

**Submission
National Disability Insurance
Scheme Amendment (Securing
the NDIS for Future
Generations)
Bill 2026**

May 2026

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Who is ACaFSA?

The Australian Child and Family Supports Alliance (ACaFSA) brings together a diverse and expansive group of expert organisations supporting all children including those with developmental concerns, delay and disability, and their families. With over seventy organisations from across all states and territories, all geographical locations and all cultural perspectives are represented. As a collective, we are well placed to amplify the voices of children/families and providers nationally. Synthesising the perspectives of lived experience, evidence-informed research, NDIS service delivery and child and family community services, we highlight what is working well and what is not. ACaFSA are a solutions-focused group able to provide consultation on risk impact and innovative solutions. Our organisations are deeply connected and embedded in the communities they serve, working across multiple service systems including NDIS, Education, Health and what will be Thriving Kids. As such, we are well placed to contribute to this inquiry.

The **ACaFSA NDIS Advocacy group** is a subset of the broader ACaFSA membership and has consulted with a subset of members to put this submission together. This submission reflects the views of those organisations that are listed below, and does not intend to reflect all perspectives of all ACaFSA members.

ACaFSA members are keen to contribute to the reform of NDIS supports for children and families and can collaborate through:

- bringing sector expertise and on-the-ground insights
- facilitating consultation with families, the workforce and service providers
- supporting integration of existing and new initiatives
- offering solutions to implementation challenges in NDIS legislation
- providing evidence-based input into policy development



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Executive Summary

The NDIS, as the single biggest reform to disability supports Australia has experienced, must be sustainable now and into the future for children and families. The ACaFSA NDIS Advocacy group welcomes the opportunity to contribute our perspectives on the National Disability Insurance Scheme Amendment (Securing the NDIS for future generations Bill (The Bill)).

Current supports for children and families tend to be fragmented, siloed and implemented inconsistently. If the NDIS is to return to the original intent, to focus solely on children with significant, permanent disabilities, it must ensure that supports for this cohort or children are consistently delivered in line with the National Best Practice Framework in Early Childhood Intervention, (The Framework¹).

Best practice early childhood intervention is internationally recognised as being family-centred, collaborative, strengths-based and delivered within the child's natural environments and everyday settings. The Framework provides a clear evidence base for these approaches; however, families continue to report inconsistent implementation across the current system.

There are many data points available that indicate that Australian children and families are struggling:

- AECD² data shows more children entering school with increasing levels of vulnerability.
- Children with disabilities are twice as likely to experience developmental vulnerability (AEDC).
- Only half of children are on track to meet developmental milestones, with a decrease between 2021 and 2024 from 54.8% to 52.9%.
- The levels of vulnerability are higher in disadvantaged communities.
- Children living in rural and remote areas, First Nations children and those from CALD backgrounds are at a significantly higher risk of developmental vulnerability.
- Children born into the bottom 10% of socio-economic disadvantage have five times the risk of a mild to moderate intellectual disability than the children in the top ten percent of socioeconomic advantage (Leonard et al., 2005).
- Children with a disability are twice as likely to experience family and domestic violence (Octoman et al., 2022).

Additionally, father engagement during the perinatal period is an independently evidenced protective factor against developmental vulnerability, yet current NDIS planning frameworks have no mechanism to assess or support paternal capacity — defaulting to mothers as the sole carer

¹ [National Best Practice Framework for Early Childhood Intervention | Australian Government Department of Health, Disability and Ageing](#)

² [2024 AEDC National Report](#)

regardless of family circumstance.

As a national program, the NDIS must provide a nationally consistent approach that enables all children and families equitable access. Only a focus on outcomes and capacity building will result in reduced levels of vulnerability for children and families. The proposed reforms also require stronger recognition of the system navigation, coordination and integration functions that sit around children and families.

As the NDIS shifts toward a narrower cohort of children with significant and permanent disability, and other children are expected to access foundational supports through emerging models such as Thriving Kids, there is a significant risk that families will experience greater service fragmentation, confusion and delays unless the interface between systems is intentionally designed.

For many children and families, the issue is not only whether supports exist, but whether they are accessible, culturally safe & responsive, connected and able to be navigated. This is particularly critical for families experiencing cumulative disadvantage, including those from First Nations & culturally and linguistically diverse (CALD) communities, families with low system literacy, families in rural and remote areas, and those caring for multiple children with disability or developmental concerns.

A sustainable NDIS cannot be achieved by narrowing eligibility alone. It must also be supported by strong pathways between the NDIS, foundational supports, education, health and community services, with clear responsibility for navigation, coordination and continuity of support. Without this, children and families risk being shifted between systems rather than meaningfully supported.

A Statement on Child Safety

The safety of children and families is paramount, with the new paramountcy principle included in recent changes to national child safety legislation. Principles supporting the safety of children are embedded in many federal instruments and must be upheld.

Services delivered to children and families funded by the NDIS must promote and support the safety of all children and families. Alignment with The National Best Practice Framework in Early Childhood Intervention ensures that children and families receive safe where children live, learn and play.

The 2024 NDIA outcomes report indicates a worrying picture for families with:

- Over half of families report barriers to access or advocacy
- Fewer than half feel services are listening to them, or meeting their needs
- Only half know how to support their child's learning
- One third have someone to ask for practical help
- Parent self-rated health has declined over time in the scheme by nearly 10%

Delivering services in everyday settings, such as a child's home and education environments, increases the safety and welfare of children and families. ECI practitioners travelling and delivering services in family homes identify levels of vulnerability children are being exposed to and experiencing. Working in natural environments also works to keep parents/carers safe, particularly women at risk of domestic and family violence. Father-inclusive practice strengthens this protective effect — engaged fathers are a documented buffer against domestic and family violence risk, and excluding fathers from perinatal support planning can increase paternal isolation and escalate that risk.

This is also true for schools and early learning settings. Reduced supports in natural environments increases the levels and types of risks children are exposed to. We view community participation and home visits as protective factors for all children and families.

Compounding Impacts of Complexity and Vulnerability

ACaFSA's membership as a connected network, spans all areas of the ecosystems where children and families access services and supports. We see firsthand the interconnected vulnerabilities of children and families. The intersection of additional disadvantage and/or vulnerability impacts on family functioning and children's development and outcomes.

We have identified the following contexts that act as risk factors and increase the overall vulnerability of a child and complexity for the family:

- CALD
- Aboriginal and Torres Strait Islander children and families
- LGBTQIA+
- Children and families living in rural, remote and very remote geographical areas MM 2-MM7
- Families where there are multiple children with disability/delay and/or with NDIS plans in place
- Families where there is a parent/carer with a disability and/or NDIS plan in place
- Families experiencing family violence or complex trauma
- Socioeconomic disadvantage
- Financial hardship
- Single-parent families or sole-carer households
- Families experiencing housing and food insecurity
- Children in out-of-home care, kinship or foster care arrangements
- Families with low literacy, digital literacy or limited health/system literacy

The compounding nature when one or more of the listed above are at play impacts on family functioning and child development outcomes. These are the factors that must be considered when creating support plans. Whilst the items listed above are not specific disabilities, we know that children with disabilities are overrepresented in those cohorts listed above. Their plans must reflect the overlapping and intersecting complexities children and families are experiencing. Complexity must also be understood as a system issue, not solely an individual child characteristic.

Families do not experience disability, developmental delay or support needs in isolation. As reflected in the learnings of the social model of disability, rather, they experience them through service systems that are often fragmented, difficult to navigate, culturally inconsistent, and unevenly distributed across geography.

For many families, particularly those from CALD backgrounds, complexity is intensified by:

- language barriers
- low confidence engaging with formal systems
- intergenerational distrust and trauma in government

- limited access to advocacy
- difficulty understanding eligibility, planning and review processes
- service models that are not culturally responsive or appropriately tailored

This means that vulnerability is not only driven by the child's developmental presentation, but by the interaction between child needs, family circumstances, and system design. Reforms that increase procedural complexity, reduce flexibility, or rely on families to self-navigate increasingly segmented service systems are likely to deepen inequity.

We recommend that complexity be explicitly recognised in legislation, policy and planning processes including:

- intersecting family and social circumstances
- cultural and linguistic barriers
- system literacy and navigation capability
- the availability, accessibility and appropriateness of mainstream and alternative supports

Workforce Crisis Requires Immediate Strategy

As the NDIS shifts to focus on children with significant and permanent disabilities, and children with low and moderate support needs transition to Thriving Kids, significant pressure will be placed on the workforce required to deliver both systems. At the same time, the ongoing movement of allied health practitioners into other sectors, including health, is further depleting an already constrained workforce, while there is a consistent lack of recognition of the value and critical role of Early Childhood Teachers within the ECI sector in many jurisdictions.

The proposed reforms rely on consistent implementation of functional capacity assessment, evidence-informed planning, interdisciplinary collaboration, and best-practice early childhood intervention (ECI). However, the current workforce is not yet equipped to deliver these at scale. There are no nationally consistent ECI practice standards, limited specialist capability within the sector, and pricing structures remain insufficient to support sustainable service delivery.

Delivering high-quality services for children with significant disability and complexity within the NDIS requires a highly skilled and specialised workforce. Practitioners must demonstrate expertise in early childhood intervention, child development, family-centred practice, and interdisciplinary collaboration. Best-practice ECI is strengths-based, culturally responsive, and focused on building the capacity of those in the child's everyday routines & environment, including families, educators, and communities.

Despite this, workforce capability remains inconsistent across the sector. Current qualifications, professional standards, and recruitment practices do not consistently align with the competencies required to deliver evidence-informed ECI in line with the National Best Practice Framework for Early Childhood Intervention. There are no clearly defined or nationally endorsed ECI practice standards. Establishing these standards is critical and must align with the recently reviewed National Best Practice Framework, providing the foundation for workforce competencies and capability frameworks.

ACaFSA members report:

- No improvement in thin markets, with current pricing approaches failing to attract practitioners to regional and remote areas. Families are forced to travel long distances, withdraw children from education programs, or go without services entirely.
- Increasingly concerning retention rates, as practitioners move to sectors offering higher remuneration, lower administrative burden, and stronger clinical supervision.
- Early childhood teachers and special educators continue to be undervalued and inconsistently used within the ECI workforce, despite representing a significant proportion of providers in rural and regional communities.
- Burnout driven by ongoing reform, workforce shortages, and sector-wide uncertainty increasing the already high risk of psychosocial hazards for workers
- Persistent gaps in workforce capability within early intervention settings.
- Limited cultural diversity in the workforce and a lack of targeted strategies to recruit and train professionals from culturally and linguistically diverse (CALD) backgrounds.

We call for a dedicated national workforce strategy focused on:

- Supporting high-quality student placements with ECI providers delivering evidence-informed, family-centred practice.
- Strengthening workforce attraction and retention through pricing approaches that reflect the true cost of delivering quality services, including travel, collaboration, coaching, mentoring, professional development and indirect supports.
- Investing in upskilling, including formal qualifications and recognition pathways for First Nations, bilingual and bicultural workers, aligned with federal budget commitments.
- Implementing targeted recruitment and training strategies for culturally diverse early intervention professionals, particularly speech and language specialists.
- Funding ongoing best-practice professional development and implementation of the National Best Practice Framework to ensure consistent, high-quality service delivery.
- Developing nationally consistent ECI competencies and capability frameworks across disciplines.
- Embedding ECI principles and practices within pre-service tertiary qualifications across allied health, education, and social sciences.
- Recognising and funding interdisciplinary collaboration, consultation, and coaching as core components of quality ECI practice.
- Ensuring ECI workforce needs are addressed within the National Skills Agreement and broader care economy reform agendas.

Access and Planning Measures

Plan Reassessments Must Remain Flexible

The proposed NDIS Plan Reassessments provisions, including an increased reliance on functional assessments, raise significant concerns regarding their ability to adequately reflect the complexity of children’s developmental needs, contexts and family circumstances.

Children do not exist in isolation, and their support needs cannot be understood through developmental & functional measures alone. Many children and families require supports influenced by behavioural, psychosocial, environmental, relational, and cultural factors, which are not readily captured through standardised or point-in-time assessments. A narrow interpretation of functional capacity risks overlooking the broader context in which children develop and families provide care.

If these critical elements are not adequately considered, there is a substantial risk that reassessed plans will underestimate support needs, and ultimately increase costs. This may result in reduced or misaligned supports, leading to service gaps, increased family stress, escalation to crisis, and poorer long-term developmental outcomes for children.

We strongly emphasise the need for legislative certainty that children currently in receipt of NDIS plans will remain within the Scheme, consistent with commitments made by Minister Butler and that any children who are identified to transition to Thriving Kids do not have their access changed prior to the establishment Thriving Kids supports. Families must have confidence that reassessment processes will not result in unintended loss of eligibility or supports as a consequence of reform measures.

Reassessment processes for children must remain responsive and flexible, recognising that development is dynamic and non-linear. Accordingly, reassessments must continue to allow for:

- Changing family circumstances, including variations in caregiving capacity
- Emerging or evolving developmental needs, particularly in the early years
- The correction of inadequate, incomplete, or inaccurate original plans

Families should not lose access to essential supports because reassessment pathways become overly restrictive or administratively burdensome. Existing children and families must not be disadvantaged as a result of new rules or reforms.

We note the proposed legislative intent to define and limit circumstances under which reassessments can be requested, including measures aimed at preventing so-called “plan creep” and tightening interpretations of “reasonable and necessary” supports. While consistency is important, these measures risk failing to account for the rapid and often unpredictable nature of children’s development—particularly within the critical early years, including the first **2,000 days of life**, where timely intervention is essential.

The proposal to restrict unscheduled plan reassessments to instances of a “genuine change in support needs” requires careful consideration. For children, developmental progress, regression,

and changing environmental demands can occur rapidly and may not align with narrow or rigid thresholds. Limiting access to reassessment in these circumstances risks delaying essential supports at critical periods of development.

Further concerns arise regarding the imbalance of decision-making authority within reassessment processes. While the NDIA CEO retains the capacity to initiate reassessments at any time, children and families may face increasing barriers when seeking reassessment themselves. This is compounded by the requirement that only participants (or their nominees) can request reassessments, with Support Coordinators unable to do so directly. This places an additional burden on families who are often already navigating complex and fragmented service systems.

Historically, more flexible funding approaches enabled families and providers to respond to emerging needs, including accessing additional supports for discrete events or short-term requirements. The reduction of this flexibility, combined with stricter reassessment pathways, may limit responsiveness and increase risk for children and families.

Additional concerns include:

- The expectation that all alternative treatments or service system supports must be exhausted prior to accessing NDIS-funded supports, which may delay early intervention
- Ongoing inequity associated with gap fees and out-of-pocket costs, which disproportionately impact families with fewer financial resources

A recent case example highlights the risks associated with the interpretation of “available” alternative treatments. A young child living in a remote area of the Kimberley region (WA) with a rare form of epilepsy was deemed ineligible for NDIS support on the basis that a medical treatment was “available.” Upon further inquiry, the identified treatment option was participation in a clinical trial at a hospital in the United States.

This example raises significant concerns regarding how “available” treatments are defined and applied. In practice, such options are not realistically accessible for many families due to financial, geographic, cultural, and logistical barriers. Expectations that families travel internationally to access experimental or highly specialised treatment are not reasonable or equitable.

This also highlights the particular impact on First Nations families, where cultural considerations, community connection, and preferences for culturally safe care must be recognised. Interpreting alternative treatment pathways without regard to these factors risks excluding children from accessing necessary supports.

Clearer guidance is required to ensure that eligibility decisions reflect real-world access, cultural context, and equity considerations, rather than theoretical or impractical treatment options.

We strongly recommend that no child exits or is excluded from the NDIS on the basis that alternative supports are available unless those supports are:

- clearly identified
- locally accessible

- culturally safe and appropriate
- timely
- affordable
- evidence based
- and capable of meeting the child and family's actual needs

A system that relies on theoretical service availability rather than real-world accessibility will create inequitable outcomes and increased family distress.

Funding Periods

The implementation of fixed funding periods within children's plans is significantly undermining best-practice collaborative teamwork early childhood intervention and fails to recognise that children's needs evolve over time. A child's support requirements are not static; they fluctuate, particularly at the commencement of a plan and/or assessment phase, during key developmental or educational transitions, in response to changing family circumstances and workforce availability.

Under the current model, periods of higher or lower need cannot be accommodated effectively, as funding is constrained within rigid timeframes. This limits providers' ability to deliver supports in a way that is responsive to the child and family, often resulting in service delivery that does not align with actual need.

In addition, the administrative burden associated with navigating these funding periods places unnecessary strain on both families and providers, contributing to increased stress and reduced capacity to focus on outcomes.

Early childhood intervention is fundamentally family-led and responsive to the unique circumstances of each child. It is designed to support meaningful life experiences and developmental outcomes through flexible, individualised service delivery. As such, it cannot be effectively delivered within regimented, equalised funding periods or under stated supports specifying discipline. Instead, funding arrangements must enable flexibility and responsiveness to ensure supports are provided at the right time, in the right intensity, and by the right ECI practitioner, to achieve the best outcomes for children and their families. We call for a review of the structure and application of funding periods for children and their families.

Functional Assessments

We acknowledge the intent of the proposed Schedule 1 reforms to improve consistency, transparency, and sustainability within NDIS Plan Reassessments. However, we have significant concerns regarding the proposed increased reliance on standardised functional assessments, particularly where this may result in a "single tool" approach.

We strongly oppose any move toward a singular or overly standardised assessment framework. Assessments in ECI must be authentic.³ No single tool can adequately capture the developmental

³ Bagnato, S., Macy, M., Dionne, C., *Smith, N., Brock, J. R., Larson, T., *Londoño, M., Fevola, A., Bruder, M.B., & Cranmer, J. (2024). Authentic assessment for early

complexity of children or the critical role of family and environmental context. Children's needs are dynamic, evolving, and deeply influenced by the systems, environments and relationships around them. A uniform assessment approach risks producing incomplete and potentially misleading representations of need.

Assessment processes must be capable of capturing the full complexity of children and family environments, including but not limited to:

- Parental disability, mental ill health, and caregiving capacity
- Aboriginal and Torres Strait Islander children, where culturally safe and community-informed approaches are essential
- Cultural and linguistic diversity (CALD communities)
- Children in out-of-home care arrangements
- Rural, regional, and remote service access barriers
- Families supporting multiple children with disability
- Impact on siblings of children with disability

We are also concerned that current and proposed approaches continue to prioritise a child's "primary disability diagnosis," with insufficient recognition of comorbidities and the cumulative impact these have on functioning, development, and support needs. For many children, it is the interaction of multiple conditions that drives complexity, rather than any single diagnosis in isolation.

Standardised tools may not adequately reflect the lived reality of children and families from culturally and linguistically diverse backgrounds, particularly where communication norms, family structures, help-seeking behaviours, or cultural understandings of disability differ from dominant models embedded in assessment design.

There is a significant risk that children from CALD communities may be under-assessed, misunderstood, or found to have lower support need where assessment processes:

- rely heavily on English language communication
- assume familiarity with service systems
- overlook the impact of migration, trauma or settlement experiences
- fail to account for the role of stigma or delayed disclosure
- do not involve interpreters or culturally responsive practice

Assessment frameworks must therefore be flexible, culturally responsive, and informed by professional judgement, family context and real-world functioning. They must not rely on a narrow interpretation of impairment divorced from the environments in which children live, learn and participate.

childhood intervention: In-vivo & virtual practices for interdisciplinary professionals. *Perspectives On Early Childhood Psychology and Education*, 8(1), 43-74. <https://doi.org/10.58948/2834-8257.1066>

In addition, there is a strong concern that planning processes make unrealistic assumptions about “parental responsibility” and the capacity of families to provide unpaid care with an assumption that parents/carers are able to absorb or have the capacity to deliver additional support responsibilities where funded supports are reduced. This fails to adequately recognise the significant impact placed on families, particularly where there are intersecting challenges such as poverty, mental health issues, trauma, or limited informal supports. Without appropriate recognition of these factors, there is a risk that supports will be reduced or withheld based on assumptions that are not grounded in lived realities.

We also note a lack of clarity and consistency in key policy and operational areas, including:

- The definition and application of “substantially reduced functional capacity”
- The interpretation of permanence criteria, particularly in early childhood where developmental trajectories are not fixed
- The approach to assessing permanence of impairments for eligibility purposes
- Determination of when supports are considered the responsibility of other service systems (e.g. health, education, child protection, workers compensation, motor vehicle accident schemes)
- How impacts across key functional domains—mobility, communication, social interaction, learning, self-care, and self-management—will be assessed in a way that reflects real-world complexity

These areas are critical to ensuring equitable and consistent decision-making, yet remain insufficiently defined in practice, increasing the risk of variability and inappropriate outcomes.

Further, while funding has been allocated within the Federal Budget toward the development of a Functional Capacity Assessment (FCA) tool, further information is needed regarding implementation.

Key questions remain unanswered, including:

- Which professionals will be appropriately qualified and funded to undertake these assessments?
- How will a workforce strategy ensure a qualified workforce for assessment without impacting a qualified workforce for intervention?
- What tools or frameworks will be used, and whether they are developmentally appropriate for children?
- How consistency will be balanced with the need for flexibility and clinical judgement?
- How workforce capacity constraints, particularly in rural and regional areas, will be addressed?

Without clear implementation planning, there is a significant risk that assessment processes will become bottlenecked, inconsistent, or detached from best-practice early childhood approaches.

Community Participation Must Be Protected

Social and communication participation must be protected for children, not only adults with disability, and should be treated as a key consideration in any reform affecting children and families. Social and community participation is central to the purpose, outcomes and integrity of the NDIS. The proposed reforms risk undermining this if reductions to community participation supports are used as a blunt cost-control mechanism.

Participation is core to the intent of the NDIS

The legislation itself affirms the importance of participation and community inclusion. The amended principles explicitly require that the Scheme:

- Support communities to respond to participants' goals and needs, and
- Recognise the role of families, carers, and community relationships in participants' lives

Further, the Explanatory Memorandum reinforces that NDIS supports must improve outcomes such as functional capacity and social and economic participation.

Reducing access to community participation supports directly contradicts these legislated principles and risks narrowing the Scheme to maintenance-only supports, rather than enabling inclusion and participation.

Evidence shows participation is already significantly constrained

Current NDIA data demonstrates that social participation is already insufficient:

- Only one-quarter of participants participate socially as much as they would like
- Only 40% of children participate in age-appropriate community, cultural or religious activities
- Just 10% of school-aged children spend time with friends independently

This clearly indicates a participation deficit, not over-support. Any reduction would deepen existing isolation rather than correct overuse. It is imperative that reform focuses on improving practice quality rather than reducing funding.

ACaFSA members working with CALD communities report that families at the intersection of disability, migration stress, family violence and socio-economic vulnerability are carrying an increasingly heavy load. Parents and carers may be navigating disability, health, education, NDIS, child protection, housing and domestic & family violence systems while also managing language barriers, unfamiliarity with Australian services, insecure work or housing, visa insecurity and limited family or community support. These pressures can leave families isolated and overwhelmed, particularly when support is not available early, in their preferred language, or in culturally safe ways.

Recent tragic cases involving children with disability have drawn public attention to the consequences of family isolation and unmet support needs. While these cases are not representative of CALD communities, disability families or carers, they do highlight the need for earlier, culturally responsive and family-centred support. Such support can identify risk, reduce isolation, strengthen

help-seeking and connect families to disability, family violence, mental health and practical supports before crisis occurs.

Cutting participation supports will shift costs elsewhere

The Bill emphasises sustainability, including the ability to reduce funding for groups of supports to control costs. However, reducing community participation supports is likely to create false economies by shifting burdens to families, health systems, child protection and crisis services.

Stakeholder concerns are well-founded. Reductions will likely:

- Increase caregiver burden and family stress
- Reduce informal support sustainability (explicitly recognised as a risk factor in the Act)
- Elevate risks of abuse, neglect and relinquishment
- Drive poorer mental health outcomes for both children and carers
- Further isolate families already struggling to navigate systems
- Reduce parent/carer ability to engage in paid employment thereby reducing their contribution to the wider economy
- Result in a disproportionate impact on women & mothers

The legislation itself requires decision-makers to consider whether reliance on informal supports creates risk of harm, abuse or neglect. Removing participation supports directly increases this risk. Whilst ACaFSA acknowledges and welcomes the government's efforts to introduce the \$200m Inclusive Communities Funds, it notes that inclusion is a practice as opposed to a time-limited activity and suggests this fund is used to complement existing supports not replace them.

Participation is critical to child development and long-term outcomes

NDIA baseline data shows substantial developmental concerns:

- Two-thirds of families report concerns across 6+ developmental domains
- Only half of children can form friendships outside the family
- Only 40% are developing independence

Community participation is foundational to these outcomes. Social interaction, peer relationships, and engagement in everyday environments drive development across communication, behaviour, and independence. Father-led peer group participation in natural community settings is a low-cost, evidence-supported mechanism for achieving these outcomes — currently unrecognised and unmeasured within NDIS planning.

Evidence from early intervention further reinforces this:

- Families receiving best-practice, family-centred ECI report significantly higher quality of life and better outcomes (Bhopti et al., 2020).

Participation supports are a practical mechanism through which these outcomes are realised.

Participation supports for children reduce long-term Scheme costs

The Bill seeks to ensure financial sustainability for future generations. However, participation supports are a preventative investment, not a discretionary expense.

Reducing them risks:

- Increased future reliance on higher-cost supports (behavioural, mental health, crisis services)
- Reduced independence and lifelong support needs
- Lower workforce and community inclusion outcomes

This is inconsistent with the Scheme's objective to improve functional capacity and social and economic participation over time.

A more sustainable approach is targeted reform

Consistent with the Bill's emphasis on equity and efficiency, more balanced approaches should be prioritised:

- Differentiated pricing models that reflect intensity and outcomes
- Nuanced funding approaches tailored to developmental stage and need
- Greater investment in early intervention and community capacity building
- Strengthening evidence-based supports, not removing whole categories

These align with the policy intent to improve consistency, equity and value for money without undermining participant outcomes.

Community participation supports are essential to achieving the legislated goals of the NDIS. The evidence is clear: participants are already under-participating, and reducing these supports would increase risk, worsen outcomes, and ultimately undermine Scheme sustainability.

Protecting—and strengthening—community participation is not only socially just, but economically responsible.

Governance

Whilst the proposed changes seek to move towards a sustainable NDIS, the application and implementation reduces the ability to be responsive and flexible as a child's needs change. Birth to 8 years of age is the period of time where the most rapid and complex changes in development occur. The proposed changes do not adequately recognise the fluctuating and diverse needs of children and family.

Registration and Quality Safeguards

In reviewing the proposed changes we seek to highlight the following points:

- Risk proportionate models are needed to reflect the nature of services being delivered.
- High-risk registration requirements should include services to children and families.
- A comprehensive approach to registration and regulation is needed that recognises discipline specific registration and builds upon this. Consultation with the sector is suggested to ensure this does not increase administrative burden to providers.
- Recognition of the unfunded work providers are currently doing to meet compliance requirements through tiered pricing structures.
- Improved connection with the sector who are well placed to identify emerging quality and safeguarding issues.

Technical Advisory Group

ACaFSA NDIS Advisory group welcomes additional governance structures as mechanisms to work with the sector on emerging and systemic barriers and issues.

The establishment of the Technical Advisory Group must take into account existing mechanisms such as the Children's Expert Advisory Group and connection with peak bodies.

We see the following elements of stewardship as essential:

- must be reflective of the population being served
- include representation from peak bodies working with and representing children, families and the ECI workforce
- Consultation with a broad range of sector representation including alliances such as ACaFSA
- Include First Nations representation
- Include CALD representation
- Inclusive of lived experience
- Include father-inclusive practice representation, with explicit commitment to baseline measurement of father engagement as a planning outcome indicator

Pricing

The current approach to pricing has seen a dramatic move away from the alignment with best practice ECI as described in The Framework. We recognise that best practice approaches can vary depending upon the environment services are delivered in, including home, community and clinic

settings.

Delivering quality services in any setting requires cost. Over the past few years, changes to pricing approaches have done little to address thin markets such as those in regional and remote areas. Being unable to cover the true cost of providing quality services in these areas has seen providers leave the market leaving children and families unsupported.

The proposed ministerial change under Schedule 3 represents a significant change. We would strongly encourage the Minister to engage with the sector to understand the current financial challenges to deliver services, with stagnant pricing, reduced ability to travel and unfunded work. We note the ability to reduce funding within funding categories and have concerns that this may impact children's budgets and support needs. Of particular concern are the changes to social and community participation as highlighted above.

Child development needs will fluctuate in level and intensity throughout their early childhood years. Automated pricing mechanisms will struggle to match the support need with a support budget.

We are calling for differentiated pricing approaches that match service delivery models that cover the true cost to serve and are responsive to children's changing needs.

Reducing Fraud

ACaFSA NDIS Advocacy members are committed to supporting a sustainable NDIS and recognise the time and cost of addressing fraudulent behaviours.

We put forward the following suggestions for consideration in response to the proposed changes:

- We agree that record keeping is a key element to delivering best practice ECI.
- Some families will be able to manage claiming of supports within a 90 day time period. However, there will be many who will find this challenging. This may be attributed to limited understanding of English, low literacy levels or families where a parent has a disability themselves. We believe there should be some flexibility built in to respond to complex family circumstances.
- Changes made must be clearly articulated to families and providers using multiple formats including Easy English.

Transitional Rules

The introduction of temporary rules to manage transitions can allow for flexibility during implementation. However, they may also result in inconsistent application across regions and populations. We strongly recommend governance to ensure consistent approaches that include:

- Consistent messaging at all times
- Information shared with providers well in advance to allow time to prepare systems and processes
- Information presented in multiple ways to ensure all families are aware of the changes
- Consultation with the sector to support smooth transition

Conclusion

The National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 represents an important step toward long-term sustainability. However, sustainability must be achieved alongside equity, access and positive outcomes for children and families.

As outlined in this submission, children's development is shaped by complex, changing family and community contexts. Reforms that narrow eligibility, reduce flexibility or increase fragmentation risk worsening inequity and undermining outcomes. A sustainable NDIS must therefore remain focused on early intervention, system integration and consistent, high-quality supports.

ACaFSA recommends the following priorities to strengthen implementation of the Bill:

- **Protect access and continuity of support**
Ensure children currently in the Scheme are not disadvantaged by reassessment processes, and maintain flexible pathways that reflect the dynamic nature of development. Decisions regarding alternative supports must be based on real-world accessibility, cultural safety and equity.
- **Recognise complexity in planning and policy**
Embed recognition of intersecting family, cultural and systemic factors in legislation, policy and planning, ensuring children's needs are not reduced to narrow functional measures alone.
- **Strengthen the workforce**
Implement a national workforce strategy to improve attraction, retention and capability, supported by nationally consistent ECI standards and pricing that reflects the true cost of delivering quality services.
- **Improve assessment and planning processes**
Avoid over-reliance on standardised assessment tools and ensure approaches are flexible, culturally responsive and informed by professional judgement. Review rigid funding arrangements to enable responsiveness to children's changing needs and responsible return of government investment.
- **Protect community participation**
Maintain access to social and community participation supports as a core element of the Scheme, recognising their critical role in child development, family wellbeing and long-term outcomes.
- **Strengthen governance and implementation**
Ensure regulation, pricing and transition arrangements are practical, proportionate and developed in partnership with the sector, with strong representation of lived experience, First Nations and CALD communities.

In summary, a sustainable NDIS must balance financial stewardship with investment in children, families and the workforce. Protecting participation, recognising complexity and ensuring system integration will be critical to achieving the intended outcomes of the Bill. **ACaFSA stands ready to continue working in partnership with government to support implementation that delivers equitable, effective and sustainable outcomes for children and families.**

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