Submission on Foundational and disability supports available for children and young people in New South Wales.

Children and Young People with Disability Australia's submission to the NSW Select Committee.

"Can the government provide a detailed, funded plan showing exactly how, when, and where the skilled workforce required to deliver these supports will be trained, employed, and retained — including in regional and underserved areas — to ensure this reform actually reaches the children who need it?" – Caregiver, NSW Foundational Supports focus group, 2025.

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cyda Children and Young People with Disability Australia

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A note on terminology:

In 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.

CYDA generally uses the term First Nations to refer to Aboriginal and Torres Strait Islander people. We also recognise Aboriginal and Torres Strait Islander people as respectful terminology, and both are used interchangeably throughout this submission.

Content warning: Harms and exclusion of children and young people with disability and First Nations people.

Artificial Intelligence (AI use): AI was not used in the creation of content, analysis or the preparation of evidence for this submission. It was used minimally to edit some words and phrases for clarity and fluency.

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.

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- Including evidence-based, co-designed principles in program design.
- Providing flexible, developmentally responsive supports that adapt to changing needs and key life transitions
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- Retain existing workforce including improved bureaucratic processes

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- Funding individual and family supports for children and young people with disability as well as systems change initiatives.
- Prioritising funding services and support that assists with functional capacity and those that reduce barriers to full participation.
- Designing safeguarding for Foundational Supports to align with key Disability Royal Commission (DRC) recommendations

Introduction

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

We welcome the opportunity to contribute to the NSW Parliamentary Select Committee's Inquiry into Foundational and Disability Supports available for children and young people in New South Wales. We acknowledge the NSW Government's leadership in progressing Foundational Supports and encourage it to build on this leadership by implementing the recommendations outlined in this submission.

CYDA has prepared this submission in collaboration with, and on behalf of First Peoples Disability Network (FPDN) whose advocacy regarding Foundational Supports align with our own. Their generous contribution to the priorities, evidence and recommendations in this submission, not only reinforce CYDA's work, but provides an important First Nations' lens.

Our recommendations are grounded in the lived experience of children and young people with disability and their families. The submission incorporates evidence from both peer-reviewed and grey literature, as well as insights from CYDA's previous consultations with our community about NDIS related matters and Foundational Supports, including:

Have your say about NSW Foundational Supports. Three focus groups with children, young people with disability and their families, residing in NSW to have their say about the development of Foundational Supports for Children with Disability in NSW:

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

NDIS Changes: What Matters to you? 10 young Autistic people discussed the potential impacts of NDIS reforms including impacts on social and community participation funding, May 2026.

Foundational supports consultation with six young people with disability under 25 years of age, November 2024.

CYDA survey consultations conducted in 2023, 2024, and 2025 with young people with disability, their families and caregivers:

- Masking is Not Thriving Survey Report on Thriving Kids (**1235 responses; 304 from NSW**)
- NDIS Eligibility Re-assessments Survey Report (**222 responses**)
- NDIS Provider Registration Survey Report (**161 responses**)
- **Foundational Supports survey (258 responses)**
- Reimagining NDIS Consultations (2022), informing the NDIS Review Final Report

Background and context

Children and young people represent a significant and growing proportion of people with disability in Australia. In 2022, around 12.1 per cent of children and young people aged 0–24 years had disability, with six per cent considered to have very high supports needs.[1] Most required assistance with everyday activities, and over half experienced multiple types of disability, reflecting the complexity of supports required for this group.

The prevalence of disability is much higher in the First Nations population with the National Aboriginal and Torres Strait Islander Health Survey 2022-2023 indicating nearly 38% with disability. The same survey found that First Nations NDIS participants were 28% less likely to receive care via the NDIS than non-Indigenous NDIS participants. [2]

The NDIS has played an important role in the lives of children and young people. Compared with the broader disability population, participants in the Scheme are much younger, with 52 per cent aged 18 and under. [3] Eligibility rates are highest for young applicants, and 67 per cent of all new participants are aged under 15. [4]

With the NDIS reforms expected to remove 160,000 people from the Scheme, [5] and prevent many children and young people from joining, the New South Wales (NSW) government is strategically positioned to spearhead a best practice Foundational Supports model that meets their needs. Significantly, NSW has set an important standard by considering the needs and perspectives of First Nations children and young people, and their communities, within the model.

CYDA's Thriving Kids Survey report: summary of NSW findings

Data from the Thriving Kids Survey (September 2025), [6] can inform how the NSW Government designs and delivers its Foundational Supports program. Of the 304 survey participants residing in NSW, 12 were children and young people with disability under 25 years old, and 292 were parents or caregivers of children and young people with disability. See Appendix 2, for further detail of NSW specific data.

Submission Structure

In this submission, CYDA addresses priority areas relating to six of the nine items outlined in the Terms of Reference. We have focused on the following priority areas because they are most relevant to the needs of children and young people with disability and their families, and they align with CYDA's expertise. For each priority

[1] ABS (2022) Disability, Ageing and Carers, Australia: Summary of Findings
[2] Disability Royal Commission, 2023. Options to improve service availability and accessibility for First Nations people with disability
[3] NDIS Quarterly report: 2025-26 Q4
[4] AIHW (2024) People with disability in Australia 2024 Report
[5] The Guardian (2026), 160,000 to be cut from NDIS amid concerns vulnerable people will be left without care
[6] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving

area, we respond to the relevant items from the terms of reference by presenting a recommendation followed by a more detailed response:

Priority Area 1: a) the role of services and supports on a child's overall development, health and wellbeing and the types of services and supports available and measures to improve effectiveness, availability and gaps and b) barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems.

Priority Area 2: access of such services and supports in metropolitan, regional, rural and remote New South Wales, including medical, community-nursing, allied health services, NDIS services and other service delivery models.

Priority Area 3: the role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services.

Priority Area 4: other government or best practice child development and early childhood intervention service models and programs operating outside of New South Wales.

Priority Area 5: workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers.

Priority Area 6: measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission (DRC) Final Report in relation to foundational supports.

Detailed Recommendations

Priority Area 1: Role of services and barriers to accessing early childhood intervention

Recommendation 1: Use the National Best Practice Framework for Early Childhood Intervention when designing and delivering Foundational Supports by:

- Designing around known gaps to ensure equity
- Planning for risk of additional access gaps as children and young people are exited and diverted from NDIS

CYDA recommends using the National Best Practice Framework for Early Childhood Intervention as a key part of the design and delivery of Foundational Supports for early childhood in New South Wales.

Particular attention should also be paid to:

- First Nations children and young people to ensure this framework and Foundational Supports contributes successfully to the goals in Closing the Gap.
- Designing Foundational supports and the Thriving Kids program to meet the needs of culturally and linguistically diverse children and families.[7]

The reported outcomes from NDIS highlight the role of services and support on children's development. Considering children from birth to when they start school, the most recent NDIS Quarterly Report demonstrates that children show improvements across ALL areas in which they receive NDIS support. [8] For participants aged 15 and over, the greatest improvements are in choice and control, daily living, health and wellbeing, and social and community participation.

Even with these positive outcomes, many still experience gaps in support. [9] More than four in five children with disability have unmet support needs, particularly for therapies, school-based supports, and support workers. [10] These gaps are greater for children from First Nations backgrounds, low-income households, single-parent families, culturally diverse communities, and regional or remote areas, as well as girls, and children with intellectual disability.

[7] The National Culturally and Linguistically Diverse Disability Reform Committee (2026) No Child Left Out: Designing Thriving Kids for a Diverse Australia
[8] NDIS (2026) Quarterly report: 2025-26 Q4
[9] NDIS (2026) NDIS Explore data 2025-26 Q4
[10] Life Course Centre (2024) Australian children with disabilities' unmet support needs: Evidence from the Better Support for Kids with Disabilities survey

It is critical that Foundational Supports are designed and delivered with careful consideration for addressing such gaps, as well as an understanding of how these gaps will likely worsen as people are exited or diverted from the Scheme.

For Aboriginal and Torres Strait Islander children and young people with disability, services and supports are a catalyst to uphold rights, ensure accessibility and equity, promote family preservation, protect wellbeing, and embed cultural safety and self-determination that can break the cycle of intergenerational trauma. In particular, culturally safe assessments and supports are a protective factor against child removal. They also strengthen identity, address underlying drivers of disadvantage, and maintain connection to culture, kinship, family and community.

Gaps include under-identification and late diagnosis, requirement for digital literacy, the evidence requirements for access to services, apprehended discrimination stopping families accessing existing mainstream services for early intervention, and fears that disability services act as a form of surveillance that might feed into the child protection system and lead to child removal.

Caregivers from CYDA's 2024 Foundational Supports consultation, [11] warned that without deliberate equity measures, Foundational Supports may deepen existing disparities and leave the most marginalised children further behind.

This highlights the importance of embedding strong equity measures and safeguards within the NSW Foundational Supports program to ensure that all children, particularly those facing additional disadvantage, can access timely and effective support.

[11] CYDA (2024) Young people, parents, and caregivers on Foundational Supports Survey Report

Priority Area 2: Regional and remote access

Recommendation 2: Prioritise access to support and services in regional and remote areas through:

- Targeted and sustained investment for First Nations-led service models that align with First People's Disability Network (FPDN)'s Cultural Model of Inclusion and priorities for Foundational Supports
- Enablement of new and existing models that increase in-person access to allied health and other support including remote area travel allowance
- Increased access to telehealth and online supports and services

CYDA recommends prioritising measures that improve access and availability of Foundational Supports in regional and remote communities. Our community have consistently told us that they struggle to access medical, allied health, and disability services in regional, rural and remote areas due to lack of services and long wait times, as one parent testifies:

> *"Can the government provide a detailed, funded plan showing exactly how, when, and where the skilled workforce required to deliver these supports will be trained, employed, and retained — including in regional and underserved areas — to ensure this reform actually reaches the children who need it?" – Caregiver, NSW Foundational Supports focus group, 2025*

Targeted and sustained investments for First Nations-led models

For First Nations children and young people with disability living in regional, rural and remote New South Wales, geographic isolation greatly affects the availability, accessibility, and effectiveness of disability services and supports. Despite higher prevalence of disability in First Nations communities, systemic barriers such as remote location, complex processes, and a lack of culturally safe services, continue to hinder access to necessary supports.[12]

CYDA supports the use of FPDN's Cultural Model of Inclusion, [13] to develop Foundational Supports that address the underlying drivers of disadvantage. The model operates beyond the traditional social model of disability to centre the cultural

12 Disability Royal Commission, 2023. Options to improve service availability and accessibility for First Nations people with disability

[13] FPDN (2018) FPDN landmark report: Culture is Inclusion

determinants, identity, and community connections that ensure the inclusion, health and wellbeing of First Nations children and young people with disability.

Additionally, CYDA supports FPDN's priorities for Foundational Supports:

- Dedicated consideration, planning and funding for First Nations people and communities
- Navigators on Country, information and peer support embedded in Aboriginal Community Controlled Organisations (ACCOs) and First Nations disability organisations
- Early childhood and school inclusion supports that recognise cultural obligations and language
- Secure, long-term funding and workforce development in regional and remote communities

NSW Foundational Supports must acknowledge that First Nations supports already exist and are effectively supporting children and young people with disability using innovative approaches. See appendix 1, for a comprehensive list of examples from across Australia.

New and existing models to increase in person access to allied health

CYDA recommends Foundational Supports focus on increasing access to in-person support. Many families travel long distances for services, absorbing the financial, social, emotional, and physical cost as a result.

> *"When I was young, I had access to allied health supports as that's what they had in the city back then. But now that I've moved to rural NSW there is a lack of allied health. Currently I have therapists from Sydney that do telehealth or sometimes actually come in person." – Young person, NSW Foundational Supports Focus Group*

Until local and tailored workforces are sufficient, CYDA suggests increasing the capacity of existing outreach services for rural and remote locations by extending the offering of these services to enable them to deliver screening and therapeutic supports to communities on a rotational basis.

Two existing examples from NSW that could be extended to offer additional support:

- Puggles Children's Services Van offers social and early childhood services on a fortnightly roster to families in rural and remote communities with children aged 6 weeks to 6 years.
- MacKillop's Mobile Children's Service currently delivers education programs for isolated familes with children aged 0 to 6 years.

An additional example from South Australia might also be adaptable for NSW:

- Child Health and Development Community Van offers child health and development checks across key milestones from birth to 5 years. As the service expands in the future, the community van may be used in regional and rural areas, place-based services, and visits to community events.

CYDA also recommends including travel allowances to support rural and remote families to receive support.

First Nations communities should be supported with specific measures that increase the availability of local First Nations allied health and disability professionals. In many instances outreach services might not be suitable for First Nations communities who require trusting relationships for early intervention programs and disability supports to be successful. This is discussed further in priority area 5, workforce issues.

Support for telehealth and online services

Telehealth should be available within a Foundational Supports program where required by children and young people for accessibility reasons, such as when they are finding it difficult to leave the house. However, there are also many children and young people with disability who are unable to engage with telehealth and in person options should be prioritised for them.

Many young people CYDA engages with find online and in-person peer support beneficial for their mental health. Foundational Supports should include coordination and implementation of peer-networks and support groups both in person and online.

Our community benefit from groups that offer information, advice, and social-emotional support for families and caregivers of children with specific disabilities including Intellectual Disability, Autism, and some genetic conditions. These are more widespread in cities and large regional centres and are lacking in rural and remote areas.

> *"[W]e had a really close online group, and with that support, everyone would bounce ideas off each other and say, 'Oh, my child tried this out.' But with Down Syndrome, because there aren't that many people with Down Syndrome, it's quite a small group. And everyone there is very supportive of each other and wanting the next child to do just as well as their child. So, just having somewhere like that to ask has really, really helped." (Alma, parent/caregiver of child with disability aged 0-8. Reimagining NDIS focus group).*

Existing online peer support groups contain high levels of trust and social capital. Funding these groups to increase their capacity and enable replication is an effective way to enable Foundational Supports to reach the people who need them, at the time they need them.

Priority Area 3: Role of diagnostic services

Recommendation 3: Design universal screening beyond the early years and strengthen the safety net by:

- Ensuring adequate funding to expand access to screening and diagnostic services to primary schools and healthcare settings
- Co-designing culturally safe and validated screening tools and processes with First Nations communities

Access to diagnostic services is critical for children and young people and their families to help them determine a pathway for support.

CYDA's community consistently highlight long wait times and difficulty accessing diagnostic services. Assessment and diagnostic services in rural and remote NSW are scarce. Waiting lists for developmental paediatrics, speech pathology, occupational therapy and psychology are often years long.

Strengthening the safety net for all children and young people to access universal screening could be achieved by:

- Extending screening beyond the early childhood years and into the first two years of primary education
- Embedding disability screening in primary healthcare for First Nations children and young people by funding ACCHO-based early childhood developmental screening as part of the Medicare 715 Health Check for children
- Co-designing approaches with user communities to ensure tools and services are culturally safe and appropriate and able to be accessed by more people.

CYDA's Thriving Kids report demonstrated that the concern of children "falling through the cracks" was a standout issue for those who responded to the survey. [14] The issue was mentioned in 579 instances by survey participants who were worried about the overlap and mismatch between NDIS and Thriving Kids, as well as the existing and potential gaps in services because of waitlists and difficulties accessing supports.

This issue becomes more acute when considering intersecting factors like gender, remoteness, and First Nations identity.

For First Nations children and young people with disability in regional, rural and remote NSW, scarcity of services means disability frequently goes undiagnosed throughout childhood. The other challenge is that when diagnostic services are accessed, they are often not culturally safe. Standard assessment tools for developmental and

[14] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving

cognitive disability, including many screening tools used in early childhood settings, were not developed with or for Aboriginal and Torres Strait Islander children and may systematically underestimate or misidentify their developmental status when applied in a cultural context they were not designed for.

A young person pointed out the risk associated with under-recognition of girls who are autistic and developmentally delayed.

> *"Thriving Kids has said that it will treat kids eight years and under, and the average girl doesn't get diagnosed until between 12 and 14. So there either needs to be a change in the way we diagnose or it needs to be extended to a greater age." – Alana, young person, NSW focus group*

Foundational Supports must strengthen the safety net to safeguard those children who are not attending Early Childhood Education and Care (ECEC) settings, are not identified in early childhood due to gender bias, cultural inadequacy of tools and processes, and remoteness.

Priority Area 4: Best practice service models

Recommendation 4: Embed best-practice principles in the design and delivery of Foundational Supports by:

- Including evidence-based, co-designed principles in program design
- Providing flexible, developmentally responsive supports that adapt to changing needs and key life transitions
- Investing in accessible, place-based supports across homes, schools, early childhood settings and Community Hubs, including developmental screening and allied health services, with dedicated investment in Aboriginal and Torres Strait Islander community-controlled delivery

Evidence-based, co-designed principles in program design

CYDA's previous consultations on Thriving Kids and Foundational Supports, [15] [16] highlight the importance of clear, evidence-based principles that define best practice in the design and delivery of disability services and supports for children and young people. Meaningful participation must go beyond simply including children and young people with disability; they must have genuine opportunities to influence the decisions, services and supports that affect them.

As detailed in our peer-reviewed journal article, [17] CYDA provides a set of evidence-based guiding principles for genuine co-design, summarised below.

We recommend the following guiding principles as a starting point:

- Apply a personalised approach to foster trust and safety
- Take a holistic approach that considers the whole program lifespan
- Undertake a reflexive approach to power and agency
- Ensure an inclusive approach to accessibility and diversity:
    - Intersectionally aligned – inclusive of all genders, sexualities, non-speaking and minimally speaking community, those with intellectual disability, First Nations, and culturally and linguistically diverse communities

[15] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving
[16] CYDA (2024) Young people, parents, and caregivers on Foundational Supports Survey Report
[17] Altman, T., Hunter, S. and Gay, M. (2026). From Tokenism to Transformation: Relational Guiding Principles for Genuine Co-Design with Young People with Disability. *Youth.* 6(2):57. https://doi.org/10.3390/youth6020057

- First-nations led, culturally safe, service models for First Nations children and young people with disability

Using the above criteria would enable the expansion of services and supports that are already successful.

Developmentally responsive and place-based supports

Foundational Supports must be flexible enough to respond to children and young people's changing needs across different developmental stages. A generic or fixed approach risks being inconsistent with neurodevelopmental evidence, which demonstrates that childhood and adolescence involve significant periods of brain development and change. [18] As young people move through adolescence and into adulthood, they also navigate major transitions involving identity, autonomy, decision-making and new systems and responsibilities. Supports must adapt to these changes, with additional assistance available at critical transition points, including the transition to adulthood.

Continuity is equally important. Families should not face gaps in essential supports as children develop or move between systems:

> *"Waiting years to get access to the support therapists is stressful enough and now families have to worry if they will be able to continue to have those supports." Thriving Kids survey participant*

Foundational Supports should also be available in the places children and young people already live, learn and participate, including homes, schools, early childhood settings and community hubs. Families consulted by CYDA emphasised that challenges such as sensory overload, eating difficulties, regulation and peer interactions occur in everyday environments, not only clinical settings. Delivering allied health and other supports in these settings can provide earlier assistance, reduce distress and build the capacity of families, educators and communities around the child:

> *"Most of the support has been recommended from school. I was very lucky; their school actually offers an early intervention program for speech and OT." (parent/caregiver of child with disability aged 0-8. Reimagining NDIS focus group participant).*

CYDA also suggests that the NSW Foundational Supports program supports new and existing community groups to connect with children and young people and their families and caregivers. Having effectively been designed by the communities who need them, these groups play a vital role in the provision of informal 'foundational

[18] Spear L. P. (2013). Adolescent neurodevelopment. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, *52*(2 Suppl 2), S7–S13. https://doi.org/10.1016/j.jadohealth.2012.05.006

supports' by sharing trusted information about services and best practices, yet they remain unfunded and at risk of sustainability challenges. This community-based approach could be strengthened by investing in accessible, place-based services that connect families with supports in the settings they already know and trust.

Existing and new Community Hubs, preferably connected to schools, provide an opportunity to expand developmental screening and access to occupational therapy, speech pathology, psychology and physiotherapy. Aboriginal and Torres Strait Islander children and families must also have access to culturally safe supports designed and delivered by Aboriginal and Torres Strait Islander community-controlled organisations, consistent with Closing the Gap Priority Reform Two.

Priority Area 5: Workforce issues

Recommendation 5: Develop an overarching strategy for workforce mobilisation by introducing measures to:

- Retain existing workforce including improved bureaucratic processes
- Building the workforce with a program of incentives and streamlining pathways
- Provide dedicated strategic planning and delivery for First Nations communities

CYDA recommends developing a strategy, in close consultation with all relevant stakeholders, to retain the existing workforce, build a new workforce, and undertake dedicated measures to support First Nations communities.

Participants from CYDA's Thriving Kids survey listed the most commonly used existing supports as: occupational therapy, speech therapy, psychology, support workers, physiotherapy, behavioural therapy/support, dietician, and food/feeding therapy. [19]

Additionally, caregivers consistently describe the unpaid labour they undertake to manage the support needs of their children through a series of systemic changes. Their capacity to compensate for system failures should not be mistaken for sustainability, as this reliance places families at risk of burnout, financial hardship, and long-term harm.

> *"Without a clear, funded workforce strategy that addresses training, pay, supervision, retention and regional staffing, Foundational Supports risks becoming an unfunded mandate that adds pressure to already overwhelmed systems and leaves vulnerable children without the support they were promised." – Caregiver NSW Foundational Supports focus group*

A workforce strategy for Foundational Supports must recognise and support caregiver labour to prevent harm to children and young people with disability and their families.

Existing workforce at risk for Foundational Supports

As increasing cuts to NDIS are made, our community are experiencing less availability for disability support across the board, but especially to allied health.

Participants of the Thriving Kids survey emphasised that the allied health sector was already strained, especially in non-metropolitan areas. Similarly, those in the

[19] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving

NSW Foundational Supports focus groups pointed out the reality of allied health professionals opting out of the industry as a response to NDIS funding cuts:

> *You hear every day, families are getting kicked off the NDIS. Supports have been cut. Allied Health are closing up. We've already experienced that, and having to rebuild relationships and the fallout from that."*
> *Caregiver, NSW Foundational Supports focus group*

A skilled and sustainable workforce will be critical to the success of Foundational Supports. Safeguards are needed to minimise the loss of experienced professionals as NDIS reforms change how supports are funded and delivered. Without these safeguards, workforce shortages risk increasing wait times, reducing access to services and shifting costs onto families.

Foundational Supports should provide clear and accessible pathways for allied health professionals to deliver services through the program. Participants in CYDA's Thriving Kids survey strongly supported embedding allied health services in early childhood settings and schools, providing support to children and young people while also building the capacity of staff.[20]

Workforce planning must also recognise the expertise of disability-led organisations. Foundational Supports should include dedicated funding streams that enable these organisations to deliver supports, rather than relying predominantly on mainstream services and organisations.

Build the workforce

CYDA recommends strengthening and expanding the workforce by:

- Streamlining processes for allied health assistants, providing mentorship and training programs, and creating professional communities of practice.
- Incentivising investment in areas of need such as through scholarships, high-quality supervision, accessible professional development, relocation grants, and clear pathways for allied health assistants to gain full qualifications.
- Building in processes to increase the specialisation and expertise of existing professionals to increase their capacity to deliver screening and disability related services and referrals, such as maternal child health nurses.

First Nations workforce building

Outreach allied health services are inconsistent and don't permanently live in the communities they serve. This makes it hard for them to build the trusted relationships with communities required for effective early intervention and disability support.

Developing the Aboriginal and Torres Strait Islander early childhood intervention workforce will assist in improving the standard of cultural safety and effectiveness of

[20] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving

responses as it will mean that more Aboriginal and Torres Strait Islander practitioners will become available. Foundational Supports must invest in training and employment pathways for Aboriginal and Torres Strait Islander allied health professionals specialising in early childhood disability. This should include:

- supervised clinical placements in ACCHOs and community settings
- mentorship from senior First Nations practitioners
- enforcing of cultural safety standards
- mandatory cultural safety and disability training for all health staff working in Aboriginal and Torres Strait Islander communities
- local Aboriginal and Torres Strait Islander community members also need to be trained and hired so they can work within their own community.

Priority Area 6: Measures to implement recommendations from NDIS Final Review and DRC

Recommendation 6: Prioritise child safety, choice and control by:

- Funding individual and family supports for children and young people with disability as well as systems change initiatives.
- Prioritising funding services and support that assists with functional capacity and those that reduce barriers to full participation.
- Designing safeguarding for Foundational Supports to align with key Disability Royal Commission (DRC) recommendations

Foundational Supports should align with the Disability Royal Commission's recommendations to protect children and young people from harm. This requires the systematic design and implementation of inclusive, safe and accessible policies, practices and cultures across mainstream systems and settings. Foundational Supports should therefore be framed around removing the barriers that prevent children and young people with disability from fully participating in their communities, rather than as a prescribed list of services.

CYDA respectfully cautions the NSW government against designing Foundational Supports solely to fill the gaps left by NDIS for children and young people with disability and developmental delay or as "NDIS lite". However, it will still be important to monitor the gaps in support resulting from changes to the NDIS which Foundational Supports could help to address. For example, many children, young people and families require the assistance of support workers. Without NDIS funding, many families will not be able to afford this essential assistance. Foundational Supports should therefore consider how it can address these needs.

To best align with the NDIS final review and DRC recommendations, children and young people in NSW should have access to Foundational Supports aligned to the following categories:

- Universal—information, rights education, peer support
- Targeted—tailored early intervention, family supports, transition services
- Inclusive mainstream systems—health, education (Early Childhood Education and Care and school settings), community and youth services
- Safeguards—accessible complaints, no-wrong door, independent advocacy
- Participation—co-design and governance opportunities.

Example measures include:

Competence and capacity building in mainstream settings

Foundational Supports should build disability competence and capability among teachers, school leaders, GPs, nurses, allied health professionals, child-protection workers, police, youth justice staff and other professionals. To achieve this, services that deliver Foundational Supports should receive training that covers communication, access needs and adjustments, trauma, supported decision-making, restrictive practices, and the prevention of abuse.

Elimination of restrictive practices

New South Wales was the only state/territory to take the position that recommendations 6.35 (establish legal frameworks for the authorisation, review and oversight of restrictive practices) and 6.36 (take immediate action to provide that certain restrictive practices must not be used) of the Disability Royal Commission should be subject to further consideration. Other jurisdictions accepted these recommendations in principle or in part.

Children and young people are more likely to be subject to restrictive practices. In CYDA's 2025 Education Survey, 29% of the families and caregivers who responded reported that their child had been subject to restrictive practices at school. [21] These practices were described by respondents as traumatic, severely impacting students' emotional and psychological wellbeing, with some respondents reporting enduring negative effects such as ongoing anxiety, depression and post-traumatic stress disorder.

The design and delivery of Foundational Supports is an opportunity for the New South Wales government to take meaningful action towards implementing the recommendations of the Disability Royal Commission. This includes prohibiting the use of restrictive practices by any service delivering Foundational Supports and enforcing strong guidelines for monitoring and reporting.

Work to decrease segregation and segregated settings

Foundational Supports provide an opportunity to leverage government-funded programs and services to embed inclusion across the settings where children and young people with disability and their families participate. To achieve this, services and supports must be designed with inclusion as a core outcome.

This means embedding Foundational Supports in mainstream settings, such as schools and early childhood programs, rather than requiring children and young people to access supports through disability-specific or segregated settings. One example is the Brotherhood of St Laurence's Home Interaction Program for Parents and Youngsters (HIPPY), a home-based early learning and parenting program that embeds access and equity and successfully engages families with disability from

[21] CYDA (2024) Disillusion and Delay: survey of the learning experiences of children and young people with disability

diverse communities. The NSW Government could consider how existing programs such as HIPPY could be leveraged as part of Foundational Supports.

Inclusion in mainstream settings will become even more important as changes to the NDIS take effect, particularly changes to eligibility and reduced funding for social, civic and community participation. Foundational Supports must, to the fullest extent possible, enable children and young people with disability to participate in mainstream community life alongside their peers.

Prevent exclusion from school

Designed and delivered well, Foundational Supports should reduce inappropriate suspensions, the expulsion and informal exclusion of students with disability from school. To achieve this, Foundational Supports should complement and reinforce additional teacher training, anti-racist and anti-bullying programs and measures that enable more involvement of students with disability in student leadership initiatives. By establishing early intervention initiatives and behavioural supports, rather than relying on exclusionary discipline, students with disability will experience more inclusive environments, higher engagement rates and better educational outcomes.

Prioritise choice and control

In CYDA's Thriving Kids Survey, [22] young people and families consistently highlighted choice and control as being important in the design of Foundational Supports. Where a small number of providers are engaged to deliver Foundational Supports, this will reduce the choices available to families, particularly in regional, rural and remote areas where thin markets already exist. To address this, the New South Wales government should ensure that multiple providers are engaged to deliver both general and targeted supports, and access to those supports should not be restricted based on a person's place of residence. This will be essential to allow families to retain trusted services and provide other options when a local service does not meet their needs.

Measure dignity, autonomy, and choice

Providers selected to deliver Foundational Supports on behalf of the New South Wales government should be required to develop and apply a consistent evaluation framework to measure the effectiveness of the services they deliver. Success measures should include the extent to which children, young people and families feel they have been supported to achieve their goals and whether their dignity, autonomy and choices were upheld during their engagement with services.

Relational safety over behaviour support plans

Relational safety refers to the true safety of children and young people with disability achieved through co-creating trusting, respectful and authentic relationships, rather than physical restrictions and strict compliance with administrative rules. Relational safety acts as a buffer against trauma and dysregulation. When children and young people experience trauma and dysregulation, they are often perceived as exhibiting

[22] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving

behaviours that adults wish to control through behaviour support plans. Foundational Supports that encourage relational safety will therefore promote preventative rather than reactive strategies that will help children and young people feel safe and supported.

Cultural safety

It is essential that Foundational Supports are designed and delivered in a way that forefronts cultural safety, especially as several recommendations from the NDIS First Nations Strategy and the Disability Royal Commission (Volume 9) relating to First Nations people with disability are yet to be implemented. To achieve this for Aboriginal and Torres Strait Islander children, young people and families, FPDN's research priorities, outline the importance of dedicated planning and funding for First Nations people and communities; the availability of Navigators on Country and information and peer support embedded in ACCOs and First Nations disability organisations; early childhood and school inclusion supports that recognise cultural obligations and language; and secure, long-term funding and workforce development in regional and remote communities.

The National Culturally and Linguistically Diverse Disability Reform Committee recommends the establishment of State, Territory and Federal level CALD Advisory Committees to guide the governance, design, implementation and evaluation of Thriving Kids; commissioning culturally diverse organisations in the service mix; and investing in program infrastructure for culturally inclusive service delivery[23].

A child safety-first lens

Applying a child safety-first lens means treating child safety as the paramount consideration in the design and delivery of Foundational Supports. Child safety must be interpreted more broadly than simply requiring police and child safety checks of workers. Adherence to the National Principles for Child Safe Organisations must be mandatory for all Foundational Supports service providers. Further, CYDA's consultations have illustrated the strong reaction our community has to the removal of choice and control and the importance of having choice and control being linked to child safety. It is therefore imperative that child safety be defined to include considerations like choice and control, cultural safety and the centring of the needs of the child.

Children and young people cannot experience safety when they are subject to negative assumptions and low expectations. As one young person with disability told CYDA,

> *"Children can understand more than a lot more than people think they can!". Young person, NSW Foundational Supports focus group*

[23] NDRC (2026) No Child Left Out: Designing Thriving Kids for a Diverse Australia

Appendices

Appendix 1: Successful First Nations disability support models

Although the following examples are not specifically based in NSW, they provide detailed information on what makes them successful at providing cultural safety, addressing the needs of First Nations children with disability and improving availability and accessibility. Many of the examples are informed by Scott Avery's The Cultural Model of Inclusion Report (2018)[24].

- Yorganop Aboriginal Corporation in W.A: Culturally adapted ECEC with disability inclusion that uses kinship-based care models for children with developmental delays or disabilities. Has Partnership with NDIS Early Childhood Early Intervention (ECEI) providers to deliver on-Country therapies (e.g. speech therapy via storytelling etc.). Also trains Aboriginal staff in disability support, reducing reliance on non-Indigenous workers.
- Aboriginal Children's Early Childhood Development Initiative (Victorian Aboriginal Child Care Agency – VACCA) in VIC: Program is an integrated ECEC and disability services for Aboriginal families that is made up of cultural mentors who work alongside allied health professionals. They utilize trauma-informed frameworks to address intergenerational impacts of colonization and their Early Intervention programs have been co-designed with First Nations parents.
- Birthing on Country & Early Childhood Supports by Waminda in NSW: Waminda service delivery is based on a holistic model that involves on-Country playgroups the provide developmental screenings as an alternative to clinical settings. As well as this, Elders are involved in guiding NDIS plans to ensure they are in alignment with cultural priorities such as maintaining connections to land, culture and community.
- Deadly Kindies by Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSIPP) in QLD: These are culturally safe kindergarten programs have disability outreach. To reduce paperwork barriers, they involve community-led NDIS navigation and use visual aids in local languages for children with communication disabilities.
- FPDN's NDIS Community Engagement Projects: This project involves ACCO's delivery NDIS support in remote communities (e.g. NT & SA). Includes mobile disability hubs with Aboriginal assessors and utilises cultural brokerage to explain NDIS in ways that respect lore, culture and community.

[24] Avery, S. (2018). Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability. First Peoples Disability Network (Australia). Sydney, Australia

- Bubup Wilam Aboriginal Child & Family Centre in VIC: The aim of this community-controlled pre-school is to foster a strong sense of identity and self-determination for Aboriginal children and families. They provide wrap-around services for families and children who may require additional supports due to the impact of prevention, mental health support, child protection, advocacy and support. At their centre, Adult learns can go for an early childcare certificate III. The service is also a registered NDIS provider of Early Childhood Interventions including speech and occupational therapy. At the heart of this service is a commitment to providing services that are culturally safe, trauma informed, and importantly, recognise the strengths of the children and families who attend the centre. In 2018, Bubup Wilam became a registered NDIS provider and ECIS service. They were the first early childhood service in Victoria, the only Aboriginal early years' service nationally, and one of three early childhood services in Australia to achieve this registration. This was followed in 2020 by Bubup Wilam successfully achieving accreditation against the NDIS practice standards. (Reference: Productivity Commission report, pg 6, link: Submission 133 - SNAICC - Early Childhood Education and Care - Public inquiry -Bubup Wilam ECEC).

  Bubup Wilam works with many children who have challenges with speech, diagnosed developmental needs, and high medical needs with many also under court orders to the Department of Families, Fairness and Housing (DFFH) or at-risk of entering child protection. In 2023, the Australian Children's Education and Care Quality Authority (ACECQA) rated Bubup as a Centre of Excellence for exceeding the national quality standards of care (Annual report, pg. 1-48). (References: Productivity Commission inquiry into Australia's early childhood education and care system (May 2023), pg. 6, link: Submission 133 - SNAICC - Early Childhood Education and Care - Public inquiry and Bubup Wilam Aboriginal Child and Family Centre Inc. 2023-24 Annual Report, link: Bubup Wilam Aboriginal Child and Famil Centre Inc.)

- The Maningrida Alternative Commissioning Pilot is a government funded initiative designed to improve NDIS access and address severe service gaps in remote and First Nations communities. Link: Article | Northern Territory Government Newsroom

- Envisage First Peoples program. This is a national program that is an example of what a culturally safe and grounded Foundational Support can look like in practice: First Peoples Program - Envisage Families

- The NACCHO model of holistic primary health care is governed by community and provides culturally safe health services run by and for Aboriginal and Torres Strait Islander communities. Link: Aboriginal Community Controlled Health Organisations - NACCHO

Appendix 2: CYDA's Thriving Kids Survey Data (NSW specific)

For the 12 *NSW-based children and young people* with disability[25]:

- 83 per cent were aged 18-25, and 17 per cent were under 18
- 67 per cent were NDIS participants
- Most were Autistic, followed by ADHD, physical disability, psychosocial disability or mental health condition (e.g., depression/anxiety), and learning disability (e.g., dyslexia). Disability could be co-occurring
- 78 per cent were women, 11 per cent were non-binary, and 11 per cent preferred not to respond
- 33 per cent were from a non-metropolitan area (not a capital city), and 33 per cent were LGBTIQA+
- Their top features of an ideal Thriving Kids program were trauma-informed, tailored to individual needs, affordable, and neuro-affirming (all equal).
- The top supports they thought Thriving Kids should include were Psychology, followed by Occupational therapy, then Skills programs, Fidget tools, School refusal programs, Parenting programs, and Peer support networks (all equal).
- 37.5 per cent said they would use these supports fortnightly, 25 per cent weekly, and 12.5 per cent monthly.
- 75 per cent said they would need these supports their whole life, for 12.5 per cent this was unknown, and 12.5 per cent for the next 2-3 years.

For the 292 *NSW-based parents and caregivers* of children and young people with disability:

- 65 per cent had a child in their care who is 9 and under, 23 per cent 10-14, 7 per cent 15-17, and 5 per cent 18-25 years old.
- 87 per cent had a child in their care who was an NDIS participant, 5 per cent had applied but didn't have a plan yet
- Most of the children were Autistic, followed by ADHD, then developmental delay, then psychosocial disability or mental health condition (e.g., depression/anxiety), then learning disability (e.g., dyslexia), then Intellectual Disability, then sensory disability, then physical disability, then neurological disability, with a small number who were deaf or hard of hearing, and blind or low vision. Disability could be co-occurring.
- 59 per cent of the children were boys, 31 per cent were girls, 3 per cent men, 2 per cent women, and 1 per cent non-binary, with the remainder not responding.

[25] CYDA (2025) Thriving Kids Survey Report – Masking is not Thriving

- 25 per cent of the children were from a non-metropolitan (not a capital city) area, 11 per cent were from a culturally and linguistically diverse background, 9 per cent were First Nations, and 5 per cent LGBTIQA+.
- Their top features of an ideal Thriving Kids program were tailored to individual needs, followed by guarantee of support into the future, neuro-affirming, ability to maintain some existing supports, provides choice and control, and person-centred (all equal).
- The top supports they thought Thriving Kids should include were Speech Therapy and Occupational Therapy (equal), followed by Psychology and Physical Therapy (equal), then Parenting programs.
- 56 per cent said the child they cared for would use these supports weekly, 18 per cent fortnightly, and 12 per cent daily.
- 47 per cent said the child they cared for would need these supports their whole life, for 25 per cent this was unknown, 10 per cent for the next 4-5 years, and 6 per cent for the next 2-3 years.

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