

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

May 2026



ECIA VIC/TAS acknowledges the traditional custodians of the lands and pays respect to elders past and present. We pay respects to Aboriginal and Torres Strait Islander children, their families, and we commit to creating a future where every child is valued, safe and an empowered member of their community.

## Table of Contents

About us .....	4
Executive Summary.....	5
Recommendations .....	6
Child safety and Quality Supports.....	7
A Workforce in crisis, is not a workforce for the future .....	9
Community access and participation.....	11
Access, Plan Budgets and new Framework Planning.....	13
Governance.....	17



## About us

Early Childhood Intervention Australia Victoria/Tasmania (ECIA VIC/TAS) welcomes the opportunity to provide input into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026. We represent the Early Childhood Intervention Sector (ECI) with over 500 members supporting children 0-9 years with developmental delay, concerns or disability.

Our connected and diverse membership is drawn from:

- Early Childhood Intervention
- Early Childhood Education and Care
- Pre-School Field Officers
- Students
- parents/carers/kin

We advocate for equitable inclusion and participation in education, family and community life for all children, but particularly those with developmental concerns, delay or disability.

The ECIA VIC/TAS CEO Co-Chairs the Australian Child and Family Supports Alliance (ACaFSA) and chairs the Victorian Child and Family Supports Alliance (VCaFSA) working to support the design and implementation of Thriving Kids alongside NDIS reforms.

ECIA VIC/TAS are committed to an ecosystem of support around a child and family, comprising education, health and disability portfolios. This ecosystem should be interconnected and aligned with evidence-informed practices, to deliver lifelong outcomes for children and families.

ECIA VIC/TAS strongly advocates that co-design with families, service providers, First Nations communities, CALD groups, and children themselves (where appropriate) must inform all stages of program design, implementation, and evaluation.

We are pleased to put forward this submission drawing on the insights and experiences of members currently working with children and families.



Sally Moore  
CEO

## Executive Summary

ECIA VIC/TAS are committed to a sustainable NDIS now and into the future.

As the NDIS moves to focus only on children with significant and permanent disability and children with developmental delay and concerns moving to Thriving Kids, this represents a significant system change, similar to the introduction of the NDIS. During this transition period we are calling for clear and transparent pathways, eligibility criteria and early communication with families and providers. Children are falling through the gaps now, waiting for services and experiencing significant levels of vulnerability that are on the increase. Thriving Kids promises to address this trend, providing services where children live, learn and play, it also must begin to address the stories the data is telling us.

Both systems will need to work in tandem to alter this downward trend seen through:

- AECD<sup>1</sup> data shows more children are entering school with increasing levels of vulnerability
- Only half of children are developmentally on track
- 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.
- Children with disability are twice as likely to experience developmental vulnerability
- Children with disability are more likely to experience restricted, delayed or denied enrolment in ECEC (documented in ARACY's analysis of systemic inequality and PC 2024 submissions).

With a workforce that is increasingly less experienced, with rapid turnover of staff, there is a growing concern the sector will not have a skilled and sustainable workforce to deliver vital NDIS services. During this time of significant reform, we need a stable workforce ready to delivery both NDIS and Thriving Kids services. Continuity of care must be at the forefront of system design. Without targeted investment in workforce attraction, retention, supervision and professional development, the sector may struggle to maintain the specialised early childhood intervention approach we have.

Best practice must not be compromised during transition, all children and families deserve supports that are aligned with the National Best Practice Framework in Early Childhood Intervention.<sup>2</sup> Best practice is internationally recongised is family-centred, strengths-based and delivered in natural settings.

---

<sup>1</sup> [2024 AEDC National Report](#)

<sup>2</sup> [National Best Practice Framework for Early Childhood Intervention | Australian Government Department of Health, Disability and Ageing](#)

## Recommendations

ECIA VIC/TAS members are seeking:

1. Clear communication to families and providers during this time of transition
2. Opportunities for consultation with providers and families
3. Plans that reflect a child/family need that do not limit access based on caps to categories
4. Reviewed NDIS processes to reduce wasting of funds
5. Assessments completed in all natural settings a child engages in to obtain a complete and comprehensive picture of both the child and family functioning.
6. Reports completed by allied health/ECI professionals working with the child and family considered during assessment, eligibility and budget building
7. Assessments are completed by suitably qualified and trained practitioners
8. The family or their representative are able request a re-assessment as soon as needs change
9. The assessment and reassessment processes must be designed to be culturally safe, psychologically safe and build trust
10. Families must be able to access NDIS funded services as soon as they meet eligibility requirements based on functional need, not following exhaustion of all other service options
11. The impact of compounding family complexities and vulnerabilities be considered when building plans
12. A comprehensive workforce strategy that links tertiary study to long term employment in place
13. Attraction and retention strategies to ensure stability of the workforce
14. High quality paid student placements within the ECI sector with provider reimbursements covering the true cost of hosting students
15. Development of nationally consistent competencies across disciplines to ensure best practice approaches
16. Fund the true cost of collaboration across disciplines and sectors
17. Risk proportionate registration building on existing mechanisms for all disciplines
18. Simplification of the auditing process and requirements to reduce fiscal and time costs
19. Clear communication to families and providers during this time of transition

## Child safety and Quality Supports

The safety of children should be central to the provision of all NDIS funded supports. The principle of paramountcy was included in the recently updated child safety legislation in the early childhood education and care sector.<sup>3</sup> We believe it is applicable in early childhood intervention services too.

ECI practitioners regularly monitor children and family safety. They see children in natural environments and build trusting relationships with parents/carers/kin. Regular visits to family homes enable practitioners to identify emerging issues and link families to community based parenting and support services early. ECI practitioners observe and monitor the levels of risk and vulnerability children are being exposed to. This is also the case when they visit early learning and school settings where they may be at risk of exclusion and isolation.

Travelling to see children in natural settings prevents more intensive and costly interventions downstream and acts to keep parent/carers, particularly those at risk of family and domestic violence, safe.

The current travel pricing approach has significantly reduced the number of practitioners travelling to deliver services. Members have reported a reduced ability to see children in natural environments, as described in the case studies below.

### Case studies from members

We have moved from 80% outreach to 20% outreach to reduce the losses associated with travel rate reduction. This is impacting family's ability to access supports. This is negatively impacting inclusion and participation outcomes for children.

We prioritise travel for families that meet high level of vulnerability = First Nations children, out of home care, current family violence, current child protection involvement. We lose too much off our bottom line if we provide outreach beyond these families.

Prior to 1 July 2025, this child was seen for Speech / Key Worker fortnightly in the community, alternating home visits and kinder visits. This child now comes onsite fortnightly for Speech / Key worker support. The sessions are less effective with limited capacity to address home routines, sibling engagement, mealtime support, social skills, emotional regulation, classroom and playground engagement, kinder play skills, outdoor playskills. PLUS, the child is now withdrawn from 'normal life' and has to sit in a clinical room for 1 hour a fortnight. This is repeated in almost all our 250 families.

<sup>3</sup> [Child safety - Understanding paramount consideration.pdf](#)

The National Best Practice Framework in Early Childhood Intervention principle<sup>4</sup>, Ecologically Based states,

*Ecologically based practice takes environmental factors into account and makes sure services and support are tailored to fit each family's circumstances. It also makes sure that children and their families are connected to broader services – such as healthcare or peer support – that support positive family functioning.*

### **Why this matters :**

*The environments in which children live, play and learn shape how they develop and function. Changing these environments can improve participation, build skills and help development. The conditions in which families live have an impact on their ability to provide children with what they need to thrive.*

The 2024 NDIA outcomes report paints a concerning picture:

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

When raising a child with a disability, parents/carers/kin as a child's first and most important teacher need to know where to find quality supports to engage with, have opportunities to build their confidence and capability and know how to advocate for their child. The current NDIA data indicates a closer alignment with best practice is needed.

---

<sup>4</sup> [National Best Practice Framework for Early Childhood Intervention](#)

## A Workforce in crisis, is not a workforce for the future

Children with significant and permanent disability under the proposed NDIS changes will require a workforce that is highly trained and experienced. The current NDIS workforce is increasingly staffed by early career practitioners needing significant supervision, training and mentoring.

The current workforce approaches do not differentiate between the delivery of supports to children and adults. The one-size-fits-all approach is reducing opportunities for practitioners to specialise in those areas, such as paediatrics.

Our membership of over 500 practitioners is comprised of; allied health professionals, specialist teachers, community health practitioners, Pre-school field officers, Early Childhood teachers and educators. With members from most states across Australia, we are seeing and hearing a diverse range of experiences for families and the workforce. Many of our members are registered providers committed to the NDIS Quality and Safeguarding Standards.

Members identify the following concerns and risks associated with the proposed legislative changes:

- Exclusion of specialist teachers who possess specialized training and understanding in child development, behaviour and play
- Allied health professionals moving out of the NDIS sector into health seeking higher remuneration and more clinical support
- Low staff retention rates as practitioners leave the sector for better pay and conditions
- A workforce with dwindling numbers of experienced practitioners to mentor/supervise and train early career workers
- Organisations no longer supporting student placements and new graduate programs given the increasing financial pressures to remain viable
- Providers depleting financial reserves given the stagnant pricing structures
- The true cost to serve and deliver quality continues to be invisible with mandatory unfunded work being completed for compliance, reporting and auditing
- No change to the thin markets with the current pricing approach. Families are forced to withdraw children from education programs, travel vast distances or go without services
- A lack of targeted strategies to address workforce diversity and attract practitioners from CALD backgrounds

Members cite the cost of registration as a significant barrier. The financial cost and the loss of productive time deter individuals and smaller organisations from completing registration.

The release of the National Best Practice Framework in Early Childhood Intervention guides practitioners on the implementation of best practice in ECI approaches. However, it is not linked to any practitioner competencies or professional standards which are critical to move towards consistent practice across the nation.

Families deserve to know what quality looks like to make informed choices when engaging practitioners and services. At present their only mechanism is to try a variety of providers and see the difference. This approach is costly and interrupts continuity of care and produces poorer outcomes. The one marker, NDIS registration, represents only 6% of the workforce. How are families to exercise choice and control without the visibility of best practice?

We are calling for:

- A comprehensive workforce strategy that links tertiary study to long term employment
- Attraction and retention strategies to ensure stability
- High quality paid student placements within the ECI sector
- Fund the true cost of hosting students for placements
- Development of nationally consistent competencies across disciplines to ensure best practice approaches
- Fund the true cost of collaboration across disciplines and sectors
- Risk proportionate registration building on existing mechanisms for all disciplines
- Simplification of the auditing process and requirements to reduce fiscal and time costs

## Community access and participation

*Only one-quarter of families can participate socially as much as they would like. In contrast, families receiving best practice ECI report significantly higher family quality of life, especially where supports are strengths-based, family-centred, and informative (Bhopti et al., 2020)<sup>5</sup>.*

We note the proposed changes to the understanding and interpretation of the principle of 'reasonable and necessary' with seemingly greater emphasis on parental responsibility. Proposed changes with a reduction in access to core funding will place increased pressure on families. We are concerned that this change does not value the significant caring role parent/carer/kin are already playing. The evidence in the quote below demonstrates the increased pressure families raising a child with a disability are already experiencing. Taking into account the impact of compounding factors listed earlier we wish to highlight the essential role core funding plays for this cohort of families. It must be preserved and accessible to ensure family safety, inclusion in their communities and overall daily functioning.

*As children with a disability or developmental delay require more intensive support from their families to flourish, the support of families of children with a disability or developmental delay is even more imperative (Innocenti et al., 2013)<sup>6</sup>.*

The NDIA Baseline data 2025 for children Birth to school age shows:

- Only 40% of children participate in age-appropriate community, cultural or religious activities
- Two thirds of families say they have concerns in 6 or more areas of development, gross motor, fine motor, self-care, eating, social interaction, communication, cognitive development, sensory processing.
- Only half can make friends with people outside of family

In children school aged to 14 years the data tells us:

- Only 40% of parent/carers say their child is becoming more independent
- Only 2/3 of children make friends outside of their family

<sup>5</sup> Bhopti, A., Lentin, P., & Brown, T. (2020). *Relationships between early childhood intervention services, family quality of life and parent occupations: A mixed-methods Australian study*. *Journal of Occupational Therapy, Schools, and Early Intervention*, 13(2), 103–125. <https://doi.org/10.1080/19411243.2019.1700471>

<sup>6</sup> Innocenti, M. S., Huh, K., & Boyce, G. C. (2013). *Families of Children With Developmental Disabilities and Family Quality of Life*. In M. Wehmeyer (Ed.), *The Oxford Handbook of Positive Psychology and Disability*. Oxford University Press.

- Only 40% are able to spend time on the weekends or after school with friends or in mainstream programs
- Only 10% spend time with friends without an adult present
- 25% are developing functional, learning and coping skills appropriate to their ability and circumstances.

Family/carers/kin of participants 0-14yrs report:

- Only half are working in paid employment
- 80% of those unable to work as much as they want say cite caring responsibilities for their child with a disability as the barrier
- 50% have friends and family they see as often as they want

The data above paints a worrying picture and indicates the high level of parental involvement needed to for daily living and community access.

Families raising children with multiple complexities often need additional support to carry out the typical tasks a parent/carer/kin may do. These supports are vital to ensuring the child and family are safe, are able to access and participate meaningfully in community life.

Currently there are only 143,353 children 0-8yrs across Australia with funding to support social and community participation in their plans. This budget allocation recognizes the additional levels of care needed to support daily living tasks, such as feeding, dressing, bathing, leaving the family home and accessing their community. It is vital they can continue to access these funds to support them to be part of their community like any other child and family. Reduced access to vital core support can lead to increased caregiver burden and family stress leading to an increase in children in out of home care, foster or kinship placements, relinquishment or far worse.

## Access, Plan Budgets and new Framework Planning

### Access and Plan Caps

Minister Butler committed to continued NDIS funded support for children already on the NDIS, whilst Thriving Kids is being designed and rolled out. We believe this is imperative to transition into dual systems. Families need to be confident that the usual NDIS processes for reassessment will continue until there are alternative supports available. We strongly encourage this process to occur as the transition occurs, given Thriving Kids full implementation is not scheduled till 2028.

To access the NDIS the 'wait and fail,' approach we experience now, is leaving children and families without early intervention supports, at critical times for a child's development. The proposed changes with the emphasis on functional capacity, ignoring diagnosis, risk understanding the holistic needs of the child and family. Children exist within the context of their family. A child cannot be separated into compartments with single areas of impairment to fund.

Understanding a child's natural environments is key to understanding their varying and fluctuating levels of functioning and must be considered when determining levels of need or the makeup of a support budget. Children often present differently in different environments due to masking and coping behaviours. A full and comprehensive picture of level of need and functioning in all environments must be obtained.

Children with ongoing needs work with highly trained professionals, able to evidence their success and challenges. Their input must be considered when understanding the type and frequency of supports a child requires over time.

The requirement to exhaust all other service options before accessing the NDIS has the potential to delay early intervention services and disadvantages families who are unable to pay gap fees due to financial hardship or cost of living pressures. Our current Medicare-based services limit access to allied health supports given families are required to pay gap fees. Additionally, speaking with current members who deliver community health services families wait over twelve months to see an allied health professional. This represents delayed and denied intervention. The wait times for diagnostic assessments can be years for those who cannot afford to pay privately again delaying possible early intervention services. We do not want to see delays to early intervention services as families weave their way through all other possible options when it is clear they will be eligible for NDIS supports.

In speaking with our members to prepare this submission, they highlighted the importance of understanding that each child and family is unique and will have individual strengths, challenges and needs. A plan that reflects their changing needs, through all stages of child development will produce positive long-term outcomes.

There is minimal evidence to suggest a particular 'dosage' for each child and family. The National Best Practice Framework in Early Childhood Intervention reviewed the concept of dosage and concluded,

*An early review of the literature concluded that there was little evidence at that time that more intensive programs lead to better outcomes for children with disability<sup>7</sup>. A recent systematic review of dosage in early intervention with 0–3-year-olds found that frequency was most reported, whereas duration, intensity and service models were reported inconsistently<sup>8</sup>. The researchers concluded that inconsistencies in the way results were reported made it hard to draw any firm conclusions regarding effective dosage levels.*

Imposing caps on funding categories for particular supports has the potential to imply dosage or to limit the supports a child can access, without recognizing the specific nature and impact of their disability. Combined with changes to plan reassessment as proposed, there is a risk that children will be left without the supports they need.

### Intersecting complexity and vulnerability

The presence of multiple aspects of complexity and vulnerability create a compounding effect on child and family functioning that require specialized services from specialist practitioners.

Our members work with families that have many intersecting vulnerabilities including:

- Children in out of home care/kinship or foster care arrangements
- Single parent/carer households
- LGBTIQ+
- CALD
- First Nations
- Families experiencing housing and food insecurity
- Families experiencing family and domestic violence
- Families living through natural disasters
- Geographical isolation – MM5-7
- Involvement with child protection services
- Parent/carers with disabilities
- Families living below the poverty line
- Families with multiple children with disabilities

The proposed changes will not adequately look at the whole of family needs, and the capacity building supports needed when these vulnerabilities overlap and compound. We note the changes allowing the NDIA CEO to order a plan reassessment whilst participants will have limited options to apply for reassessments to further disadvantage families.

Children's development cannot be viewed as fragments of a whole. A holistic view of a child is essential. To improve child development outcomes plans must take into account the impact of the overlapping complexities listed above. Planning must consider all areas of a child's development, not a singular impairment, when determining a child's functional capacity and needs.

---

<sup>7</sup> Innocenti MS, White KR. Are more intensive early intervention programs more effective? A review of the literature. *Exceptionality*. 1993;4(1):31-50.

<sup>8</sup> Frick TA, Schnitz AG, Cosand K, Horn EM, Zimmerman KN. Dosage reporting in early intervention literature: A systematic review. *Topics in Early Childhood Special Education*. 2023;43(1):5-16.

There is strong evidence that shows building the capacity of parent/carer/kin leads to greater understanding of their child's development thereby increasing their ability to engage in services and their community. As the child's first and most important teacher, parent/carer/kin must have access to services when and how they need them, to build capacity and capability within the child's daily routines and environments.

### Functional Capacity Assessments

Functional capacity assessments when completed by suitably qualified and trained practitioners in ways that are holistic and flexible, can be beneficial in painting a picture of how a person accesses and interacts within all their environments. However, there is a risk of oversimplification resulting in reduced understanding of complexity, frequency, intensity and the type of support required. It is vital to match an appropriate, validated tool or tools to each child and their context to understand all areas of child development and functioning.

Limiting this process to a single tool fails to take into account the child and family context, and the fluctuating nature of child and family needs. Factors such as multiple children in a family, (with or without additional needs), parent/carer mental ill -health wellbeing, out-of-home contexts and frequent placement changes, CALD and First Nations families must be captured and considered when building a plan budget for the child. The compounding nature of such factors can work to increase levels of need.

A holistic family-centered approach to assessment must be used that takes into account all the child's natural settings; home, community and education. A single point in time approach limits understanding of the wider family context and can result in supports that are insufficient and inflexible resulting in regression and increased need. Repeated assessment can lead to children and families experiencing a level of trauma, having to repeatedly demonstrate need. We strongly encourage the agency to consider the sequencing of assessments to minimise any systemic trauma created.

Whilst the Federal Budget lists funding towards the development of a Functional Capacity Assessment (FCA) tool, members wish to highlight the unanswered questions that remain:

- Who will administer the FCA and what qualifications and training will they have?
- What will be the range of tools available recognising that there is no off-the-shelf tool that covers all areas of development, validated for all cohorts and populations at present?
- How will the agency maintain consistent implementation of FCA?
- How will this approach be linked to best practice?

### Reassessment

The proposed changes to reassessment processes can disadvantage children who have temporary intensive needs. For example, children who have surgical interventions to improve mobility requiring intensive physiotherapy and occupational therapy post-surgery will be disadvantaged if they do not have funds in their plan for these essential therapies and need a reassessment.

Children and families lives often change in unexpected ways and their supports must flex with them. Being unable to access a reassessment to support changing needs may delay successful interventions and reduce long term outcomes.

When coupled with the rigidity of funding periods, we are concerned that children will not receive the supports they need when they need them.

The proposed changes will give the NDIA greater control over the reassessment process, specifically possibly transitioning the child to new framework plan rather than completing the reassessment with no ability for the family to request otherwise further disadvantage them. This will leave families with fewer options if the plan no longer meets the needs of the child.

There can be many reasons why a family is unable to respond to requests from the NDIA within a set time frame. Reasons such as those stemming from historical, systemic trauma, a limited understanding of written English, children being hospitalized, families with intersecting vulnerabilities as described in this submission, may all struggle to meet the proposed deadline contact. Where a child is deemed eligible for the scheme, their participation in the scheme must be protected.

### Funding periods

Early Childhood Intervention services are designed to respond to the needs of the child and family in a flexible manner. Child development does not follow linear patterns given each child's uniqueness. Quality ECI services respond to the child's presentations as they grow and develop. There can be periods where supports need to be more intensive and periods where less support may be needed.

The rigid nature of funding periods does not provide the level of flexibility needed to respond to a child's changing presentations. Members report the increased unfunded administrative burden to implement funding periods for each child and an inability to be responsive to changes.

Families report to members that it is increasingly challenging to plan ahead and map out services with need, typically being locked into three-month periods. They report interrupted care as they wait for the next funding period to start and continue services.

It is unclear how the introduction of end dates with funding being unable to be rolled over may impact on a child's ability to access programs such as groups. Planning for attendance at group programs such as transition to school which occur over a length of time may be significantly impacted by this change. The administrative challenge that already exists with funding periods and accommodating programs that take place over more than one funding period is immense. Adding the end date may further complicate this already unwieldy administrative task, which constitutes unfunded work being completed by providers.

We strongly recommend a review of the structure of funding periods and the rigid way they are being implemented.

## Governance

### Pricing

Working closely with our member organisations and sole traders, we are acutely aware of the current challenges of delivering quality services and remaining financially viable. The true cost to provide quality services continues to be underfunded.

Tiered pricing is needed that recognises the additional costs to deliver for activities such as:

- Travel to natural settings
- Collaboration with other professionals including education professionals, medical teams
- Maintenance of clinic settings
- Auditing schedules
- Compliance tasks such as mandatory reporting and incident reporting
- Professional/clinical supervision
- Student placements as a dedicated workforce strategy

Standardized budgets with little opportunity for review as need changes will lead to poorer outcomes for children and families. Families must be able to see plan reassessments as needs change. The current marketized approach has done nothing to address thin markets and postcode deserts. In fact it has decreased access to regional and remote areas. As the NDIS moves away from a social model to a medical model, rural and remote areas will be the hardest hit. The early childhood intervention sector has had a long history of employing specialist teachers working in transdisciplinary or multidisciplinary teams.

Specialist teachers make up a significant part of this workforce. If they are not included in the pricing structures, more children will be left waiting for services.

### Registration

ECIA VIC/TAS are keen to see new and innovative approaches to registration that are risk-proportionate. The current auditing, governance and compliance structures are a barrier to voluntary registration as evidenced in only 5% of providers completing registration. Members cite the financial cost and the time spent completing registration and compliance tasks as reasons not to register or to give up registration. Yet they are committed to best practice and delivering quality services.

Families are unable to easily identify what makes a quality service. It is not until they leave a service and try another that they realise the service they were in was grounded in best practice approaches, a direct measure of quality. Choosing a quality provider should not add to parental stress, overwhelm or administrative burden. A family should be able to quickly identify a service's commitment to best practice principles and practices. What they should be able to identify are the principles and practices listed in the The Framework.

## Technical advisory group

We are interested in the establishment of a Technical Advisory Group but question how this group will differ from the Children's Expert Advisory Group (CEAGA). CEAG having been established for many years now, has wide representation including technical experts, lived experience and sector expertise.

We strongly recommend CEAG continue as this group provides technical expertise on children and families.

Alternatively, the Technical Advisory Group must comprise:

- First Nations representatives working with children and families
- Lived experience persons with current experience raising a child with a disability
- Peak bodies representing quality providers delivering best practice services to children and families such as ECIA VIC/TAS
- Peak bodies representing a cross section of the ecosystem where children live, learn and play such as the Australian Child and Family Supports Alliance (ACaFSA)

## Reducing Fraud and waste

ECIA VIC/TAS are committed to supporting a sustainable NDIS now and into the future. We are supportive of work to reduce fraudulent activities.

We would also put forward the following suggestions for ensuring the sustainability of the scheme:

- Reduce the wasted time occurring through the replacement supports process (see case study below)
- Respect and take on board the recommendations from ECI practitioners as part of the assessment process, they are highly trained, skilled and experienced professionals
- Simplify the reporting process and reset the current culture of providing lengthy reports that are largely unread by the planners and delegates
- Review the 90 day time period for claiming supports. A significant proportion of family's self-manage their child's funding. Families and the providers working with them need flexibility, when there are challenges including low literacy, CALD considerations and the presence of a parent with a disability. Greater flexibility around this time frame is needed.

A four-year-old non-verbal autistic child was assessed by a speech pathologist and found to respond well to the Augmentative and Alternative Communication (AAC) app Proloquo2Go trialed on the therapist's iPad. Based on this, the therapist recommended a cost-effective solution: purchasing an iPad and the Proloquo2Go app for the child — a total cost of \$1,000.

The funding request was denied on the basis that "NDIS does not fund tablets." The therapist was advised to pursue the request as a Replacement Support. She would need to submit additional paperwork and reassessment. This process required a further five hours of therapy funding costing additional \$1000 to resubmit the original report and complete the necessary forms. The iPad was then approved.

## Transitional Rules

ECIA VIC/TAS extensive footprint across Australia allows us to hear from members working in all manner of contexts. They report challenges currently on how the current rules are implemented with inconsistencies across access decisions, plan budgets, reporting requirements and exiting children from the scheme. Families are confused as these inconsistencies occur. Providers work diligently to support families to understand how the rules are to be implemented. But when inconsistencies occur this can impact trust. We understand the impact and unintended consequences can create for families when they are navigating complex service systems. As an organization with members representing the many service systems children and families access, we note the significant number of reform agendas in play at present; NDIS, Thriving Kids, Child Safety and in Education. The overlapping nature of these reforms is already increasing levels of anxiety for families and providers. Families are concerned about access and pathways, providers are concerned about financial sustainability and being able to provide services into the future.