS Review – 80% not getting good career info, only 43% accessing work experience, must be addressed. We propose that every student with a disability have a formal Transition Plan by age 15, developed with input from the student, their family, educators, and where appropriate, NDIS or disability employment services. The plan would outline goals (e.g. further study, open employment, supported employment, independent living skills) and the steps and supports needed to achieve them. To implement this, NSW could expand the capacity of Transition Advisors (there are some programs via TAFE and School Leaver Employment Supports) or partner with organizations expert in disability employment to assist schools. Additionally, increase opportunities for work experience and on-the-job skill development: this could mean incentivizing employers to offer internships to students with disability and providing job coaches. It is also important to raise expectations within schools, all students, regardless of disability, should be encouraged to dream big and pursue meaningful pathways. NSW should track and publicly report outcomes for students with disability (like post-school engagement in work or study) to ensure accountability for improvement.

Transition to Adult Services: Late adolescence and early adulthood come with transitions from paediatric to adult health care, from child disability services to adult programs, and often from school to new social support networks. Special attention is needed for youth with complex medical or care needs who may be exiting the school system at age 18–21 and leaving behind a structured support environment. We recommend joint planning between the Education, Health, and Communities/NDIS systems *well before* a student exits school. For example, if a student in a support class or special school will be leaving at 18, transition planning should involve adult health providers (to take over any therapy regimes), linking the family with the NSW Ageing and Disability Commission or relevant NGOs for ongoing support, and ensuring NDIS plans (if they have one) reflect post-school needs like daily living skills or employment supports. The National Disability Transition to Work program that previously existed has been subsumed into NDIS offerings like School Leaver Employment Supports (SLES); however, not all students get SLES. The NSW Government should advocate federally (through the NDIS Review follow-up) for strong post-school support for every young person with disability, and in the interim possibly fund state-level bridging programs for those who aren’t covered. In essence, no young person should “fall off a cliff” when school ends, supports should taper gradually, with continued guidance into early adulthood (up to age 21 or 25). National Cabinet has agreed to consider foundational supports for young adults 9–21 to build life skills and independence (NDIS Review Action 1.13); NSW should lead in developing these programs, perhaps through community colleges or youth mentoring schemes that help young people with disability navigate adult life.

5. Improve Data, Monitoring and Strategic Planning: To drive continuous improvement and accountability, implement robust data and planning frameworks:

Develop a cross-agency Children and Young People with Disability Outcomes Framework: Building on Australia's Disability Strategy Outcomes Framework, NSW should track key indicators specifically for children and youth (0–24) with disability. These should cover early childhood development, educational achievement, health outcomes, transition outcomes, and safety/wellbeing. By disaggregating data in this age bracket, we can see where progress is being made or where there are persistent gaps. For example, tracking the percentage of children with disability attending preschool, or high school completion rates, or number of young people with disability entering employment. Regular public reporting on these indicators (perhaps as an annual "State of Children and Young People with Disability in NSW" report) will keep attention on results, not just inputs. It will also align with the National Disability Data Asset currently in development. NSW should ensure that its data systems feed into that Asset, and that we leverage linked data to inform policy (for instance, linking health and education data could show how early health interventions impact school readiness). The DRC's recommendations 12.5–12.7 on improving data collection should be fully implemented in NSW – which means using consistent disability identifiers in education, health, and welfare data, and improving data on intersectional factors like Indigenous status and CALD background for children with disability.

Enhance the Nationally Consistent Collection of Data (NCCD) and use it for planning: The NCCD, which each school completes annually on the adjustments provided to students with disability, is a rich source of information. However, as noted in various reviews, its reliability can be variable and it has primarily been used for federal funding distribution rather than local planning. NSW should invest in training and systems to ensure NCCD data from our schools is accurate and truly reflects student needs and adjustments. Then, importantly, use that data at a strategic level: to identify hotspots of unmet need, to allocate resources within NSW more equitably, and to evaluate which supports correlate with better outcomes. For example, if data show a region has a high number of students needing extensive adjustments but low specialist support staff, that gap can be addressed. Additionally, NCCD data could be combined with academic outcome data (in a de-identified way) to monitor if students with disability are closing achievement gaps. We support ongoing work to refine the NCCD categories and reduce administrative burden, as well as linking it with other initiatives like the NSW Department's disability strategy measures. Data should inform a statewide inclusive education plan that sets targets (for instance, increasing the proportion of students with disability attaining Year 12 or equivalent) and tracks progress.

Plan collaboratively across agencies with clear roles: NSW should update its Disability Inclusion Action Plans and related strategies to explicitly incorporate the outcomes of the Disability Royal Commission and NDIS Review. This means establishing a clear plan of action with timeframes for implementing relevant recommendations (many of which we echo in this submission). A strong planning framework would include an interdepartmental taskforce or steering committee on disability supports for children and young people, to oversee reforms across Education, Health, Communities and Justice. This body should ensure alignment with national initiatives (like the forthcoming new National Disability Agreement and the Disability Reform Ministerial Council's roadmap). In line with the DRC's governance recommendations, such a framework should involve people with disability and their families in co-design and publicly report on progress. The NSW Disability Inclusion Plan already provides a "whole of government" approach; now it must be leveraged to specifically drive improvements for children and young people as a priority group.

6. Foster Interagency and Intergovernmental Collaboration: Break down silos by implementing structures and agreements that facilitate joint working:

Implement the new National Partnership on Foundational Supports: Following the National Cabinet agreement of Dec 2023, we recommend NSW swiftly negotiate and implement the planned joint funding agreements for foundational supports. This should bring additional Commonwealth investment into NSW services such as early intervention, therapy in schools, community access programs, and youth transition initiatives. A 50-50 funding split for new supports, as outlined by National Cabinet, will stretch resources further. We urge the NSW Government to identify priority gaps that could be quickly filled via this partnership – for example, establishing multidisciplinary early intervention hubs in underserved regions, or funding a pilot of school-based therapists in rural areas – and pursue these through the joint design process. The timeline for reform is pressing; we note that an initial Disability Reform Roadmap has phased implementation starting 2025–26. NSW should aim to be a frontrunner in piloting and scaling these foundational supports, demonstrating what effective collaboration can achieve.

Clarify roles and responsibilities between NDIS and NSW services: One source of frustration for families and service providers is uncertainty over what the NDIS will fund versus what state systems will provide. The Council of Australian Governments' "Applied Principles" for roles (education vs NDIS, health vs NDIS, etc.) have not always been clear or followed. We support the call for a new Disability Intergovernmental Agreement that clearly delineates responsibilities. NSW should advocate for and help shape this agreement to ensure that children's needs do not fall through gaps. In the interim, at the operational level, state agencies should adopt a "no wrong door, no wrong level" approach: if a needed support is identified, the default should be to help the family get it – either by providing it directly or facilitating NDIS access – rather than denying service due to jurisdictional technicalities. Interagency guidelines or protocols could be developed so that, for example, if a child with disability needs a piece of equipment or a behaviour support plan at school, there is a clear process for education and NDIS/NDIA to coordinate who provides it, rather than leaving the family stuck in the middle. The goal must be a seamless service experience from the user's perspective.

Local interagency forums and collaborative practices: Beyond high-level agreements, collaboration must be embodied on the ground. We recommend establishing local Children and Young People Disability Committees in each region (perhaps aligned with Local Health Districts or Department of Education regions). These forums would bring together local leaders from schools, health services, disability service providers, Indigenous community organizations, and child protection to share information and coordinate efforts. They could identify systemic issues (for example, a surge in need for autism assessments in a region) and develop joint solutions (like a combined clinic or outreach program). This also builds relationships and trust between agencies, which is invaluable when handling individual cases that span systems. Some areas may already have networks (like interagency school-link meetings for mental health), but making this a formal part of the system ensures consistency. Coordination at the community level reflects the principle of wraparound, integrated support that families consistently tell us they want.

Leverage schools as community hubs: Schools are often the most frequent point of contact for families of children with disability. NSW should expand models where schools play a hub role for accessing wider supports. For example, co-locating health or disability services on school grounds (some schools host visiting speech pathologists or disability clinics); using school facilities after hours for therapy groups or parent workshops; or having interagency “case conferences” at the school involving school staff and external professionals. These approaches make it easier for families (one less appointment to travel to) and encourage professionals to collaborate. The Connected Communities strategy for Aboriginal communities in NSW, and the Full Service School models in other jurisdictions, show the benefit of schools as centres for multi-agency support. We recommend piloting Full-Service Disability Support Schools in a few locations – where a special school or a mainstream school with a support unit is resourced to host a range of allied health professionals and act as a hub for the local disability community. The learnings from such models could inform broader rollout if successful.

Successful Models and Practices in NSW Schools

Despite the challenges noted, there are many examples of effective practices within NSW that illustrate how we can improve supports for all students with disability. We highlight a few that could be scaled or replicated:

Specialist Schools Supporting Inclusion in Mainstream Settings: NSW's network of Schools for Specific Purposes (SSPs, or special schools) and support units in mainstream schools are often models of expertise and personalised learning. Many SSPs serve as **centres of excellence** for particular disabilities (for example, autism-specific schools, schools for sensory impairments, etc.). A successful practice has been partnerships between SSPs and nearby mainstream schools – sharing expertise, staff training, and even student integration opportunities. In some areas, students from mainstream schools visit SSPs for specialized programs (like life skills training or therapy) and vice versa, SSP students join mainstream peers for certain activities. This model of **cross-school collaboration** allows students to benefit from both specialized support and inclusive experiences. It also builds capacity in mainstream settings by having special education teachers mentor regular teachers. We suggest formalizing and expanding such partnerships, possibly through a "twin school" or outreach program where each SSP is funded to provide outreach services to a cluster of mainstream schools. This way, the excellent practices in one setting lift the quality of inclusion system-wide. There could also be a role for a concerted and funded Highly Accomplished and Lead Teacher stream of special educators that could support inclusive practice.

Inclusive Education Programs within Mainstream Schools: There are many mainstream NSW public schools that have developed outstanding inclusive programs. For instance, some high schools have established inclusive support hubs on campus – dedicated spaces where students with disability can receive additional help (from learning support teachers, therapists, or peer tutors) while still being very much part of the school community. Others have implemented school-wide positive behaviour interventions and supports (PBIS/PBL) that create a more supportive environment for all learners, significantly reducing disciplinary incidents for students with disability. A notable successful practice is co-teaching: pairing a general education teacher with a special education teacher in the classroom to jointly plan and deliver lessons, benefiting not only students with identified disabilities but the entire class through differentiated instruction. Schools that have embraced co-teaching in NSW have reported improved academic engagement and reduced stigma, as support is integrated rather than separate. We encourage the Department to identify such exemplar schools and promote their models across the state through showcases, mentorship and seed funding. Scaling up proven practices – like universal design for learning (UDL) strategies, assistive technology integration, and social inclusion initiatives (e.g. “Circle of Friends” peer support programs) – will accelerate system improvement.

Early Intervention and School Readiness Programs: As mentioned earlier, some NSW special schools historically ran early intervention classes for pre-schoolers with disability (prior to NDIS). One current example of good practice is when schools host playgroups or prep programs for young children with additional needs who are about to start kindergarten. These programs invite parents and children to the school weekly in the term or year before school, where they engage in activities with learning support staff, meet other families, and become comfortable in the school setting. This model eases the transition to school and allows early assessment of what adjustments a child might need. A number of NSW public schools (both mainstream and special) have successfully implemented transition programs for students with autism or developmental delay, often in partnership with Early Childhood Early Intervention providers. Given their success, the approach could be expanded so that any child with a developmental delay has access to a “Strong Start” transition program in the year before formal schooling. This is aligned with the concept of foundational supports bridging ECE and school and is something we can do now within NSW’s education system.

Culturally Inclusive Practices: Some schools serving high Aboriginal or culturally diverse populations have developed culturally tailored support programs that yield better engagement and outcomes. For example, in parts of NSW, schools have hired Aboriginal Education Officers or support workers who specifically focus on Aboriginal students with disability and their families – acting as a cultural liaison, helping teachers incorporate culturally relevant approaches, and building trust with families. This has led to improved attendance and participation for those students. Similarly, several schools with significant CALD communities run bilingual support programs: they might employ teacher aides with relevant language skills to assist in communicating with parents and helping students in the classroom. One high school example included a program for new refugee students with disability that combined English-language support with trauma-informed counselling and peer buddy systems – a model that proved very successful in integrating those students. These culturally attuned practices are models worth replicating in other areas with similar community needs. They illustrate that when support respects culture and language, it is far more effective.

Workforce Wellbeing and Training Initiatives: Finally, within our own special education leadership community, we have seen the benefit of initiatives focused on supporting the wellbeing of educators who support students with disability. For instance, some principals have implemented staff rotation or additional release time to mitigate burnout for teachers in high-stress support classes; others have brought in specialist trainers to upskill all staff in managing challenging behaviours, which boosted staff confidence and reduced burnout https://static1.squarespace.com/static/6189e82b20e927233ed48a3d/t/674e46c842109a3d0f465ae9/1733183262555/The+Silent+Cost+-+2024+Interim+Report.pdf . "Communities of practice" where teachers from different schools meet (physically or online) to share strategies for, say, teaching students with complex communication needs, have been effective professional development models. By scaling such professional networks and wellbeing supports (perhaps through SEPLA and the Department collaborating on a statewide program), we can maintain a healthy, skilled workforce ready to deliver the above-mentioned inclusive practices.

These examples demonstrate that many solutions already exist in NSW – the task is to broaden and systematize them so every child, in every community, benefits.

Culturally Appropriate and Equitable Supports for First Nations and Diverse Communities

It is paramount that foundational and disability supports are inclusive of and effective for Aboriginal and Torres Strait Islander children and those from culturally and linguistically diverse (CALD) backgrounds. This requires specific focus, given that Indigenous children and many CALD families have historically faced additional barriers in accessing supports.

Aboriginal and Torres Strait Islander children have higher rates of disability than non-Indigenous children and are often considered "doubly disadvantaged" (Childhood disability in Aboriginal and Torres Strait Islander peoples: a literature review | International Journal for Equity in Health | Full Text). Yet, as one study noted, there is very little data and research to inform service design for these children, and failing to address their needs can perpetuate lifelong disadvantage It is our responsibility to ensure that any reforms explicitly address this disparity. We recommend:

Partnering with Aboriginal Community-Controlled Organizations (ACCOs): Co-design and deliver programs with Aboriginal communities, not just for them. ACCOs (such as Aboriginal Medical Services, Aboriginal Children's Services, etc.) are vital in providing culturally safe support. NSW should invest in initiatives led by ACCOs to support Indigenous children with disability – for example, early childhood programs run by Indigenous providers, or community-based therapy services that employ Aboriginal health workers alongside clinicians. The Commonwealth's *National Aboriginal and Torres Strait Islander Early Childhood Strategy* and programs like *Connected Beginnings* (which link health and education in Indigenous communities) provide frameworks we can leverage. In education, we can strengthen the role of Aboriginal Education Consultative Groups (AECGs) in advising on disability support strategies in schools with high Indigenous enrolments. Community-led solutions will yield greater trust and uptake. As noted in evidence to the DRC, expanding community connector programs that recruit local Indigenous staff can improve engagement of First Nations families with disability services.

Culturally competent workforce and services: All professionals working with children must be trained in cultural competence and humility. It makes a difference when, for instance, an Aboriginal family can meet with an Aboriginal disability practitioner, or a therapist understands kinship structures and communication styles. We should aim to recruit more Indigenous Australians into roles such as therapists, educators, support workers and navigators, especially in areas with large Aboriginal populations. Additionally, non-Indigenous staff should receive regular training on working with First Nations families (ideally delivered by Indigenous trainers). Culturally appropriate practice might include allowing flexibility for family and community events, understanding the importance of elders, and incorporating cultural strengths into support plans. One concrete practice change: ensure that when matching support staff to a child, cultural and gender preferences of the family are respected (to avoid the scenario the DRC highlighted of a cultural mismatch in support staff.

Language services and accessible information: For families from non-English speaking backgrounds, language can be a huge barrier. NSW should guarantee interpreter support in all key interactions (diagnosis meetings, school IEP meetings, therapy sessions if needed) for families not fluent in English. This extends to sign language interpreters for Deaf Aboriginal families (noting a shortage of First Nations Auslan interpreters, which must be addressed through targeted recruitment and training). Written information about supports should be translated into community languages and disseminated through multicultural media and community leaders. We heard that some culturally diverse families were simply unaware of supports due to language isolation, this is avoidable with better outreach. Cultural brokers or bilingual support workers can bridge the gap; employing people from the same community as liaisons can significantly increase trust and understanding.

Cultural safety in assessments and interventions: Standard diagnostic tools or intervention methods may not always suit different cultural contexts. We endorse the use of culturally adapted screening and assessment tools (e.g., ASQ-TRAK for developmental screening in Aboriginal communities. Practitioners should be encouraged to adapt goals and strategies to be culturally relevant – for example, including culturally significant activities in therapy, or recognising extended family involvement in education plans. Cultural safety also means tackling any institutional racism or bias that may exist. Aboriginal children with disability are also over-represented in child protection and juvenile justice systems, pointing to systemic issues that need addressing through a trauma-informed, culturally responsive lens. By embedding Aboriginal perspectives in program design (for example, involving Aboriginal elders in program governance, or using Aboriginal healing approaches alongside conventional therapy), services will be more effective and respectful.

Equity of access to rural and remote communities: Many First Nations communities in NSW are in rural or remote areas, where services are scarce.

Ensuring equity means investing in outreach or telehealth services so that geography doesn't determine support. The use of technology (teletherapy, virtual learning support) can connect experienced specialists to remote children but should be combined with on-the-ground presence when possible (e.g., mobile clinics or visiting teacher programs to remote schools). The foundational supports funding mentioned earlier should target rural and remote service expansion as a priority, given the significant gaps. Also, funding models must account for the higher cost of delivering services in remote settings – a necessary investment for equitable outcomes.

In conclusion, culturally appropriate support is not a separate issue but a thread that runs through all others: early intervention, education, health, and transition programs all need tailoring for cultural safety. By adopting the principle of "nothing about us without us", engaging First Nations and diverse communities in planning and delivery, NSW can ensure that reforms truly benefit every child. This aligns with Australia's Disability Strategy focus on improving outcomes for First Nations people with disability and those from diverse backgrounds, and with the NSW Government's commitments under the Closing the Gap framework to better support Indigenous children, including those with disability.

Workforce: Supporting the Educators and Practitioners Who Support Our Children

Any plan to improve supports will only be as good as the people implementing it. Thus, addressing workforce needs, training, and support for educators and allied professionals is critical. Special education leaders are witnessing high levels of stress and burnout among staff who are navigating increasing demands without sufficient backup. To ensure a sustainable, high-quality workforce, we recommend:

Workforce Supply and Training Initiatives: NSW must plan for and invest in the disability support workforce – teachers, teacher aides (learning support officers), therapists (speech pathologists, OTs, psychologists), and disability support workers. There are shortages in many of these roles, especially in rural areas and in certain specializations. We suggest scholarships or incentive programs to encourage study in special education and allied health fields, with placement commitments in underserved NSW regions. For current teachers, offer funded pathways to gain postgraduate qualifications in special education. In line with the NDIS Review's emphasis on workforce, NSW should collaborate with tertiary institutions to shape curricula that prepare graduates for real-world inclusive classrooms and interdisciplinary teamwork. Additionally, cross-training opportunities – for example, joint workshops for teachers and therapists to learn from each other – can promote a more integrated approach and mutual understanding across professions.

Improved Working Conditions and Wellbeing Supports: It is well-documented that school leaders and teachers supporting students with disability often face immense workloads and emotional strain. Administrative tasks, complex case management, and exposure to distressing situations (such as student crises) can take a toll. The "Silent Cost" research commissioned by our national body (ASEPA) highlighted high rates of chronic stress in this sector). We urge the NSW Government and Department of Education to implement measures to relieve unnecessary burdens and support staff wellbeing. Some immediate actions could include: hiring additional administrative support in schools (so that paperwork for funding, NDIS reporting, etc., doesn't fall entirely on teachers/principals), establishing regional rapid response teams to assist schools during acute behavioural or mental health incidents, and providing access to specialist counselling or debriefing for educators dealing with challenging circumstances. The Department's recent focus on teacher wellbeing should explicitly include those in special education settings. If we do not take care of our carers, we risk losing them – high turnover and sick leave among special educators ultimately harm student outcomes. We need to make these roles attractive and sustainable.

Professional Development and Career Progression: Continuous learning should be enabled through structured professional development. NSW should expand training programs like Disability Inclusion training modules but also consider a statewide mentorship program where novice teachers or support staff working with complex needs are paired with veteran experts (such as master teachers from SSPs or instructional leaders). Recognizing and utilizing the expertise within SEPLA and similar networks can elevate practice across the board. Career pathways should also allow excellent teachers to advance (e.g., to Specialist Teacher roles or coordinators) without having to leave the classroom or the special education domain. A respected career path in special/inclusive education, with advancement and remuneration opportunities, will help retain talent in this field. Moreover, involving educators in policy development (such as curriculum adjustments or new support initiatives) will ensure practical perspectives are considered and will make staff feel valued as professionals.

Allied Health in Schools: One area of workforce development is integrating allied health professionals into school teams. Currently, many families have to seek therapy outside of school hours, which is difficult and creates fragmentation between therapeutic goals and educational goals. Some NSW schools, particularly SSPs, do have therapists on staff or visiting. We recommend scaling this up – employing more school-based speech pathologists, occupational therapists, psychologists, and behaviour specialists to work alongside educators. Doing so not only directly benefits students (therapy can be delivered in the natural learning environment, generalizing skills), but also builds teacher capacity (through modelling strategies in class). The NDIS Review’s suggestions to better connect NDIS therapy with education could be operationalized by co-location or outreach agreements. At the very least, strong partnerships between schools and the NSW Health-funded therapy providers (or NGOs) should be facilitated by formal Memorandums of Understanding so that therapists can come into schools regularly and teachers can observe and learn. A multi-disciplinary workforce is the future of effective inclusive education.

Leadership Support and Development: As the President of SEPLA, I must also highlight the need for supporting our school leaders. Principals of special schools and leaders of support programs carry enormous responsibility, and many report feeling isolated or under-supported. Targeted leadership programs (such as coaching, leadership retreats focusing on special education challenges, and networking opportunities) are beneficial. The Department should ensure that special education is represented in all leadership development initiatives, and that those leaders have a voice in broader decision-making. The Educator’s recent article noted many principals feel their unique pressures are not addressed by supports designed for mainstream schools. We recommend establishing a dedicated Special Education Leadership reference group within the Department and Ministry, so that when policies are developed (be it on assessment, behaviour, staffing or otherwise), the implications for special schools/units are considered from the start. Additionally, simple measures like providing extra deputy principal or assistant principal positions to large special schools or funding a "relief principal pool" to allow principals to take occasional leave for their wellbeing, could be explored. Leadership sustainability is key , without stable, supported leaders, staff and students both feel the impact.

In summary, our workforce is the engine of every support mentioned in this submission. By investing in their training, health, and numbers, we invest in our children's success. This aligns with Priority areas in Australia's Disability Strategy about inclusive education training ([PDF] Summary of Australia's Disability Strategy 2021–2031 - 2024 Update) and NSW's own commitments to "developing positive attitudes and behaviours" (Focus Area 1 of the NSW Disability Inclusion Plan) which includes within the public service workforce (NSW Disability Inclusion Plan | Communities and Justice). We strongly urge making workforce initiatives a funded part of any recommendations from this inquiry.

Conclusion

In conclusion, we stand at a pivotal moment for improving the lives of children and young people with disability in NSW. The evidence is clear on the problems: early supports too often coming too late, families navigating a maze to get help, uneven inclusion in schools, lack of support at critical junctures, and systemic fragmentation. Yet, with strong leadership and collaboration, the solutions are within reach. The Disability Royal Commission and the NDIS Review have given us a roadmap, now it is up to us in NSW to implement these changes with urgency and care, tailoring them to our communities' needs.

This submission, on behalf of the NSW Special Education Principals and Leaders Association, calls for comprehensive, coordinated reform: invest early, educate inclusively, coordinate services, support transitions, plan with data, work together across agencies, respect culture, and empower our workforce. These are not just bureaucratic changes, but moral imperatives. Our vision is a NSW where every child with a disability – whether a toddler in a country town, a student in a city classroom, or a teenager on the cusp of adulthood – can get the support they need to learn, grow, and belong. A NSW where families feel guided, not lost. A NSW where no group is left behind, and where special education expertise and inclusive practice go hand in hand to benefit all students.

We firmly believe that implementing the recommendations outlined will move us toward that vision. Special education leaders across NSW are ready to work with Government and all stakeholders to make these ideas a reality. We see daily both the struggles and the incredible potential of our students. With the right supports in place, that potential can be realised, leading to better educational outcomes, smoother transitions to adulthood, and fuller participation of people with disability in all aspects of life. These young learners are the future of our communities; investing in them is an investment in our shared future.

Thank you for the opportunity to contribute to this inquiry. We urge the Select Committee to endorse strong recommendations and to maintain momentum for action. NSW has an opportunity to lead the nation in foundational supports for children and young people with disability, especially as national reforms unfold. Let us seize this moment to create lasting positive change, informed by evidence and guided by the voices of those with lived experience.

Submitted respectfully,

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