

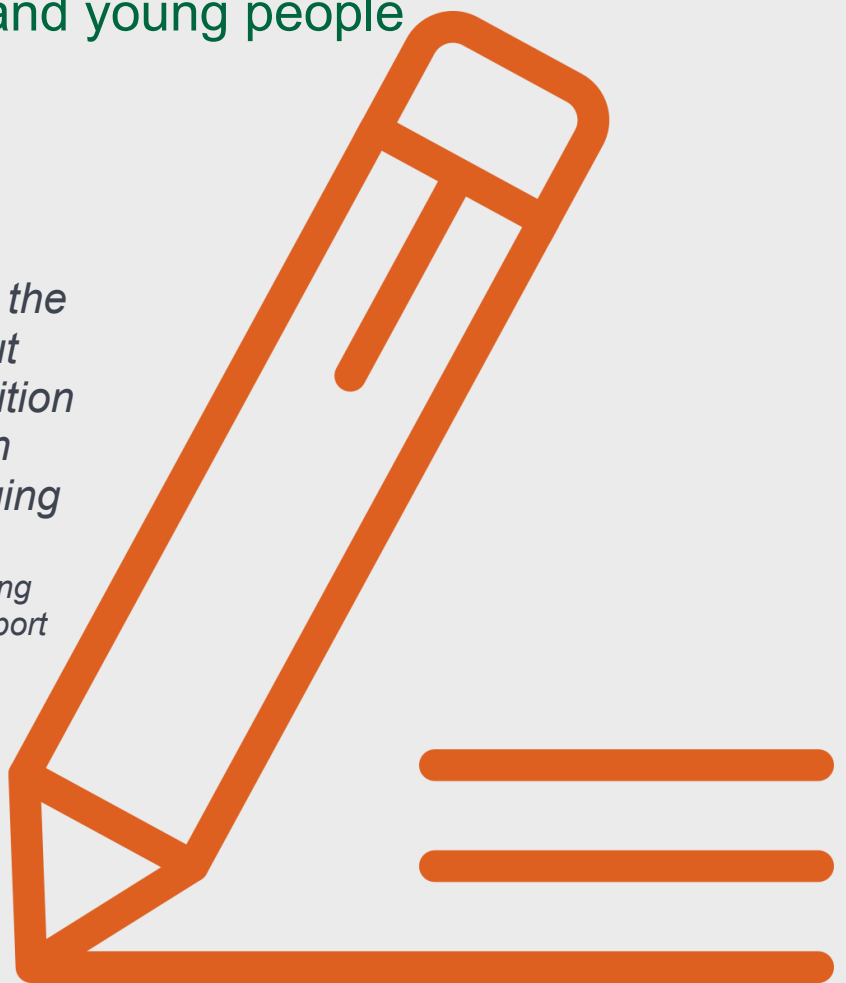
CYDA's Submission to NDIS Evidence Advisory Committee Consultation.

Early intensive behavioural interventions, positive behaviour support for older children and adults, social skills training as a disability support for children and young people

"She meets the NDIS requirements for doing functional behaviour assessments and creating the behaviour support plan, but always starts from the position that Artie is his own person and has a right feel belonging in his community".

Parent of a child with disability talking about their Positive Behaviour Support Practitioner.

March 2026



Children and Young People
with Disability Australia



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A note on terminology:

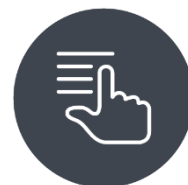
Throughout this submission, Children and Young People with Disability Australia (CYDA) uses person-first language, e.g., person with disability. However, CYDA recognises many people with disability choose to use identity-first language, e.g., disabled person.



Content warning: This submission references trauma, ableism, bullying and exclusion

Acknowledgements:

Children and Young People with Disability Australia would like to acknowledge the Traditional Custodians of the Lands on which this report has been written, reviewed and produced, whose cultures and customs have nurtured and continue to nurture this Land since the Dreamtime. We pay our respects to their Elders past and present. This is, was, and always will be Aboriginal Land.



Contents

Summary of recommendations	4
Introduction	6
1. Concepts that foreground CYDA's submission	8
Recommendation 1: Ensure assessment evidence aligns with rights-based and anti-ableist framing	8
Rights-based approach to support	8
Working through a lens of anti-ableism	9
2. Early intensive behavioural interventions	10
Recommendation 2: Ensure assessment of early intensive behavioural interventions is grounded in neuro-affirming, rights-based practice	10
3. Positive behaviour supports for older children	13
Recommendation 3: Ensure positive behaviour support is safe, high-quality and delivered as intended in real-world settings	13
Case study – parent of a child with disability	16
4. Social skills training as a disability support for children and young people	17
Recommendation 4: Ensure social skills supports are inclusive, strengths-based and delivered in real-life settings	17
Appendix: CYDA's supports-related policy submissions and reports	20



Summary of recommendations

Recommendation 1: Ensure assessment evidence aligns with rights-based and anti-ableist framing. This includes:

- Upholding the dignity of risk: Recognise the right of people with disability to make informed choices, including where there is some level of risk.
- Taking a whole-of-person approach: Assess supports in the context of the individual's goals, circumstances, relationships and environment—not in isolation.
- Ensuring transparent and accessible complaints processes: Establish clear, independent, and accountable mechanisms for children and young people with disability and their families to raise concerns safely.
- Embedding strengths-based practice: Prioritise supports that build on the child or young person's strengths, and centre their perspectives, preferences and aspirations.

Recommendation 2: Ensure assessment of early intensive behavioural interventions is grounded in neuro-affirming, rights-based practice.

- Prioritise neuro-affirming, individualised and strengths-based supports.
- Avoid endorsing compliance-driven or normalisation-focused approaches.
- Explicitly assess and mitigate potential harms, including trauma, masking and over-therapy.

Recommendation 3: Ensure positive behaviour support is safe, high-quality and delivered as intended in real-world settings.

- Require demonstrated capability and ongoing professional development for practitioners delivering positive behaviour support.
- Assess and monitor fidelity of implementation, including how supports are delivered in practice, not just in theory.
- Identify and address structural ableism and risks of harm within behaviour support models.

Recommendation 4: Ensure social skills supports are inclusive, strengths-based and delivered in real-life settings.

- Prioritise supports that build social connection and belonging in everyday environments (such as schools, communities and peer settings).

- Avoid endorsing approaches that focus on normalisation or isolate children into separate “training” groups.
- Ensure outcomes are measured by wellbeing, participation and meaningful relationships—not just observable behaviour.

Introduction

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has extensive national networks of young people with disability, families and caregivers of children with disability, and advocacy and community organisations.

Our vision is that children and young people with disability in Australia will fully exercise their rights, realise their aspirations and thrive in all communities. We do this by:

- Raising community attitudes and expectations
- Championing initiatives that promote the best start in the early years for children with disability, and their families and caregivers
- Leading social change to transform education systems to be inclusive at all points across life stages
- Advocating for systems that facilitate successful life transitions to adulthood
- Leading innovative initiatives to ensure the sustainability and impact of the organisation and the broader sector.

CYDA welcomes the opportunity to make this submission to the NDIS Evidence Advisory Committee (EAC) consultation.

This submission draws on peer-reviewed literature and is shaped by evidence from;

[CYDA's Thriving Kids Survey Report – Masking is not Thriving \(2025\)](#)— CYDA surveyed more than 1200 children and young people with disability, and parents or caregivers, about their views on the government's new [Thriving Kids program](#).

CYDA's Foundational Supports focus groups—Findings from focus groups conducted by CYDA with young people with disability and caregivers of a child/children with disability in New South Wales about Foundational Supports.

- Focus group with four parents and caregivers and their children aged under 9 with disability in NSW, 1 December 2025
- Focus group with eight young people aged 15 to 25 with disability residing in NSW, 10 December 2025
- Focus group with five young people aged 15 to 25 with disability residing in NSW, 26 February 2026.

Survey and focus group responses included feedback about what supports they use, need and would like to see included. Many comments are relevant to the topics pertaining to the NDIS EAC consultation.

Additionally, this submission was informed by CYDA staff who have personal and/or family experience of disability.

Submission Structure

Our submission is structured in four parts. Part 1 outlines the key concepts underpinning our submission—a rights-based approach and an anti-ableist framing.

Parts 2 to 4 provide commentary on three key areas identified in the consultation paper as relevant to our community.

Each part begins with our recommendations, followed by a more detailed response:

1. Key concepts underpinning CYDA's submission
2. Early intensive behavioural interventions
3. Positive behaviour support for older children and adults

Case Study: This section (part 3) includes a case study to illustrate the impact of positive behaviour supports. The case study highlights the real-life experience of a parent of a child with disability.

4. Social skills training as a disability support for children and young people

1. Concepts that foreground CYDA's submission

Recommendation 1: Ensure assessment evidence aligns with rights-based and anti-ableist framing

Recommendation 1: When assessing evidence for supports, the EAC should apply a rights-based, anti-ableist approach that ensures decisions reflect the lived experiences, rights and goals of people with disability. This includes:

- Upholding the dignity of risk: Recognise the right of people with disability to make informed choices, including where there is some level of risk
- Taking a whole-of-person approach: Assess supports in the context of the individual's goals, circumstances, relationships and environment—not in isolation
- Ensuring transparent and accessible complaints processes: Establish clear, independent, and accountable mechanisms for children and young people with disability and their families to raise concerns safely
- Embedding strengths-based practice: Prioritise supports that build on the child or young person's strengths, and centre their perspectives, preferences and aspirations.

Rights-based approach to support

Rights-based framing includes human rights, rights of persons with disability and rights of the child.

As a state party to the UNCRPD, Australia has a duty under article 4 (1), to ensure that the human rights of all persons with disability are promoted and realised, without discrimination of any kind.¹¹

Children and young people with disability prefer strengths and rights-based framing to support their everyday experiences. In order to align with a rights-based framing, the EAC must:

- weigh lived-experience as evidence equal to that of other forms of evidence
- consider the dignity of risk when assessing safety of a support
- consider the context of the whole person when assessing suitability of a support.

¹¹ United Nations Convention on the Rights of Persons with Disabilities (2006), Article 4

Working through a lens of anti-ableism

To determine the provision of “safe, effective and high-quality supports that maximise the benefits for people with disability”², as per its mandate, the EAC must understand the notion of evidence through a lens of anti-ableism.

Campbell’s (2001) commonly cited definition of ableism is:

*“A network of beliefs, processes and practices that produce a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability, then, is cast as a diminished state of being human.”*³

In everyday life, ableism is perpetuated through attitudes such as low expectation and pity, policy that centres the perspectives of those without disability, and practices such as maintaining segregated schools, workplaces and support services.

Anti-ableist approaches to supports therefore, must be strengths-based, centre the goals, experiences and perspectives of the child or young person with disability and consider their whole context. Systemic racism, homophobia, transphobia, and youth-based prejudice interact with ableism creating additional and compounding barriers for many children and young people with disability that impede their access to supports. This context should be part of the assessment process when considering evidence for NDIS supports.

² Dept. Health, Disability and Ageing, 2026. [NDIS Evidence Advisory Committee Consultation](#)

³ Campbell, F. 2001. [Inciting legal fictions: ‘disability’s’ date with ontology and the Ableist body of the law](#). Griffith Law Review 2: 42–62.



2. Early intensive behavioural interventions

Recommendation 2: Ensure assessment of early intensive behavioural interventions is grounded in neuro-affirming, rights-based practice

Recommendation 2: Ensure assessment of early intensive behavioural interventions is grounded in neuro-affirming, rights-based practice and does not endorse approaches that prioritise normalisation or compliance over wellbeing. To achieve this, the EAC must:

- Prioritise neuro-affirming, individualised and strengths-based supports
- Avoid endorsing compliance-driven or normalisation-focused approaches
- Explicitly assess and mitigate potential harms, including trauma, masking and over-therapy.

A recent survey of young people and parents/caregivers, (see the full report, *Masking is Not Thriving*)⁴ demonstrated that many families engage with therapies and programs such as early intensive behavioural interventions, but report variations in success.

Neuro-affirming and individualised supports

Children and young people with disability have diverse identities, strengths and goals. Supports should reflect this diversity rather than applying fixed or standardised program models. Evidence from CYDA's *Masking is Not Thriving* report shows that while many families engage with early intensive behavioural interventions, outcomes are mixed and are strongest where supports are respectful, flexible and tailored to the individual.

To align with a neuro-affirming and individualised approach, the EAC must:

- prioritise supports that build on the strengths, goals and identity of the child or young person
- recognise that outcomes are closely linked to responsive, relational and context-specific practice, not program type alone
- ensure flexibility and continuity of care over time.

⁴ CYDA, 2025. [Thriving Kids Report: Masking is not Thriving](#).

Some families such as this one, report the benefits of such an approach:

“NDIS has been a life line for not just our son but our family. It has allowed us to access therapies where our son is respected for who he is while learning skills. His therapist[s] have become part of our family and the appointments allow us to get out of the house to a safe environment. It’s the supports such as the trained reception team knowing who we are and interacting with each family as individuals in a way that works best for them, the smiles of solidarity in passing from the other parents and a space where my son can thrive with educated professionals helping him while I can relax and take a breath from the constant worry that is being a carer to a child with a life long disability.” Quote from CYDA’s report, Masking is Not Thriving.

Rejecting normalisation and compliance-driven approaches

Other families detail how models of practice that predominantly use observable behaviour as both the input and output of intervention, are not an indicator of success:

“A compliant child is not a regulated child.” Quote from CYDA’s report, Masking is Not Thriving.

Findings from *Masking is Not Thriving report* highlight strong concern about interventions that seek to change how children present, rather than supporting their wellbeing and participation. CYDA does not support therapeutic approaches that aim to make children and young people appear “typical” or that rely on compliance as a primary outcome.

“ABA - Do not try to force autistic people to behave as though they’re not autistic. It is dehumanising, and traumatising. We’re different, not inferior.” Quote from CYDA’s report, Masking is Not Thriving.

To ensure supports are safe and appropriate, the EAC must:

- avoid endorsing interventions that prioritise behaviour change without regard to internal wellbeing
- recognise the risks associated with masking, including trauma, burnout and reduced self-concept
- ensure evidence assessments prioritise outcomes that reflect wellbeing, participation and identity.

Recognising and mitigating harm

The survey report also identifies significant concerns about the potential harms associated with some behavioural approaches, particularly where intensity is high or where power imbalances between adults and children are embedded in the model. These include trauma, reduced autonomy, increased vulnerability to abuse, and the pathologising of natural behaviours.

“Back when we started therapies for my son they were aimed at trying to make him present as neurotypical and it caused him major trauma, which even though we changed to neuroaffirming approaches about 5 years ago the trauma still exists.” Quote from CYDA’s report, Masking is Not Thriving.

To strengthen safeguards, the EAC must:

- explicitly assess potential harms alongside benefits, including long-term impacts on identity, autonomy and safety
- consider the risks of high-intensity models (for example, up to 40 hours per week), including over-therapy and reduced wellbeing
- ensure safeguards prevent the use of practices that may constitute or enable restrictive practices.

Valuing relationships and family context

Findings consistently show that positive experiences of therapy are often driven by the quality of relationships and the broader support environment, rather than the specific intervention model. Families value supports that are respectful, inclusive and embedded within safe, community-based settings.

To reflect this, the EAC must:

- recognise relational practice as central to effective support
- consider outcomes for family wellbeing, not just individual child outcomes
- support wrap-around approaches that include families and communities and promote inclusion.

“Relationships are the therapy.” Quote from CYDA’s report, Masking is Not Thriving.

Across the findings, there is a clear and consistent message: supports should enable children and young people with disability to develop, participate and thrive as themselves. Approaches that prioritise compliance or normalisation are not experienced as safe, effective or high-quality and should not be endorsed through evidence assessment processes.

Additionally, the EAC should make reference to the [National Best Practice Framework for Early Childhood Intervention](#). Developed by a consortium of early childhood experts and released in October 2025, the Framework sets out what “good” supports look like and how they should be provided.

3. Positive behaviour supports for older children

Recommendation 3: Ensure positive behaviour support is safe, high-quality and delivered as intended in real-world settings

Recommendation 3: Ensure positive behaviour support is safe, high-quality and delivered as intended in real-world settings—not just in theory.

To achieve this, the EAC must:

- **Require demonstrated capability and ongoing professional development for practitioners delivering positive behaviour support**
- **Assess and monitor fidelity of implementation, including how supports are delivered in practice, not just in theory**
- **Identify and address structural ableism and risks of harm within behaviour support models.**

Implementation capability and workforce quality

Positive behaviour support (PBS) is intended to be grounded in human rights and person-centred practice, including reducing the use of restrictive practices. However, evidence suggests there are significant gaps in practitioner capability and training that undermine consistent, high-quality delivery.

Research by McVilly et al. (2025)⁵ identifies core capability areas required for effective PBS practice, including upholding human rights, addressing environmental factors, promoting skill development, and empowering individuals and families. Gaps in these areas indicate that, in practice, PBS may not be delivered as intended.

To ensure quality and safety, it is critical that practitioner capability is strengthened and that training gaps are addressed so the model can be implemented as designed.

⁵ McVilly, K., et al. 2025. “Using Expert Voices to Determine the Key Components of Positive Behaviour Support for the Development of a National Professional Development and Training Curriculum.” *Journal of Policy and Practice in Intellectual Disabilities* 22, no. 4: e70025. <https://doi.org/10.1111/jppi.70025>.

Fidelity of implementation in practice

There is a strong reliance in the evidence base on the assumption that PBS is implemented with fidelity—that is, delivered as intended, consistently and to a high standard in real-world practice. However, evidence from schools and community settings suggests this is often not the case. In practice, delivery may be shaped by workforce constraints, resource limitations, and organisational convenience rather than the needs of the child or young person.

Analysis of School Wide Positive Behaviour Support (SWPBS) in Australian schools highlights how implementation can diverge from intended principles. Poed and Fox (2023) found that expected behaviours often require higher levels of cognitive, communication and self-regulation skills, placing disproportionate demands on students with disability⁶.

Where fidelity is low, outcomes attributed to PBS cannot be assumed, and risks to children and young people increase. The EAC should therefore prioritise evidence that reflects real-world implementation and invest in understanding the gap between policy intent and practice.

Risks of harm and structural ableism

Despite its intended focus on reducing restrictive practices, PBS can reproduce harm where it is implemented through a compliance-based lens or without adequate understanding of disability. Structural ableism may be embedded in how behavioural expectations are defined and enforced, particularly where expectations are not accessible or appropriate for children and young people with disability.

“Schools are cherry picking the SWPBS model for adult convenience and not student wellbeing. The staff at my son’s previous school just used tier one supports for compliance even though he has a disability. Then they blamed him when he was unable to meet these expectations and didn’t offer the tier two and three supports they are supposed to as part of the model. There was never any consideration for the distress behind his ‘non-compliant’ behaviours or how their strategies were impacting him. He was often sent into another classroom after his ‘two-warnings’ and this caused even more distress. His peers began to mimic the teacher’s attitude, labelling him as ‘a naughty kid’ and excluding him from play. Then he was too scared to go to school and he had just

⁶ Poed, S & Fox, R., 2023. [Identifying and removing ableism from Tier 1 school-wide positive behaviour support practices](#), International Journal of Developmental Disabilities, Vol.69, Issue 1.

turned seven. What a disastrous experience for such a little person”.
Quote from CYDA’s Anti-Bullying Rapid Review Submission⁷

This reflects broader concerns that behaviour-based models can place the onus on the child to change, rather than addressing environmental factors, support needs, and systemic barriers. Similar risks may arise in NDIS-funded community-based PBS and educational settings, where the same assumptions and biases are present.

Researchers highlight the ableism and other inequalities that have become embedded in the model as it is implemented by schools. Poed and Fox (2023) analysed 73 SWPBS matrices of behavioural expectations used by schools across Queensland and Victoria and found that,

*“structural ableism exists in the way some expected behaviours are framed by requiring a greater response effort from students with disability if they are to meet the standard expected”.*⁸

There is a concern that current evidence may overstate effectiveness by assuming ideal implementation conditions that do not reflect real-world delivery. Where PBS is not delivered as intended, children and young people may be exposed to ineffective or harmful practices.

CYDA notes a growing shift in the market towards neuro-affirming, trauma-informed supports that better align with the intended principles of positive behaviour support while centring the rights, wellbeing and lived experiences of children and young people with disability. This shift reflects a lack of confidence in traditional behaviour-centred approaches and highlights the need for the EAC to critically examine which models deliver safe, effective and high-quality outcomes in practice. The EAC should prioritise and elevate these emerging approaches within its evidence assessment, ensuring that future investment supports models that are demonstrably aligned with human rights, inclusion and long-term wellbeing outcomes.

⁷ CYDA, 2025. [Anti-Bullying Rapid Review Submission](#)

⁸ Poed, S & Fox, R., 2023. [Identifying and removing ableism from Tier 1 school-wide positive behaviour support practices](#), International Journal of Developmental Disabilities, Vol.69, Issue 1.



Case study – parent of a child with disability

This case study illustrates a child with disability's experience with behaviour supports from the perspective of a parent. It highlights the real-life experience of Positive Behaviour Support. Pseudonyms of the parent and child are used to protect their identities.

Case study of positive behaviour support.

When ten-year-old Artie received funding under the Positive Behaviour Support line item in his NDIS review, his mum Jess was nervous about being able to find someone who wasn't going to use ABA approaches. Jess had read about Autistic adults who looked back on their childhood ABA therapy and felt traumatised by it. She dismissed most providers based on the ableist language they used on their websites and found Artie's current Positive Behaviour Support Practitioner (PBSP) after a few phone calls. She told us. *"We are so happy with her approach. She meets the NDIS requirements for doing functional behaviour assessments and creating the behaviour support plan, but always starts from the position that Artie is his own person and has a right feel belonging in his community"*.

Jess explained that because of the deep understanding the PBSP has about nervous system function the guidance and behaviour plans capture elements of Artie's internal experience that the tools of functional behaviour assessments usually would not. "She's neuroaffirming in the sense that she's not aiming for Artie to blend into his environment but rather reduce his distress by having his environment function better for him". Jess gave an example from school. Artie's teachers assumed that him ripping up his work sheets when he was finished meant that he found them too hard and was frustrated. Even with support to finish them he still ripped them up. The BSP was able to point out that Artie was actually being driven by strong internal emotions of perfectionism. She advised them to support him by changing the timing around declaring his work finished. When they made this change, Artie shifted his ideas around what perfect and finished felt like, and stopped ripping up his work.

Jess pointed out that although there was an outcome in his observable behaviour, this was a byproduct of understanding his inner emotional landscape. The more important outcome for Artie was reducing the feelings of distress he had been experiencing when doing his class work. The differences are subtle but make a measurable difference to Artie's sense of wellbeing and belonging.

4. Social skills training as a disability support for children and young people

Recommendation 4: Ensure social skills supports are inclusive, strengths-based and delivered in real-life settings

Recommendation 4: Ensure social skills supports are inclusive, strengths-based and delivered in real-life settings—rather than focused on changing children to fit “typical” norms.

To achieve this, the EAC must:

- Prioritise supports that build social connection and belonging in everyday environments (such as schools, communities and peer settings)
- Avoid endorsing approaches that focus on normalisation or isolate children into separate “training” groups
- Ensure outcomes are measured by wellbeing, participation and meaningful relationships—not just observable behaviour.

Inclusive, real-world approaches to social connection

Evidence from CYDA’s work, including the *Masking is Not Thriving report* and NSW Foundational Supports focus groups (2025-26), shows that children and young people value social support that is embedded in their everyday environments. They do not want to be removed from their communities and placed into constructed settings based on assumptions that they need to be “trained” in social skills.

“I’d be put in those special needs groups and not really told why. It didn’t help with anything and just confused me”. Young person

“When I was younger I was doing an online program and it was never explained why I was doing this program. I don’t believe that it ever really helped because I couldn’t understand the connection to why and I still have questions to this day around what was actually happening”. Young person

Instead, young people and families emphasise the importance of support delivered in natural settings—where relationships are formed and maintained in real time.

Structured, inclusive environments within schools and communities can support participation without segregation.

“I was lucky enough to be in a school where there was lots of clubs on during lunch times. So when I really struggled with social communication, being a structured environment really helped me”.
Young person in Foundational Supports focus group

“Support delivered in the classroom and playground, rather than removed completely from peers, would help build inclusion and belonging skills in real-life settings.” Caregiver in Foundational Supports focus group.

Moving beyond normalisation frameworks

There is a clear tension identified by families: while social connection is highly valued, there is strong concern about approaches that frame social skills training as teaching children to behave like their peers without disability. CYDA does not support models that position children and young people with disability as needing to be “fixed” or normalised.

Social skills supports should instead be grounded in a rights-based and strengths-based approach, recognising diverse communication styles and ways of socialising. This includes valuing authenticity, autonomy and identity, rather than prioritising conformity to external norms.

Shared responsibility for inclusion

Findings highlight that responsibility for social inclusion should not rest solely with children and young people with disability. Effective approaches also build the capacity of peers, educators and communities to be inclusive and responsive.

“The kids around me encouraged me the most to make friends and join in on groups. I personally struggled with making friends myself, so a big factor of actually getting friends was being approached by kind people my age who showed an interest in friendships with me and encouraged me to learn as I was very avoidant when younger”. Quote from young person in Foundational Supports focus group

This reflects broader evidence that peer-mediated and inclusive approaches can improve social outcomes by creating environments where children and young people are supported to participate as themselves.

Rethinking outcomes and evidence

Current approaches to evaluating social skills interventions often focus on observable behaviours (such as eye contact or conversational norms), rather than outcomes that

matter to children and young people—such as belonging, confidence, wellbeing and meaningful relationships.

The EAC should ensure that evidence assessments prioritise outcomes aligned with rights-based and anti-ableist frameworks. This includes recognising that success is not defined by how closely a child approximates “typical” behaviour, but by their ability to participate, connect and thrive in ways that are meaningful to them.



Appendix: CYDA's supports-related policy submissions and reports

CYDA's work is rights-based and informed by the direct experiences and diverse voices and visions of children and young people with disability across Australia. CYDA grounds its work in evidence and a human rights approach. This submission is supported by CYDA's previous work in this area as listed below:

CYDA 2025. [CYDA's Submission to the Disability Standards for Education Review](#)

CYDA 2025. [CYDA's submission to the Anti-Bullying Rapid Review](#)

CYDA, 2025. [CYDA's submission on Changes to the Disability Standards of Education](#)

CYDA, 2025. [Disillusion and Delay: CYDA's survey of the learning experiences of children and young people with disability in 2024](#)

CYDA 2024. [CYDA's submission to the Senate Inquiry into Better and Fairer Schools \(Funding and Reform\) Bill 2024](#)

CYDA 2023. [CYDA's surveys of the learning experiences of children and young people with disability in 2022 and 2023](#)

CYDA, 2022. [Joint Submission to the Disability Royal Commission; Charter of Human Rights](#)

CYDA, 2020. [Disability Royal Commission – Response to Restrictive Practices issues paper](#)

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