

Strong foundations: Spreading a wider net of disability insurance

Submission to the Department of Social Services

Sam Bennett, Mia Jessurun, and Hannah Orban

Overview

Establishing a strong foundation of accessible and inclusive supports for people with disability is imperative for the sustainability of the NDIS – and can be done without significant new funding.

Individualised NDIS funding was never supposed to be the only game in town – the Productivity Commission’s vision for a more holistic NDIS has not been fully implemented.

There is currently very little support outside of individualised funding for the majority of disabled Australians who don’t qualify for it, creating huge incentives for people to get ‘into’ the NDIS regardless of whether this type of support is genuinely best for their needs.

The situation is particularly stark for children with developmental delay or disability, for whom individualised funding is the only option despite proving ill-equipped to deliver high-quality results from early intervention.

Establishing foundational supports is an opportunity to re-balance the system, ensuring that disabled people get the appropriate supports when and where they need them, and reducing pressure on the NDIS to deliver everything for everyone.

General foundational supports should make information and capacity-building supports available to all disabled people, to help prevent, reduce, or delay their requirement for more specialised support. The current Partners in the Community program should be improved to better connect disabled people to services, and feed back to the NDIA about local service gaps.

Targeted foundational supports should provide more specialised supports to some groups of disabled people who don’t receive individualised funding, including children with developmental delay or disability and people with psychosocial disabilities.

Governments should jointly commission targeted supports for children with developmental delay or disability. These supports should have a clear evidence base, and children should be able to use them in the places they live, learn, and play. These supports must be sufficiently funded so as to provide an appealing substitute to individualised funding for many children currently in the NDIS.

Our analysis shows that the problem is not the amount of money in the disability support system, but how it is spent. By managing individualised funding and foundational supports as one system, governments could more effectively and efficiently target services.

We outline how governments can establish and fund general foundational supports with no new investment, by better allocating existing funding for Information, Linkages, and Capacity Building, Partners in the Community, and some individualised NDIS funding. Once decisions are made about the scope of targeted foundational supports, a similar mechanism could be used to fund them.

Given the budgetary pressures on state and territory governments, establishing foundational supports without relying solely on new money is the only viable way to ensure that effective supports are available to disabled people in their communities, and ensure the sustainability of the NDIS into the future.

Recommendations

1. Use existing NDIS contributions to fund foundational supports

- Redirect a small proportion of individualised funding, together with existing Information, Linkages, and Capacity Building (ILC) budgets, to fully fund general foundational supports.
- Review current NDIS supports to understand what services people are using and whether these should be retained under an individualised funding model or could more effectively and efficiently be commissioned as foundational supports.
- Governments should jointly commission foundational supports that help make the NDIS more sustainable and compliment existing services to meet local needs.

2. General foundational supports should focus on individual and family capacity building

- Governments should commission disabled peoples, family, and capacity-building organisations to deliver evidence based programs, including peer support and support for decision making.
- Fund a national technical hub to better connect foundational supports, share learning and best practice, and build the capacity and capability of organisations delivering them.

- The NDIA should link data across general and targeted foundational supports with individualised funding, to get a complete picture of the supports disabled people use.

3. Don't reinvent the wheel on system navigation

- Recommission Local Area Coordination as a key component of foundational supports, in line with the evidence base and with more emphasis on supporting people without individualised funding.
- Review the functions and funding arrangements for Early Childhood Partners as the scope of targeted foundational supports for children is determined.

4. Commission plenty of targeted foundational supports

- Make targeted foundational supports a good substitute for individualised funding, to reduce pressure on the NDIS.
- Commission targeted supports for children with disability or developmental delay in the places they live, learn, and play, in line with early childhood intervention best practice.

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1 Foundational supports are underfunded and fragmented

This submission is in response to the Department of Social Services' (DSS) public consultation on the design and implementation of General Foundational Supports and General and Targeted Foundational Supports for children with developmental concern, delay, and/or disability.

Our submission also includes consideration of the broad function of system navigation and connection for disabled people within their local communities, which is not within the consultation scope set by DSS, but which we consider is an integral part of general foundational supports which needs to be considered together with the other components.

General foundational supports for all ages and targeted supports for children is a legitimate starting point and the current consultation a good first step. But the scope of targeted foundational supports must stretch wider than this consultation scope to meet the needs of other disabled people as well, particularly those with psychosocial disability.

It is imperative for the sustainability of the NDIS that governments maintain the reform focus on foundational supports and successfully establish a coherent tier of services that can meet the needs of disabled people more effectively and efficiently.

While the federal government and the states and territories agreed in December 2023 to fund foundational supports '50/50'¹, it is not currently clear how this commitment will be met or what quantum of funding is needed. There has been little commentary on the implications of this agreement for the NDIS budget, but any strategy designed to ensure the sustainability of the scheme that adds costs in net terms does not seem tenable to us.

1. Shorten and Rishworth (2024).

For cash-strapped governments to meet stated timelines and begin implementing these supports from July 2025, agreement will be needed to re-purpose a portion of the combined NDIS contributions they have already committed.

Otherwise, the establishment of foundational supports risks being little more than a re-badging of existing, inadequate provision, with the potential to exacerbate a worsening post-code lottery of service options available to disabled Australians.

1.1 The Productivity Commission always intended Foundational Supports to be a key part of the NDIS

Foundational Supports is a new name for an old idea: that a class of supports is needed to bridge the gap between individually funded NDIS supports that are available to some, and mainstream and community services that are available to all.

Tier 2 was the original name used by the Productivity Commission.² This had the benefit of locating these supports within the overall concept of an NDIS – existing in between disability insurance for all Australians at Tier 1, and individualised plans for those with the most profound disability at Tier 3. But there was a lack of specificity around these supports in the PC's original design.

Information, Linkages, and Capacity Building (ILC) was the more informative name adopted by the Disability Reform Council when establishing a policy framework to implement this concept.³ Foundational Supports is the latest name, applied by the 2023 NDIS Review.⁴

2. Productivity Commission (2011).

3. Council of Australian Governments Disability Reform Council (2015).

4. NDIS Review (2023a).

Foundational supports have always had a specific place within the insurance model of the NDIS, because they are intended to help prevent, reduce, or delay the need for people with disability to get specialist disability services, by improving their access to community and mainstream services and building their skills and capabilities to participate in the community and economy. These supports were intended to be a safeguard and gateway to Tier 3, to protect against the risk of over-reliance on more costly individual funding.

When originally conceived as Tier 2/ILC, these supports were considered a key function of the NDIS in providing information, linkages, and referrals. But in the intervening period, the disability specific supports that were meant to be linked and referred to have largely fallen away. This means that the existing Tier 2 supports system has all the utility of Uber Eats with no restaurants enrolled.

The task to build up foundational supports, therefore, is bigger and more complex than it was in 2011. It consists of building an effective system of information, linkages, and referrals (general foundational supports) and re-establishing non-NDIS disability specific supports for particular groups of disabled people (targeted foundational supports).

While the original idea has evolved over time, it is still the right one. The existence and efficacy of foundational supports remains one of the only plausible ways that the gravitational pull of unmet need towards an increasingly unsustainable NDIS can be avoided.

1.2 Disability spending is at record levels but is poorly targeted

The problem is not the amount of money in the system, but where and how it is spent. In 2011, when the Productivity Commission wrote its report calling for an NDIS, Australia lagged behind many comparable

countries in the amount of money spent on disability.⁵ The same cannot be said today.⁶

The federal government and the states and territories are spending more than ever before. Overwhelmingly, this expenditure is made up of their respective contributions to the NDIS (Figure 1.1 on the following page). The federal government is responsible for an increasing share of the total, as a consequence of bilateral agreements which capped state rates while saddling the federal government with the upside growth risk⁷. But state governments have also seen spending rises over the period since the NDIS was introduced.

Increased spending from a very low base is a good thing. The problem is the concentration of this spending on an NDIS population that represents only a fraction of the disabled Australians who might benefit from some level of support.

1.3 The States' NDIS contributions have come at the expense of other disability supports

To find the money to help fund the NDIS, the states and territories included significant in-kind contributions as their existing services were rolled into the new scheme.⁸ They also discontinued many established services where it was (rightly or wrongly) assumed that the NDIS would pick up the slack. Services deemed 'ILC-like' were formally transitioned into the NDIS,⁹ while others were allowed to wither as contracts ended.

5. Productivity Commission (2011, pp. 783–784).

6. The 2023 Intergenerational Report put total government spending on the NDIS at 2.2 per cent of GDP over the medium term and identified the NDIS as one of the top five spending pressures for the federal government. The Treasury (2023, p. 152).

7. National Disability Insurance Agency (2022a).

8. Ibid.

9. Productivity Commission (2017, p. 30).

The scale of the drawback of non-NDIS disability supports varies across the states and territories. But the overwhelming picture is of thin to non-existent coverage for people with disability who are ineligible for NDIS support.¹⁰

Compounding this contraction, there is little evidence that the promises made in successive Disability Strategies of more accessible and inclusive mainstream services have materialised.¹¹ Quite the opposite: as costs were shifted to the NDIS from mainstream services such as health, justice, and housing, the states and territories sought to minimise their funding responsibilities.

While there are some encouraging signs in some less fiscally challenged jurisdictions, notably WA,¹² that foundational supports are beginning to be built back up, there remains considerable distance between today's singular NDIS focus and the more balanced configuration of disability services and supports that Australia needs.

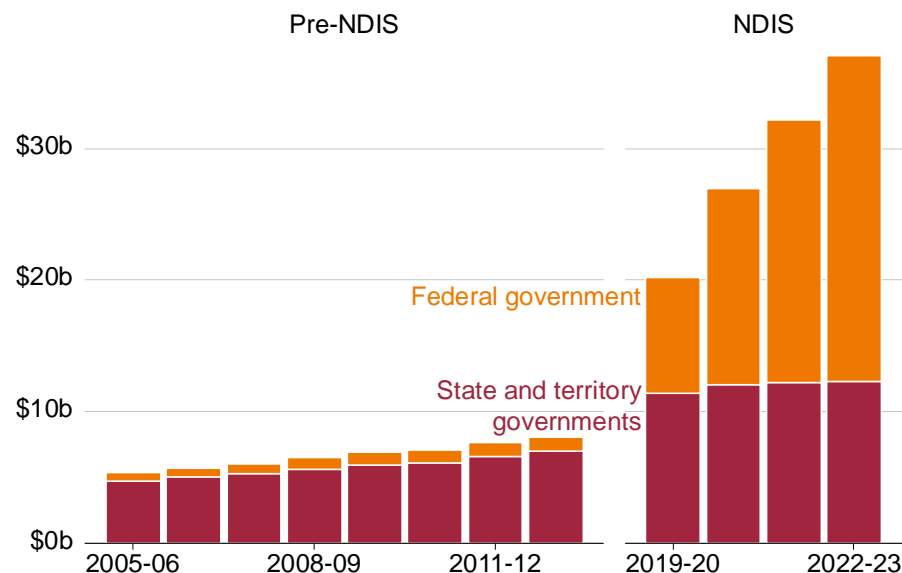
1.4 Individualised NDIS funding is not the right service design for some groups

The NDIS being the only source of support for eligible Australians is not only a problem for those that don't meet its criteria. Experience has also

10. Recent research found that ninety per cent of disabled people without support from the NDIS said that the support and services they rely on in their day-to-day lives are inadequate to meet their needs. Olney et al (2022, p. 13).
11. The most recent progress report on Australia's Disability Strategy 2021-31 showed either no change or regress in 15 of 22 measures. Australian Institute of Health and Welfare (2024, p. ix).
12. The Western Australian government Department of Communities is in the process of establishing a new Communities Inclusion Connection Team to facilitate connections to community and mainstream services for people in the state, with a focus on "family-led, place-based, community supports that will increase equality of opportunity and access to early intervention and foundational supports for people with disability." Western Australian Department of Communities (2024).

Figure 1.1: Australian governments are spending much more on disability services than they were before the NDIS

Expenditure on direct disability service delivery, 2023-24 dollars



Note: Includes all expenditure on direct disability service delivery by Australian governments.

Source: Productivity Commission (2024).

shown that the NDIS program design is at odds with what some groups who are eligible need.

For example, there is seemingly universal consensus about what constitutes best practice in early childhood intervention and care, with the principles of evidence-based support integrated into the mainstream settings where children live, learn, and play.¹³ Yet the largest single source of support and funding for young children with developmental concerns, delay, and/or disability comes through an NDIS that is uniquely ill-equipped to conform to these principles.

An individualised funding system that loosely allocates money to families who are then pressured to spend it all on therapies, often in clinical settings and with little expert oversight or outcomes measurement, is a profoundly bad idea. The market-based NDIS model has incentivised providers' pursuit of ongoing business at the expense of high-quality early intervention results.¹⁴ Yet for about 160,000 Australian families,¹⁵ this is the only option available because a scheme with a generic, disability-service design has crowded out most of the services that could work far better for their children.

1.5 Where foundational supports do exist, they have been poorly implemented

The failings of the few foundational supports that do exist include:

- a lack of clarity in the legislative provisions about the intended scope and purpose of Tier 2¹⁶

- inadequate resources being available for ILC during transition considering the ambitious scope of the policy framework¹⁷
- the impact of the operational demands of the NDIS transition on Local Area Coordinators (LACs) and Early Childhood Partners, whose intended community development role and work with non-participants was crowded out by NDIS planning tasks and was never fully established¹⁸
- the Department of Social Services, and before 2020 the NDIA, failing to implement a coherent and strategic program to ensure that available funding was used for maximum impact¹⁹
- no systematic mechanism for sharing learning and best practice across LACs and ILC funded projects being established²⁰, and
- the absence of any rigorous monitoring and outcomes evaluation.²¹

Investment in the information, linkage, and capacity building supports that were integral to the original Productivity Commission design for the NDIS is declining as a proportion of total funding, from an already low base (Figure 1.2).

These failings have been known for years. But their accurate diagnosis has never previously led to concerted action or tangible improvement. The burning platform of NDIS sustainability needs a different order of response from governments now.

17. Productivity Commission (2017, p. 30).

18. Tune (2019, p. 41), and Productivity Commission (2017, p. 93).

19. NDIS Review (2023b, pp. 25–26).

20. Wilson et al (2021, p. 49).

21. In its 2017 review of NDIS costs, the Productivity Commission reflected on the need to build a better evidence base for what Information, Linkage, and Capacity Building activities should be funded, stating that this 'should provide information on how effective, and by how much, ILC activities improve the outcomes for people with disability and reduce their need for, or reliance on, individualised supports'. Productivity Commission (2017, p. 234).

13. Department of Social Services (2024a, p. 10), Dimmock et al (2024), and Trembath et al (2022).

14. Ranjan and Lowe (2023, p. 7).

15. National Disability Insurance Agency (2024a, p. 25).

16. Ernst & Young (2015, pp. 28–29).

1.6 The lack of foundational supports puts pressure on the NDIS to deliver everything for everyone

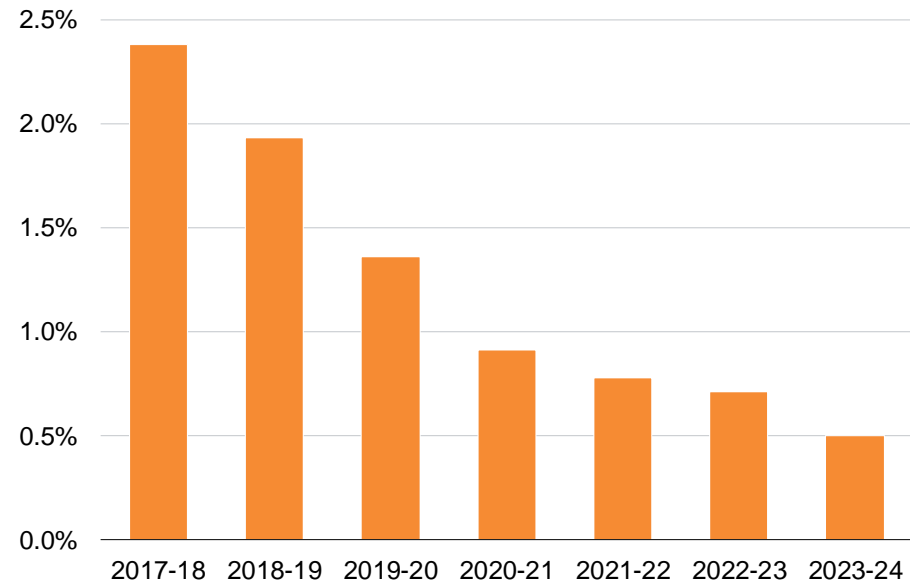
There evidently remains very strong latent demand for support among the more than two million disabled Australians under the age of 65. In the absence of other services, the incentives for those people to push for NDIS funding entitlement are understandably high. A re-balancing of how and where supports are provided is long overdue.

But it is unrealistic and unnecessary for progress on foundational supports to be tied to negotiations on new matched funding from federal and state and territory governments. The many billions of dollars committed by governments to the NDIS can and must be spent more effectively.

Our contention is that it is possible to make a serious investment in foundational supports that can lead to a wider population of disabled Australians having their needs met, alongside a more targeted system of individualised funding for those that need it most, without governments having to find new money.

Figure 1.2: Spending on Information, Linkages, and Capacity Building is declining as a proportion of total funding

Expenditure on ILC as a percentage of what was spent on NDIS individualised payments each year



Notes: ILC funding is not included in the total payments; percentage is to illustrate the relative scale only. ILC expenditure includes ILC grants and the 20 per cent of Partners in the Community funding that is allocated to ILC-related activities. For further information about how this ratio was calculated, see Appendix A.

Sources: See Appendix A.

2 Here's what government should fund for foundational supports

Most people with disability in Australia have support needs that are not high enough to require an individualised NDIS plan.²²

General Foundational Supports is the name the NDIS Review gave to the first, most basic level of support that should be available to all disabled people. Most disabled people will only need this level of support.²³

People eligible for individualised packages will also use these supports alongside their NDIS funding. These supports should be part of the disability insurance system. This will help to minimise people's need for individualised funding and enable government to see all the services people are using and measure the results, as the Productivity Commission originally envisaged.

Targeted foundational supports is the name the NDIS Review gave to more specialised supports, including some allied health interventions, which should be available to some groups of disabled people instead of individualised NDIS funding.²⁴ Wherever possible, these services should be integrated into mainstream settings administered by state governments.

Foundational supports are good for people with disability and for the NDIS. These services help to reduce the impact of people's disability, and should mean they won't need as much help in the long term.

These factors – benefit to people with disability and reducing costs for the NDIS in the long run – are the two principles government should use to determine what they fund for general and targeted foundational supports.

22. Australian Bureau of Statistics (2024).

23. NDIS Review (2023a).

24. Ibid.

The specific focus on establishing foundational supports should not be conflated with all of government's broader commitments to making mainstream services more inclusive under Australia's Disability Strategy.²⁵

Government should use what they've already got, and automate what they can without affecting quality. Over time, these services should be evaluated to determine how effective they are in helping disabled Australians and their families, and in helping make the NDIS sustainable.

2.1 Commission evidence-based programs and services

Government should fund evidence-based general foundational supports that are useful for most disabled Australians in reducing the impact of their disability, and therefore make the NDIS more sustainable into the future. They are general because they aren't specialised - people don't need a diagnosis to use general foundational supports, and won't receive specialist help, such as from allied health professionals.

General foundational supports, ideally provided by disabled peoples and family organisations and capacity building organisations, should include:

- information about disabilities;
- skill development;
- self-advocacy and supported decision making;
- educational and parenting programs for parents and carers of people with disability;
- peer support; and

25. Department of Social Services (2024b).

- social and community activities.

In addition, Local Area Coordinators and Early Childhood Partners are the glue that bind multiple foundational supports, including:

- information and advice about local mainstream services and foundational supports;
- referral to local services; and
- community and mainstream capacity building, including basic training in working with people with disability.

Targeted foundational supports, on the other hand, should be more specialised and include some allied health interventions. Because they will cost more per person, these supports should have a higher eligibility threshold.

Government should commission targeted foundational supports for children with disability or developmental delay that have a clear evidence base. Many of these services should be run in non-clinical settings – including early childhood centres and schools, and at home. A more rigorous and prescriptive approach in commissioning evidence-based services could help to prevent disabled people from being taken advantage of by predatory providers peddling junk therapies or worse.

General and targeted foundational supports are insurance against the costs of disability, just as individualised funding is; however, general foundational supports cover the smaller costs of lower-intensity disability. This should be reflected in their lower overall costs per person.

2.2 Most people with disability can get what they need without individualised funding

General foundational supports should mostly offer information and capacity building supports to people with disability and their families, and

these services do not need to be individualised and are likely to be more efficient if funded through grants and commissioning.

General and targeted foundational supports, along with inclusive mainstream services, should meet the needs of the nearly two million Australians with disability who need a little bit of help but are not eligible for individualised funding in the NDIS.

Likewise, targeted foundational supports for children should not be offered as individualised funding. Choice and control is less important for many children and families than timely access to evidence-based early intervention.

About \$77 million of individualised funding in 2023-24 for children with developmental delay was spent on administration just to manage their plans.²⁶ While commissioned services will require some administrative overheads to run, Grattan Institute estimates that removing the need to manage money and plans for each child is likely to significantly reduce administrative costs that offer little benefit to children. That means money can be better spent on the programs children with disability or developmental delay need.

Some children may need intensive individualised support through the NDIS, because this is the only way to meet their needs.

However, it is possible that many of the nearly 160,000 children younger than 9 currently receiving individualised funding just need adequate support to be available in their communities and schools.²⁷ Without the need for individualisation, government could offer services to many children through general and targeted foundational supports instead of individualised funding in the NDIS.

26. Figure includes global developmental delay and developmental delay. See 'Average support line item payments data downloads', National Disability Insurance Agency (2024b)

27. Department of Social Services (2024c).

There may be other groups of people with disability who would also get better results from commissioned programs and services than individualised funding.

This rest of this chapter explains what government should fund for general and targeted foundational supports, and what should be out of scope.

2.3 Information services matter for most Australians with disability

Research into 'Tier 2' information services indicates that online information about support and services is often out of date or inaccurate, and finding accurate information is difficult and time-consuming.²⁸

Information can help to make the NDIS more sustainable. Easy access to accurate information that tells people which services can meet their needs can help to divert people away from seeking individualised funding in the NDIS, which averages \$85,000 per person per year.²⁹

There should be 'no wrong door' for people to access information about disability, local foundational supports, and the NDIS, wherever people seek it from government or commissioned services. Information should be available through mainstream services, such as Maternal and Child Health Hubs, Medicare providers or websites, General Practitioners, Centrelink, and schools, as well as specialist sites such as the Disability Gateway and from disabled peoples organisations.³⁰ Access to reliable information can also ease the workloads of Local Area Coordinators and Early Childhood Partners, so they can focus on people who need more intensive assistance and mainstream and community capacity building.

28. Olney et al (2022).

29. Olney et al (2022), and National Disability Insurance Agency (2024a).

30. Olney et al (2022).

2.4 Fund disabled peoples organisations and capacity building organisations

Government should preference disabled peoples organisations, family organisations, and capacity building organisations in commissioning general foundational supports. These organisations are well-placed to provide information and services relevant to the disability community, and to advocate for their needs.³¹

Historically, these organisations have been beset by patchy and uncertain funding, with several organisations folding through the years, and their expertise is difficult to reclaim once lost.

Research into Information, Linkages, and Capacity Building (ILC) funding in 2021 indicates that only about half of ILC projects were hosted by disabled peoples organisations, and other priority cohort organisations.³²

Government should commission disabled peoples, family, and capacity-building organisations to provide individual capacity building, education, and programs for families and carers of people with disability, and establish a national technical hub to build the capacity and capability of disability, community, and mainstream organisations.

People with disability should be involved in commissioning services in their local community, so that the issues they experience can be understood and addressed.

2.4.1 Fund individual capacity building programs

Capacity building for people with disability covers a range of essential skills, such as self-advocacy, supported decision making, exploring housing options,³³ personal care, using public transport, shopping, cooking, social skills, and maintaining relationships.

31. Wilson et al (2021).

32. Ibid (p. 28).

33. See Bennett and Orban (2024)

There is evidence to suggest that adults and children with disability benefit from individual capacity building.³⁴ Self-advocacy can also help to safeguard people with disability, especially children, from abuse.³⁵

Research in early childhood intervention indicates that engaging children in ‘natural’ as opposed to clinical settings is more effective.³⁶ If supports are integrated into playgroups, health and service hubs, libraries, early childhood centres, and schools, more children will get supports.³⁷

Research from the US, the UK, and Australia indicates that building independence, social skills, and friendships among children and young people with disability works well when the interventions are integrated into the community, and children with disability play with non-disabled friends. The development of these informal networks also reduces the risk of violence and abuse of children and young people with disability.³⁸

Offering programs that build people’s skills free of charge can also overcome financial barriers facing people with disability and their families.³⁹

Government should fund multiple general and targeted foundational supports for children and people with disability. Evidence suggests children who engage in multiple programs and services over time have better results, and that children with complex intellectual disability may need interventions that focus on multiple factors.⁴⁰

34. Bigby et al (2023).

35. Murphy (2011).

36. Early Childhood Intervention Best Practice Network (2024).

37. Ibid.

38. Dimmock et al (2024), Early Childhood Intervention Best Practice Network (2024), and Andrews et al (2015).

39. Andrews et al (2015).

40. Molloy et al (2019), and Andrews et al (2015).

2.4.2 Educate families of children and young people with disability

Better results for children with disability means working with their families too. The evidence suggests educating families of children with disability so they better understand and support their children can be beneficial for children and parents.

For example, Plumtree Children’s Services’ Now and Next program helps parents of children with disability or developmental delay to improve their parenting skills. Parents can self-refer into the program, and no formal diagnosis is needed. An evaluation found that parents reported improved well-being, and feeling a greater sense of capability to achieve goals for themselves and their families, as opposed to relying on professional help.⁴¹ The Triple P ‘Stepping Stones’ program also helps parents to better manage developmental concerns and problem behaviours in their children with disability.⁴²

Peer support groups for families and carers of children with developmental disability can help.⁴³ Family-based and parent-implemented programs can help parents gain skills and confidence, to the benefit of their children.⁴⁴ And support to families through behaviour and stress management, and respite, could also help to reduce child abuse and trauma, which children with disabilities tend to experience at much higher rates than non-disabled children.⁴⁵

2.4.3 Create a technical hub

The NDIA should commission a technical hub that would support disabled peoples and family organisations, capacity-building organisations,

41. Moore et al (2018).

42. See Roux et al (2013) and Au et al (2014)

43. Bray et al (2017).

44. Wang et al (2016).

45. Murphy (2011).

and any other organisations providing foundational supports, including Local Area Coordinators and Early Childhood Partners.

The hub would be the mechanism that brings these organisations together into a national network, helping to bring consistency to its service offering where that makes sense, such as when implementing an evidence based approach to peer support.

The hub would be the ‘go-to’ repository of support, resources, and information about best practice, providing a web platform, digital training kits and a rolling program of communities of practice, training, coaching and mentoring to share knowledge and encourage improvement. The hub should build the capability of disabled peoples and family organisations, and capacity building organisations, including around leadership, governance and demonstrating impact.

An Australia-wide collaborative of capacity building organisations, working through a lead organisation would be well placed to create and run the hub. In Chapter 3 on page 18, we estimate the cost of the hub and ongoing training.

2.5 Local Area Coordination works – there’s no need to start again

Local Area Coordination and Early Childhood Partners are the face of disability services in most Australian communities.⁴⁶ They inform people with disability and their families about the NDIS, how to apply for supports and how to understand and implement their individualised plans.

LACs and Early Childhood Partners are also integral to foundational supports. Their role is to connect people with disability to local services,

46. Local Area Coordination, and its early childhood counterpart, Early Childhood Partners, are the two prongs of the NDIS Partners in Community program. The responsibility for providing Early Childhood Partners may need to change if there are major policy changes to how children are supported in the NDIS; however, this is not the primary focus of this submission.

such as schools, community activities, or sporting clubs, and offer information to local officials about what a disabled person might need to access these services, regardless of whether the service or person is ‘in the NDIS’ or not.

A strong network of Local Area Coordinators and Early Childhood Partners benefits people with disability and the NDIS, too. Not only do they connect disabled people to services, they also provide information to the the NDIA about gaps in the local services market.⁴⁷

But since the start of the NDIS, these critical services have suffered from poor implementation.

Local Area Coordination works well when coordinators can give the right amount of time to each person with disability and their family. In practice, this means a little bit of information and time referring people to services they need at the foundational supports level, and more one-on-one time to people with more intensive needs, such as people who need targeted foundational supports or individualised NDIS funding. Currently, almost all coordinators’ time is devoted to those with individualised funding, with little time left for the critical community building, information, and referral services to the many.

The Independent Review of the NDIS proposes a complete overhaul of the LAC and Early Childhood Partners system, replacing it with Navigators.⁴⁸ The failings in these services are well documented;⁴⁹ however, changes to how they are implemented would be likely to overcome many of the problems, without the need to establish an entirely new system which lacks the evidence base that Local Area Coordination boasts.⁵⁰

47. Bartnik et al (2022).

48. NDIS Review (2023b).

49. NDIS Review (2023b), and Olney et al (2022).

50. The Review makes other proposals about navigation that Grattan Institute supports; for example, Grattan called for specialist housing and living support navigators to

Evidence from Western Australia and the UK suggests there are multiple benefits to people with disability and their families when Local Area Coordination is done well, including:⁵¹

- improved health and well-being,
- increased independence,
- better access to early intervention,
- building social and community networks, and
- improved safety.

The original vision of Local Area Coordination, developed in Western Australia and exported overseas, is still possible. As the NDIA brings more of the planning process ‘in-house’, coordinators will have more time to spend on referrals, and mainstream and community capacity building for people needing general and targeted foundational supports. Improving online information portals, such as the Disability Gateway, and automating information and referrals where possible, will help take some pressure off coordinators too, because not everyone needs an ongoing coordinator.

Rather than starting from scratch to design a brand new system of community and mainstream support navigation, a new Local Area Coordination program should be commissioned which reflects established evidence of best practice, builds on what is working well, and addresses things that have undermined effective implementation to date. This program should be jointly commissioned with state and territory governments to ensure it is connected to existing foundational supports in each jurisdiction.

help people with severe disability to design their best housing option. See Bennett and Orban (2024).

51. Bainbridge and Lunt (2021), and Thiery et al (2023).

Coordinators should be placed-based, working out of regional hubs, as proposed by Grattan Institute.⁵² Alongside coordinators, who work with a broad population of people with disability, specialist housing and living navigators would work with people with severe disability who need intensive living supports.

And Chapter 3 shows that government doesn’t need to find lots of money to fund better system navigation. What’s needed is a small increase from redirected plan funding, along with a shift in LAC and Early Childhood Partner workloads to prioritise working with people who need foundational supports.

Responsibility for delivery of a navigation or lead practitioner function that works with children and families as is currently provided through Early Childhood Partners may need to change as a consequence of larger policy decisions relating to the optimal system or systems to support these groups in future, which are not the primary focus of this submission.

Ultimately, Local Area Coordination, or Navigation services as the NDIS Review proposes, is only the first step for people with disability and their families. Without adequate services, coordination is a road to nowhere.

2.6 Commission plenty of targeted foundational supports, especially for children

If the government commissions too few targeted foundational supports for children with disability, there will continue to be very high demand for individualised funding for children in the NDIS. Too few services can mean either not enough spots for each service and long wait-lists, or everyone getting a little bit of help, but some people getting not nearly enough.

52. Bennett and Orban (2024).

The alternative needs to be adequate or people will not take it up. The Department of Social Services's consultation paper suggests capping allied health sessions at 'low intensity', and capping assistive technology to 'one-off/low-cost' items.⁵³ Given that targeted foundational supports are intended to help children at least at the margin of needing individualised funding in the NDIS, it is likely that some children receiving targeted foundational supports will need more than 'low-intensity' interventions.

If it costs less to offer services to children with disability through targeted foundational supports, and their long-term benefits are the same or similar, the government should fund targeted foundational supports at the level children need.

As more children take up targeted foundational supports, government should measure the results and adjust the services they commission accordingly.

2.7 Stacking supports avoids duplication and waste

People with individualised funding should get foundational supports too; this means any duplicate supports should be taken out of individual plans, because people will be able get them free of charge through local organisations.

Likewise, children with disability or developmental delay should get general and targeted foundational supports at the same time, without duplication across the two categories.

Services that are genuinely different (such as specialised skill development that would not be offered in general foundational supports) should remain in people's individual funding if they need it.

Through reporting from organisations, government should ensure that foundational supports serve all people with disability, regardless of functional limitation or complex behaviours. Local Area Coordinators should report shortages and long wait-lists to the NDIA, and it should commission more services as necessary.

In Chapter 3, we estimate how much funding could be redirected to foundational supports from existing plan budgets.

2.7.1 Link data and outcomes across foundational supports and individualised funding

By stacking supports, people with disability can receive individualised funding and general foundational supports. It is essential that the NDIA can track the NDIS supports individuals are receiving, regardless of how they are paid for, so that the government has a complete picture of the services that a person with disability is receiving, can track changes and trends in their outcomes and well-being, evaluate what works, and safeguard people by tracing who is providing supports.

While some services will be difficult to track, such as online sources, others such as individual and family capacity building, and time with a Local Area Coordinator, should be tracked by the NDIA.

Commissioning of general foundational supports should also include requirements to measure and regularly report to the NDIA against a nationally consistent outcomes framework.

2.8 Mainstream services are there for people with disability, too

The NDIS should not be solely responsible for making Australia's society and institutions more accessible and inclusive. All government services should provide support to people with disability.

The kinds of mainstream and community capacity building activities that the NDIS Review and the ILC Framework propose for grant funding are

53. Department of Social Services (2024c).

at a risk of confusing the purpose of the NDIS with the broader project of inclusion for people with disability in society.

Disabled people who are using General Foundational Supports and don't qualify for individualised funding or targeted foundational support should use mainstream government services if they need more help. For example, Medicare and state health services are there for disabled people who need health services and aren't eligible for more targeted programs or individualised funding.

Government should consider how allied health services that they commission for targeted foundational supports fit with the allied health services available to children with disability under Medicare care plans.⁵⁴

The following chapter explains how government can fund foundational supports without having to find buckets more money.

54. See the Medicare Benefits Schedule Complex Neurodevelopmental Disorders Rules, noting that only certain children with disability or complex neurodevelopmental disorders are eligible: Services Australia (2024)

3 Here's how government can fund foundational supports

Foundational supports can and should be funded using existing NDIS funds where possible, rather than relying on governments to find more money.

Funding foundational supports and individualised supports from the same pool would ensure all governments had a stake in getting the balance right.

Many states are in a poor fiscal position and may not be able to sufficiently fund foundational supports using new money.⁵⁵

This chapter outlines our proposal to re-purpose existing disability funding to fully fund general foundational supports.

And once the parameters of targeted foundational supports are agreed, it would be possible for many of these supports to be funded in a similar way.

3.1 NDIS contributions are already used to fund non-individualised supports

The legislative mechanism already exists for the NDIA to use NDIS contributions from the federal, state, and territory governments to fund things other than individualised payments.

The NDIA is, under Sections 13 and 14 of the *National Disability Insurance Scheme Act 2013*, able to direct NDIS funds towards the provision of 'coordination, strategic, and referral services', and fund people or entities to provide information, goods and services, and assistance with capacity building, including for people who do not get individualised funding.

55. Parliamentary Budget Office (2024).

The NDIA can also fund early intervention supports for children before their NDIS plan comes into effect – this currently enables the provision of Early Supports to about 30,000 children with developmental concerns.⁵⁶

This flexibility is reflected in the bilateral agreements underpinning state contributions, which specify that that funding 'will contribute to participant supports', defined as including both 'individualised support packages for scheme participants' and 'Information, Linkages, and Capacity Building (ILC) and other general supports'.⁵⁷

These arrangements have seldom been used to date, but they pave the way for funding foundational supports using existing NDIS funding.

3.2 General foundational supports can be delivered using existing funding

Many of the general foundational supports outlined in Chapter 2 are already delivered in some form and to some extent through Information, Linkages, and Capacity Building (ILC) grants, the Partners in Community program, and/or purchased through people's individualised plans.

We estimate that the NDIS currently spends about \$255 million per year on these general foundational support-equivalent services, through ILC grants and the Partners in Community program. This is in addition to \$450 million per year on payments for equivalent services in participants' individualised plans. This is a substantial amount of money, but current arrangements include duplication and are poorly targeted, so this funding is not providing as many services to as many people as it could.

56. National Disability Insurance Agency (2024a).

57. National Disability Insurance Agency (2022a).

We propose that this existing funding should be used more strategically to achieve fairer, more efficient delivery of general foundational supports within the same funding envelope. Our proposed funding mix would enable \$830 million (in today's dollars) to be spent on general foundational supports each year (Figure 3.1). Of this funding, we propose that \$285 million be used to fund the general foundational supports function of Local Area Coordination, and \$545 million be used to fund information and capacity building supports (See Table A.4 for further explanation of this breakdown).

3.3 Information, Linkages, and Capacity Building grant funding should be better targeted

Information, Linkages, and Capacity Building grants currently span four streams (Figure 3.2):⁵⁸

- Individual capacity building
- Community awareness and capacity building
- Information, linkages, and referrals
- Capacity building for mainstream services

Grants across the ILC program are funded for up to \$135 million per year.⁵⁹ This funding is delivered as short-term grants to a large number of organisations, with little opportunity for efficiencies from information or resource sharing between organisations or regions.⁶⁰

These grants are also disconnected from the Local Area Coordination and Early Childhood Partners program (the ILC component of which is funded separately through the NDIA's operational budget⁶¹), meaning

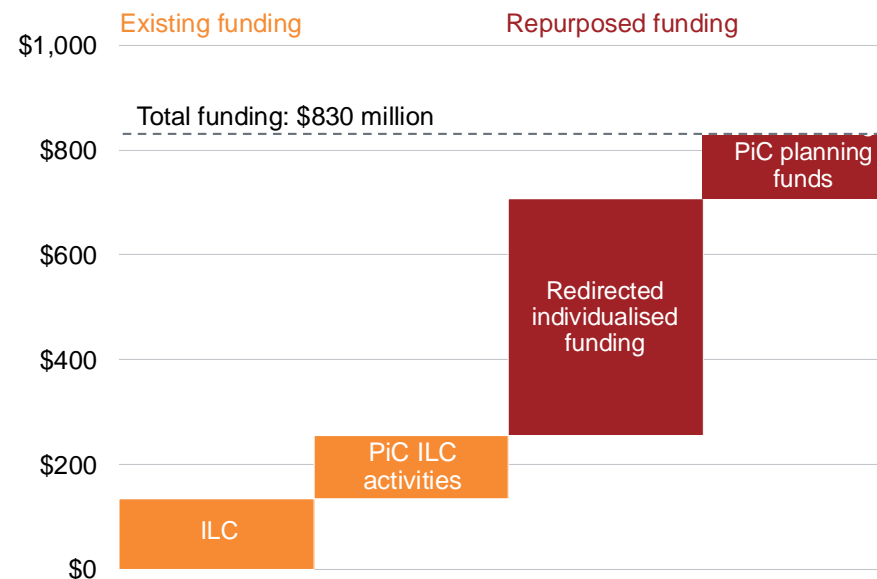
58. Council of Australian Governments Disability Reform Council (2015).

59. NDIS Review (2023b, p. 42).

60. Wilson et al (2021).

61. National Disability Insurance Agency (2024c, p. 51).

Figure 3.1: Grattan's proposal for funding general foundational supports
Annual funding for general foundational supports, 2023-24 dollars



Notes: ILC = Information, Linkages, and Capacity Building. PiC = Partners in the Community, including Local Area Coordinators and Early Childhood Partners. Total funding has been rounded to the nearest \$5 million. See Appendix A for further detail about how these numbers were calculated.

Source: Grattan Institute analysis.

there is a missed opportunity for oversight and coordination of the total service offering for each region's population.

Funding from community and mainstream capacity building grants should be redirected to the Partners in the Community program - this funding has been spread too thin, and in ways that duplicate government's responsibilities in these areas under Australia's Disability Strategy.

Coordinators and Early Childhood Partners are contracted to help local community and mainstream services to better understand disability and how to become more inclusive. With general foundational supports, coordinators will need to help a much larger group of people with disability. Government should ensure they are freed up to do this work by reducing their planning workload. Government should also check that coordinators are meeting their community and mainstream capacity building obligations.

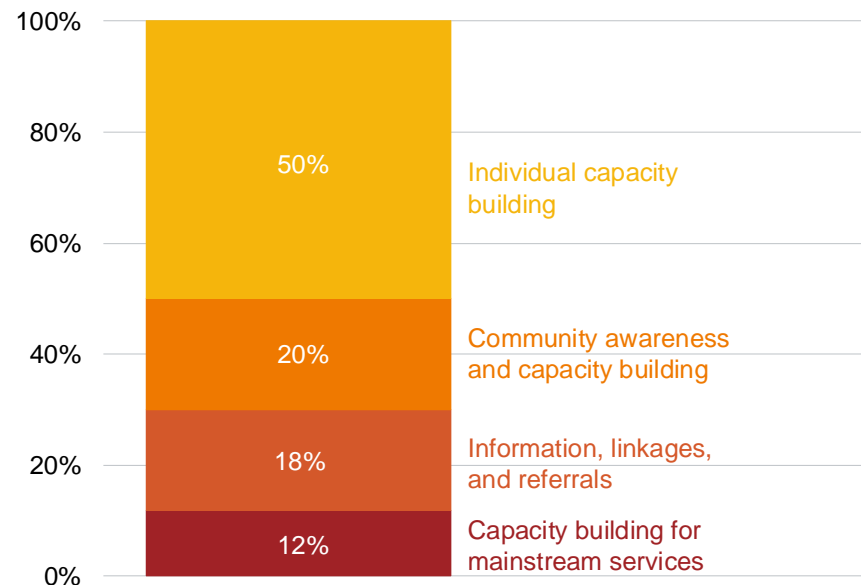
Funding from individual capacity building and information, linkages, and referrals grants should continue to fund individual and family capacity building and information services, ideally provided by disabled peoples and family organisations and capacity building organisations, as outlined in Chapter 2.

3.3.1 This will also require rethinking the commissioning approach

Grattan Institute proposes that the NDIA, not the Department of Social Services, should have oversight of and responsibility for the joint commissioning of general foundational supports with state and territory governments. It will also be important that people with disability are directly involved in this commissioning process, to ensure that services commissioned respond to their lived experience of the issues and gaps they face accessing these services today.

Figure 3.2: Information, Linkages, and Capacity Building expenditure is spread thin across multiple streams

Total expenditure on ILC by stream between 2019 and 2021



Source: Wilson et al (2021).

This would facilitate cohesive management of foundational and individualised supports as two components of a broader scheme of disability insurance. Current arrangements, in which the department administers the ILC program, but the NDIA administers individualised supports and the Partners in the Community program, creates a disconnected and/or duplicative system.

Organisations commissioned to administer general foundational supports should have contracts or agreements for three-to-five years of service at a time, rather than relying on short-term grants. This would give organisations greater certainty to develop and refine supports.⁶²

Funding for the technical hub, proposed in Chapter 2, should come from this broader foundational supports bucket. Grattan estimates that funding a hub website and a rolling program of training, coaching, and mentoring for disabled people's organisations and Local Area Coordinators would cost about \$3 million to \$5 million per year.

3.4 Individualised funding shouldn't be used to fund supports that could be delivered as general foundational supports

Grattan Institute has identified \$450 million of expenditure within individualised budgets on supports that could be effectively and efficiently delivered outside of individualised budgets as general foundational supports.⁶³

This group includes 14 support line-items, including:

- Life transition planning, including mentoring, peer support, and individual skill development
- Innovative community participation

62. NDIS Review (2023b), Olney et al (2022), and Wilson et al (2021).

63. Note that this analysis excludes funding for self-managed participants, because line-item expenditure data isn't available for this group. For further detail about this analysis, see Appendix A.

- School-leaver employment supports
- Employment-related assessment and counselling
- Training for carers / parents

As established in Chapter 2, these services should be provided exclusively as foundational supports so that they are available to a broader range of people who would benefit from them, and to avoid inefficient duplication between foundational and individualised supports.

This should not mean a reduction in service for people currently receiving these as individualised supports. It would instead represent a shift away from conceptualising individualised plans as intended to meet a person's every disability-related need, to instead seeing individualised plans as only one part of the way in which the broader disability insurance system provides support to individuals.

General foundational supports funding should come with a requirement that services are available to people with and without individualised support plans. And the Section 10 rule should be used to ensure that people aren't purchasing supports using their individualised funding that duplicate those available as general foundational supports.⁶⁴

3.5 Partners in the Community funding should be expanded and re-focused

The NDIA currently spends about \$600 million each year on the Partners in the Community Program.⁶⁵ A substantial proportion – up to 80 per cent – of this funding is used for work relating to disabled people with individualised plans, rather than the navigation, community building, and linkage work with other disabled people that will be needed to underpin a

64. For more detail on this argument, see Grattan Institute's submission to the Section 10 consultation: Bennett (2024).

65. National Disability Insurance Agency (2024c, p. 67).

successful system of general foundational supports. About 20 per cent – or \$120 million – of Partners in the Community funding is expected to be used for ‘ILC (Information, Linkages, and Capacity Building) activities’.⁶⁶

As the NDIA takes more of the planning function in-house and rolls out its new computer system in coming years,⁶⁷ this workload should taper. The NDIA should seize this opportunity to adjust Partners’ contractual arrangements to ensure that at least 40 per cent of their funding is earmarked for their role in supporting people with disability in the general foundational supports ecosystem.

Despite that freeing up of resources, we do also propose that modest additional funding, of about \$45 million per year, should be given to Partners to fund their navigation, community building, and linkage role. This funding could be redirected from ILC funding streams as identified above.

This would mean Partners would have a budget of about \$285 million per year for these activities, out of a total budget of \$650 million.

Over time, sufficiently funding these services is likely to mean better allocation of services and a more sustainable NDIS. As the scope of targeted foundational supports for children is determined, together with any knock-on implications for the NDIS, the functions and funding arrangements for Early Childhood Partners should be reviewed to ensure this service is optimally located to enable a locally integrated service offering.

3.6 Implementation of foundational supports should start now

In 2025, the NDIA should begin implementation of foundational supports by re-commissioning the Partners in the Community program drawing on evidence for best practice delivery of Local Area Coordination.

66. Productivity Commission (2017, p. 227).

67. National Disability Insurance Agency (2024c).

In parallel, it should undertake a more thorough analysis of expenditure on line items that could be better delivered as foundational supports, and begin commissioning general foundational supports.

Over time, and pending evaluation of what works best, additional funding could be invested in general foundational supports from the NDIS budgets already committed in the forward estimates in the federal, state, and territory budgets. There could be funding available in this bucket if efforts to reduce the growth in individualised plan costs bear fruit beyond what is currently budgeted for.

3.7 Targeted foundational supports should be funded and commissioned in a similar way

The same principles as this chapter has outlined for funding general foundational supports should be applied to funding targeted foundational supports, once their parameters have been fully determined.

In our view, NDIS funding contributions already committed should be sufficient to cover many of these supports if redirected over time from individualised funding to commissioned supports that target a broader population than is currently serviced by the NDIS, especially when considered together with existing services run by the states for the target groups.

In 2023-24, \$5.6 billion was spent on supports for children aged under 15 in the NDIS. Of this, \$1.3 billion was spent on supports for children with developmental delay. The appropriate amount of funding to re-purpose to fund targeted foundational supports probably falls between these two figures, depending on where any revised line on NDIS eligibility for this group is drawn.

Appendix A: Methodology

A.1 Calculation of ratio between Information, Linkages, and Capacity Building and individualised funding over time

Figure 1.2 is based on expenditure data sourced from Department of Social Services portfolio additional estimates, DSS annual reports, NDIA annual reports, and NDIS quarterly reports to disability ministers. Table A.1 shows the underlying data and the source for each data point.

Table A.1: Information, Linkages, and Capacity Building expenditure and NDIS total payments over financial years

Financial year	ILC expenditure	Source	PiC expenditure	PiC funding for ILC-related activities*	Source	NDIS total payments	Source	ILC as % of NDIS payments
2017-18	\$71m	DSS portfolio additional estimates statements 2018-19	\$289m	\$58m	NDIA annual report 2017-18	\$5,418m	NDIA annual report 2017-18	2.38%
2018-19	\$111m	DSS portfolio additional estimates statements 2019-20	\$452m	\$90m	NDIA annual report 2018-19	\$10,460m	NDIA annual report 2018-19	1.93%
2019-20	\$135m	DSS portfolio additional estimates statements 2020-21	\$525m	\$105m	NDIA annual report 2019-20	\$17,590m	NDIA annual report 2019-20	1.36%
2020-21	\$107m	DSS annual report 2021-22	\$524m	\$105m	NDIA annual report 2020-21	\$23,348m	NDIA annual report 2020-21	0.91%
2021-22	\$110m	DSS annual report 2022-23	\$560m	\$112m	NDIA annual report 2021-22	\$28,631m	NDIA annual report 2021-22	0.78%
2022-23	\$128m	DSS annual report 2023-24	\$604m	\$121m	NDIA annual report 2022-23	\$35,193m	NDIA annual report 2022-23	0.71%
2023-24	\$88m	DSS annual report 2023-24	\$606m	\$121m	NDIA annual report 2023-24	\$41,846m	NDIA annual report 2023-24	0.50%

Note: *Calculated as 20 per cent of the total Partners in the Community funding.

Sources: Department of Social Services (2019), Department of Social Services (2020), Department of Social Services (2021), Department of Social Services (2023), Department of Social Services (2024d), Department of Social Services (2022), National Disability Insurance Agency (2020a), National Disability Insurance Agency (2024a), National Disability Insurance Agency (2018), National Disability Insurance Agency (2019), National Disability Insurance Agency (2020b), National Disability Insurance Agency (2021), National Disability Insurance Agency (2022b), National Disability Insurance Agency (2023), and National Disability Insurance Agency (2024c).

A.2 Estimate of individualised funding currently being used for services equivalent to general foundational supports

In Chapter 3, we estimate that the NDIA spends \$452 million annually on individualised payments for line items that could be delivered as general foundational supports. This estimate is based on the total payments made in the 2023-24 financial year against 14 line items Grattan identified, as outlined in Table A.2.

Table A.2: Payments by line item in 2023-24

Item number	Item description	Payments
01_134_0117_8_1	Capacity building and training in self-management and plan management	\$21,098,000
08_005_0106_2_3	Assistance with accommodation and tenancy obligations	\$925,000
09_006_0106_6_3	Life transition planning including mentoring, peer support, and individual skill development	\$45,831,000
09_008_0116_6_3	Innovative community participation	\$10,964,000
09_009_0117_6_3	Skills development and training	\$59,913,000
10_011_0128_5_3	Employment-related assessment and counselling	\$2,046,000
10_016_0102_5_3	Employment assistance	\$20,866,000
10_021_0102_5_3	School-leaver employment supports	\$82,804,000
11_024_0117_7_3	Individual social skills development	\$2,489,000
13_030_0102_4_3	Transition through school and to further education	\$115,000
15_035_0106_1_3	Assistance with decision making, daily planning, and budgeting	\$22,609,000
15_037_0117_1_3	Individual skill development and training, including public transport training	\$155,075,000
15_038_0117_1_3	Training for carers / parents	\$11,217,000
15_045_0128_1_3	Community engagement assistance	\$15,952,000
Total:		\$451,904,000

Source: National Disability Insurance Agency (2024b).

A.3 Calculation of estimated funding

This section outlines the calculations underpinning Grattan Institute’s funding proposal (Figure 3.1).

Table A.3: Proposed funding sources for general foundational supports

Funding source	Funding amount	Source / Methodology
Current Information, Linkages, and Capacity Building grants program (ILC)	\$135m	NDIS Review (2023b)
Current Partners in the Community funding for ILC-related activities (PiC ILC activities)	\$121m	Calculated as 20% of the \$606m the NDIA spent on Community Partnership costs in 2023-24 National Disability Insurance Agency (2024c, p. 67)
Redirected individualised funding	\$452m	See Appendix A.2
Reclaimed funds from the reduced Partners in the Community planning workload (PiC planning funds)	\$121m	Calculated as 20% of the \$606m the NDIA spent on Community Partnership costs in 2023-24 National Disability Insurance Agency (ibid, p. 67)
Total:	\$829m	

Notes: Components are rounded to the nearest million.

Source: Grattan Institute analysis.

Table A.4: Proposed funding allocations for general foundational supports

Funding allocation	Funding amount	Source / Methodology
Partners in the Community – General Foundational Supports function	\$286*	Sum of PiC ILC activities, PiC planning funds, and ILC funding for mainstream and community capacity building streams**
Information and Capacity Building supports	\$544m	Sum of redirected individualised funding and remaining proportion of ILC funding

Notes: Components are rounded to the nearest million.

*This is not the total funding amount for PiCs. The total funding amount for PiCs is \$645 million, which is equal to current funding + additional funding from ILC.

**This proportion was calculated by applying the proportion of funding on each stream from the Swinburne report, presented in Figure 3.2, to the total ILC annual funding amount.

Source: Grattan Institute analysis.

Bibliography

- Andrews et al (2015). Andrews, J., Falkmer, M., and Girdler, S. 'Community participation interventions for children and adolescents with a neurodevelopmental intellectual disability: a systematic review'. *Disability and Rehabilitation* 37.10, pp. 825–833. <https://doi.org/10.3109/09638288.2014.944625>.
- Au et al (2014). Au, K.-m. L., Wong, A. H.-c., Lam, C., Leung, C., Lau, J., and Lee, Y. K. 'The Efficacy of a Group Triple P (Positive Parenting Program) for Chinese Parents with a Child Diagnosed with ADHD in Hong Kong: A Pilot Randomised Controlled Study'. *Australian Psychologist* 49.3, pp. 151–162. <https://doi.org/10.1111/ap.12053> (visited on 29/11/2024).
- Australian Bureau of Statistics (2024). *Disability, Ageing and Carers, Australia: Summary of Findings*. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release> (visited on 04/12/2024).
- Australian Institute of Health and Welfare (2024). *Australia's Disability Strategy 2021–2031 Outcomes Framework: 2nd annual report*. catalogue number ADS 3. Commonwealth of Australia. <https://www.aihw.gov.au/reports/australias-disability-strategy/australias-disability-strategy-outcomes-framework>.
- Bainbridge, L. and Lunt, N. (2021). 'Place, Strengths and Assets: A Case Study of How Local Area Coordination is Supporting Individuals and Families Under Conditions of Austerity'. *The British Journal of Social Work* 51.4, pp. 1354–1373. <https://doi.org/10.1093/bjsw/bcab041>.
- Bartnik et al (2022). Bartnik, E., Langoulant, B., and Shean, R. *See Me, Know Me: Building Trust and Sustainability in the NDIS*. <https://www.uwa.edu.au/schools/-/media/Not-for-profits-UWA/External-Research-and-Resources-Contributed-To/Bartnik-Langoulant-Shean-See-Me-Know-Me.pdf>.
- Bennett, S. (2024). *National Disability Insurance Scheme Supports*. Grattan Institute. <https://grattan.edu.au/news/misstep-on-the-road-to-a-better-ndis/>.
- Bennett, S. and Orban, H. (2024). *Better, safer, more sustainable: How to reform NDIS housing and support*. Grattan Institute. <https://grattan.edu.au/report/better-safer-more-sustainable-how-to-reform-ndis-housing-and-support/>.
- Bigby et al (2023). Bigby, C., Carney, T., Then, S.-N., Wiesel, I., Sinclair, C., Douglas, J., and Duffy, J. *Diversity, dignity, equity and best practice: a framework for supported decision-making*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. <https://disability.royalcommission.gov.au/publications/diversity-dignity-equity-and-best-practice-framework-supported-decision-making>.
- Bray et al (2017). Bray, L., Carter, B., Sanders, C., Blake, L., and Keegan, K. 'Parent-to-parent peer support for parents of children with a disability: A mixed method study'. *Patient Education and Counseling* 100.8, pp. 1537–1543. <https://www.sciencedirect.com/science/article/pii/S0738399117301313>.
- Council of Australian Governments Disability Reform Council (2015). *A Framework for Information Linkages and Capacity Building*. Commonwealth of Australia. <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability-information-linkages-and-capacity-building-ilc/ilc-building-policy-framework>.
- Department of Social Services (2019). *Portfolio Additional Estimates Statements 2018-19 - Social Services Portfolio*. Commonwealth of Australia. <https://webarchive.nla.gov.au/awa/20220817140518/https://www.dss.gov.au/publications-articles-corporate-publications-budget-and-additional-estimates-statements/portfolio-additional-estimates-statements-2018-19> (visited on 22/11/2024).
- _____ (2020). *Portfolio Additional Estimates Statements 2019-20 - Social Services Portfolio*. Commonwealth of Australia. https://www.dss.gov.au/sites/default/files/documents/03_2020/portfolio-additional-estimates-statements-2019-20.pdf.
- _____ (2021). *Portfolio Additional Estimates Statements 2020-21 - Social Services Portfolio*. Commonwealth of Australia. https://www.dss.gov.au/sites/default/files/documents/02_2021/2020-21-paes-master-dss.pdf.
- _____ (2022). *DSS Annual Report 2021-22*. Commonwealth of Australia. <https://www.transparency.gov.au/publications/social-services/department-of-social-services/department-of-social-services-annual-report-2021-22/part-6---appendices-and-index-/appendix-a-resource-statements> (visited on 22/11/2024).

- Department of Social Services (2023). *DSS Annual Report 2022-23*. Commonwealth of Australia. https://www.dss.gov.au/sites/default/files/documents/10_2023/dss-annual-report-published-version_0.pdf.
- (2024a). *Early Years Strategy 2024-2034*. Commonwealth of Australia. <https://www.dss.gov.au/families-and-children-programs-services-early-years-strategy/early-years-strategy-2024-2034> (visited on 25/11/2024).
- (2024b). *Australia's Disability Strategy*. www.dss.gov.au/node/370 (visited on 04/12/2024).
- (2024c). *Foundational Supports for children with developmental concern, delay and/or disability and their families, carers and kin: Consultation paper*. Commonwealth of Australia. <https://engage.dss.gov.au/wp-content/uploads/2024/10/Foundational-Supports-Consultation-Paper.pdf>.
- (2024d). *DSS Annual Report 2023-24*. Commonwealth of Australia. https://www.dss.gov.au/sites/default/files/documents/10_2024/dss-annual-report-2023-24.pdf (visited on 22/11/2024).
- Dimmock et al (2024). Dimmock, K., Rees, N., and Kakoschke-Moore, S. *Review of best practice in early childhood intervention: Consultation report from the Association for Children with a Disability*. University of Melbourne. <https://healthy-trajectories.com.au/news-and-events/consultations-with-families-and-carers/>.
- Early Childhood Intervention Best Practice Network (2024). *Foundational Supports and the disability ecosystem for children with developmental concerns, delays, differences and disabilities: Principles, best practices and solutions*. https://www.earlyed.com.au/wp-content/uploads/2024/08/2024.07-ECIBP-Network-Foundational-Supports-and-the-Disability-Ecosystem_DIGITAL.pdf.
- Ernst & Young (2015). *Independent review of the NDIS Act*. <https://www.dss.gov.au/national-disability-insurance-scheme-review-and-reforms/resource/independent-review-ndis-act> (visited on 25/11/2024).
- Molloy et al (2019). Molloy, C., O'Connor, M., Guo, S., Lin, C., Harrop, C., Perini, N., and Goldfeld, S. 'Potential of 'stacking' early childhood interventions to reduce inequities in learning outcomes'. *Journal of Epidemiology and Community Health* 73.12, pp. 1078–1086. <https://jech.bmj.com/lookup/doi/10.1136/jech-2019-212282>.
- Moore et al (2018). Moore, T., Fong, M., and Rushton, S. *Evaluation of Plumtree Children's Services Now and Next program*. Centre for Community Child Health, Murdoch Children's Research Institute. <https://www.plumtree.org.au/now-and-next-an-external-evaluation/>.
- Murphy, N. (2011). 'Maltreatment of children With disabilities: The breaking point'. *Journal of Child Neurology* 26.8, pp. 1054–1056. <https://doi.org/10.1177/0883073811413278>.
- National Disability Insurance Agency (2018). *NDIA Annual Report 2017-18*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report/annual-report-2017-18>.
- (2019). *NDIA Annual Report 2018-19*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report/annual-report-2018-19>.
- (2020a). *NDIS Quarterly Report to disability ministers: Q4 2019-20*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/quarterly-reports/archived-quarterly-reports-2019-20>.
- (2020b). *NDIA Annual Report 2019-20*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report/annual-report-2019-20>.
- (2021). *NDIA Annual Report 2020-21*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report/annual-report-2020-21>.
- (2022a). *Intergovernmental agreements*. <https://www.ndis.gov.au/about-us/governance/intergovernmental-agreements> (visited on 25/11/2024).
- (2022b). *NDIA Annual Report 2021-22*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report/annual-report-2021-22>.
- (2023). *NDIA Annual Report 2022-23*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report/annual-report-2022-23>.
- (2024a). *NDIS Quarterly Report to Disability Ministers: Q1 2024-25*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>.
- (2024b). *NDIS Payments datasets*. <https://dataresearch.ndis.gov.au/datasets/payments-datasets> (visited on 27/11/2024).

- National Disability Insurance Agency (2024c). *NDIA Annual Report 2023-24*. Commonwealth of Australia. <https://www.ndis.gov.au/about-us/publications/annual-report>.
- NDIS Review (2023a). *Working together to deliver the NDIS: Independent review into the National Disability Insurance Scheme final report*. Commonwealth of Australia. <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis>.
- (2023b). *Working together to deliver the NDIS: Independent review into the National Disability Insurance Scheme final report – Supporting analysis*. Commonwealth of Australia. www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis-supporting-analysis (visited on 09/04/2024).
- Olney et al (2022). Olney, S., Mills, A., and Fallon, L. *The Tier 2 tipping point: Access to support for working-age Australians with disability without individual NDIS funding*. Melbourne Disability Institute, University of Melbourne. <https://disability.unimelb.edu.au/home/projects/support-outside-ndis>.
- Parliamentary Budget Office (2024). *2024-25 National fiscal outlook*. <https://app.powerbi.com/view?r=eyJrjoiZDNkYTlzMjQtdm00ZjQyLTk0YWI0MDlkMDE0YzdmY2RmliwidCI6ImRjMmE2ZmM0LTNhNWMTnDAwOS04MTQ4LT1YTE1YWl0NGJmNCJ9> (visited on 22/11/2024).
- Productivity Commission (2011). *Disability Care and Support*. 54. Commonwealth of Australia. <http://www.ssrn.com/abstract=2006098>.
- (2017). *National Disability Insurance Scheme (NDIS) Costs*. Commonwealth of Australia.
- (2024). *Report on Government Services 2024*. <https://www.pc.gov.au/ongoing/report-on-government-services> (visited on 20/11/2024).
- Ranjan, M. and Lowe, A. (2023). *Providing better support for children with autism and developmental delay*. Sydney: Actuaries Institute. <https://www.actuaries.asn.au/public-policy-and-media/thought-leadership-reports-and-papers/providing-better-support-for-children-with-autism-and-developmental-delay>.
- Roux et al (2013). Roux, G., Sofronoff, K., and Sanders, M. 'A Randomized Controlled Trial of Group Stepping Stones Triple P: A Mixed-Disability Trial'. *Family Process* 52.3, pp. 411–424. <https://doi.org/10.1111/famp.12016>.
- Services Australia (2024). *MBS billing for Complex Neurodevelopmental Disorders and eligible disabilities*. Billing rules for care plans. <https://www.servicesaustralia.gov.au/mbs-billing-for-complex-neurodevelopmental-disorders-and-eligible-disabilities?context=20> (visited on 27/11/2024).
- Shorten, B. and Rishworth, A. (2024). 'Building a strong ecosystem of disability supports'. *Ministers for the Department of Social Services*. <https://ministers.dss.gov.au/media-releases/13711> (visited on 04/12/2024).
- The Treasury (2023). *Intergenerational Report 2023*. Commonwealth of Australia. <https://treasury.gov.au/publication/2023-intergenerational-report>.
- Thiery et al (2023). Thiery, H., Cook, J., Burchell, J., Wilberforce, M., Twiddy, M., Nikolova, S., Martin, A., and Hulme, C. 'Transforming adult social care systems? A systematic review of the costs and outcomes of local area coordination in England and Wales'. *Social Sciences & Humanities Open* 8.1, p. 100714. <https://doi.org/10.1016/j.ssaho.2023.100714>.
- Trembath et al (2022). Trembath, D. et al. *National guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia*. Brisbane: Autism CRC. <https://www.autismcrc.com.au/best-practice/supporting-children>.
- Tune, D. (2019). *Review of the NDIS Act 2013: Removing red tape and implementing the NDIS participant service guarantee*. <https://www.dss.gov.au/national-disability-insurance-scheme-review-and-reforms/resource/review-ndis-act-report>.
- Wang et al (2016). Wang, M., Kim, J., Detar-Smith, W., and Singer, G. H. S. 'Evidence-based practices for supporting families of children with autism'. *Supporting families of children With developmental disabilities: Evidence-based and emerging practices*. Ed. by M. Wang and G. H. S. Singer. Oxford University Press, pp. 155–204. <https://doi.org/10.1093/acprof:oso/9780199743070.003.0004>.
- Western Australian Department of Communities (2024). *Communities Inclusion Connection Team Information Sheet*.
- Wilson et al (2021). Wilson, E., Qian-Khoo, J., Campaign, R., Brown, C., Kamstra, P., Kelly, J., Crosbie, J., Joyce, A., and Knox, J. *Overview of results: Informing investment design, ILC Research Activity*. Hawthorn: Centre for Social Impact, Swinburne University of Technology. https://www.dss.gov.au/sites/default/files/documents/04_2022/01._ilc_overview_of_results_report_-_final_-_accessible_pdf.pdf.