Noah's Ark Submission Regarding National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

1 June 2026

Noah's Ark Inc.

About Noah's Ark Inc

In 1971, following the end of routine institutionalisation, Noah's Ark Inc was founded by parents of children with disabilities, united by a mission to support families like their own. For over 55 years, Noah's Ark has focused on young children, playing an increasingly significant role in early childhood intervention and inclusion within early childhood services. The organisation has been a sector leader, notably introducing the transdisciplinary Key Worker model in Early Childhood Intervention (ECI) in Australia.

Noah's Ark has been actively involved in the National Disability Insurance Scheme (NDIS) since the initial trial phase and currently supports over 3,500 children (birth to 14 years) and their families. Operating across Victoria, NSW and the ACT, Noah's Ark is a registered NDIS provider delivering a range of programs that are focused on building better futures for children by enhancing inclusion, family capacity and child development. Alongside NDIS services, Noah's Ark also delivers a range of Victorian and Commonwealth Government programs.

The organisation is engaged in research focused on early childhood intervention and inclusion and employs over 350 staff.

The purpose of Noah's Ark is to build better futures for children with disabilities and additional needs. Our vision is that every child develops meaningful relationships, and participates and learns, with the encouragement and understanding of their families, carers, educators, and communities.

This submission has been prepared by John Forster, Dr Stacey Alexander and Lauren Falconer. John Forster has served as CEO of Noah's Ark for the past 26 years, is a former National President of Early Childhood Intervention Australia and has been a member of the Victorian Disability Advisory Council and the Victorian Government's NDIS Implementation Taskforce. John is also the parent of a child with a disability.

Dr Stacey Alexander, General Manager Research & Innovation, is a psychologist who has worked with Noah's Ark for the past 18 years. Together, John and Stacey co-authored *The Key Worker: Resources for ECI Professionals* (Alexander & Forster, 2012). Stacey designed the Key Worker Online Course: Working as a Lead Practitioner, which has now been completed by over 2,300 professionals nationally and internationally. Additionally, Stacey has published several peer reviewed articles and most recently, a book on attachment-focused ECI (Alexander, 2026).

Lauren Falconer, General Manager, Impact & Outcomes, is an occupational therapist and manager at Noah's Ark who uses her deep commitment to the use of coaching and capacity-building approaches to support teams to deliver quality, responsive and evidence-based services to children, families and educators. Lauren is responsible for the service performance, compliance and continuous improvement of all of Noah's Ark's areas, services, and programs.

Introduction

Noah's Ark welcomes the opportunity to contribute to the Community Affairs Legislation Committee's Inquiry regarding the proposed legislative changes to the National Disability Insurance Scheme (NDIS). We are optimistic regarding the impact of Thriving Kids on the early years landscape for children with developmental concerns, delays or disabilities and their families and agree that reform of the NDIS is necessary. Noah's Ark is a specialist provider for children aged from birth to twelve years and their families, with expertise in best practice in ECI, inclusion, practice-based coaching, the Key Worker role, Routines-Based Early Intervention (RBEI), Child Agency, and Attachment-Focused ECI. As such, our contribution to this consultation process will focus on just four of the proposed changes and only as they apply to children:

1. Access/eligibility for the NDIS
2. Reasonable and necessary supports
3. Registration of high risk supports, and
4. Criteria for unscheduled plan reassessments

Noah's Ark recommends the following:

1. Access decisions for infants and young children should include consideration of diagnosis and significant known risks instead of waiting until a significant functional deficit is evidenced.
2. The concept of what is reasonable and necessary be viewed through the context of the child's level of support needs, and the disability and socio-economic stressors being experienced by the families.
3. That NDIS services for children be considered high-risk and require delivery by registered services.
4. The dynamic nature of child development and family circumstances be considered in decision-making regarding plan reviews and the timeliness of these.

1. Access/Eligibility for the NDIS

Early Childhood Intervention (ECI) is a vital service to get right for children, families, communities and to ensure an effective ecosystem of support for children with developmental delays and disabilities.

Early intervention for young children is based on the principles of early childhood development. Humans learn more rapidly in the early years than at any other stage in life (Moore et al., 2017). During this time, the basic architecture for future development is established. If a child is not developing well, the sooner the situation can be addressed then the greater benefit for future development. The economic imperative for early intervention is based on the importance of intervening early (Heckman & Masterov, 2007). The costs of intervening later are greater, because early developmental opportunities have been lost, poor adaptations have occurred, and it requires greater intervention to bring about change.

The Review of National Disability Insurance Scheme (NDIS) identified several unintended negative consequences of the NDIS including, most importantly, the average age of children first coming into the NDIS being significantly older than the crucial first 1000 days of a child's life, which Moore et al. (2017) informs us, "…is the period of maximum developmental plasticity, and therefore the period with the greatest potential to affect health and wellbeing over the life course".

While there is still limited information available regarding what will be offered under Thriving Kids, we remain hopeful that children and families will be better able to access the support they need in a more timely manner than the current challenges in efficient access to the NDIS. While in principle we agree with the shift from diagnosis to functional capacity, we hold concern that this could also lead to unintended outcomes for some children and families. Babies and young children who receive an early diagnosis may not yet be exhibiting significantly impacted functional capacity but would still benefit greatly from ECI, particularly if focused on building family capability, supporting adjustment to a diagnosis and pre-empting functional challenges through early, specialised support. Focusing solely on functional impact can lead to a 'wait and see' approach when the science tells us that this child has a high probability of permanent and significant delay due to their condition or risk factors, and that effective early intervention can mitigate the full impact of the child's condition.

Serrano (2023) informs us in the European roadmap to development of an Early Childhood System, that eligibility should be based on developmental delay of both known and unknown causes, high risk due to biological factors, and high risk due to environmental risk factors (see Appendix 1 for details). While a robust Thriving Kids program may meet the needs of many children and families with developmental risk or delay, the more intense support available through the NDIS will be far more effective in reducing lifetime needs for others, particularly those with genetic, congenital or permanent conditions. For these children, the likelihood of functional capacity impact is very high, and therefore, timely access to appropriately skilled and resourced ECI is critical. When developmental risks are known and very high, waiting for evidence of functional impact risks missing the opportunity to effectively impact long-term outcomes.

In brief, we agree for older children and adults that functional impact is a more effective criteria for access to the NDIS than diagnosis. However, access for infants and young children requires a more nuanced approach, which includes consideration of diagnosis and significant known risks, due to the benefit of early intervention before functional capacity becomes significantly impaired.

2. Reasonable and necessary supports

Given the escalating costs of the NDIS and the need to make the program sustainable, we understand the need for greater clarity around what supports are reasonable and necessary. We would however, like to highlight the necessity of considering the needs of children and their families separately from adults with a disability.

Families are the main facilitators of child development, wellbeing and participation and children with a developmental concern, delay or disability require more intensive support from their families to flourish (Buckner & Yeandle, 2017; Guralnick, 2005; Innocenti et al., 2013). However, families of children with developmental concerns, delays or disability have an increased likelihood of experiencing a range of other contextual risk factors (Daniels et al., 2008; Leonard et al., 2005), and their children have been found less likely than other children to receive the warm and responsive parenting they need (Eshbaugh et al., 2011).

The potential stressors arising from having a child with a disability or developmental delay can begin very early and can challenge parental confidence (Guralnick, 2005). Stressors can include a need for information and advice, decision-making regarding services, a need for additional resources, and the efforts of needing to advocate to access those resources (Guralnick, 2005). Other factors include parenting stress arising from disrupted sleep (Bourke-Taylor et al., 2013; Jacquier & Newman, 2017) and responding to behaviours of concern (Baker et al., 2003; Keller & Sterling Honig, 2004). The emotional impact of seeking and then coming to terms with a diagnosis can be varied, impactful and long lasting (Beeber et al., 2017; Bourke-Taylor et al., 2010; Bourke-Taylor et al., 2012; Feniger-Schaal & Oppenheim, 2013; Totsika et al., 2011). Social stigma and isolation can still be experienced by parents of children with developmental disability, impacting the parents' physical and mental health (Song et al., 2018).

Contextual factors can exacerbate these disability-specific risks. Children born into the bottom 10% of socio-economic disadvantage have five times the risk of a mild to moderate intellectual disability than the children in the top ten percent of socio-economic advantage (Leonard et al., 2005). Children with a disability are twice as likely to experience family and domestic violence (Octoman et al., 2022). Mothers with a pre-existing psychiatric diagnosis have an increased likelihood of having a child with cognitive difficulties (Collins et al., 2017) and are twice as likely to have a child with Autism Spectrum Disorder (ASD) (Daniels et al., 2008). Diabetes triples the risk of having a child with ASD while there is a four-fold risk from maternal epilepsy (Fairthorne et al., 2014). This convergence of risk factors means that the families of children with a disability or developmental delay are more likely to be contending with a range of challenges in addition to their child's developmental concerns.

Insufficient support to families as they attempt to adjust to additional parenting responsibilities has significant long term negative consequences. The impact of high levels of parental stress will influence attachment security (Booth et al., 2018), so it is unsurprising that children with a disability or developmental delay are significantly less likely to develop a secure parent-child attachment relationship (Alexander et al., 2023). The quality of parent-child attachment is significantly associated with a wide range of developmental outcomes including but not limited to behaviour (Fearon & Belsky, 2011), communication (Belsky & Fearon, 2002), learning (Geddes, 2018), mental health (Rapoza et al., 2016; Sroufe, 2005), physical health (Puig et al., 2013; Rapoza et al., 2016), social skills (Groh et al., 2014) and socio-emotional regulation (Pallini et al., 2018). Attachment quality forms largely over the first year of life and tends to remain steady, barring major life events (McConnell & Moss, 2011). Early Childhood Intervention (ECI) professionals are well positioned to support the

development of secure parent-child relationships when families are able to access ECI early (Alexander et al., 2019).

In thinking about what is reasonable and necessary support, it could be said, for example, that all young children need to be supervised by a parent or caregiver at the park. It might therefore be said that support to access the park is a parental responsibility rather than a reasonable and necessary support. However, while a child without a disability might need their parent to observe them and offer a safe base and encouragement, a child with disability may need extensive physical support to use the equipment, or extensive behavioural, social, and/or communication support to engage with their peers. Therefore, the concept of what is reasonable and necessary needs to be viewed through the context of the child's level of support needs, and the context of the disability and socio-economic stressors being experienced by the families, not just with a blanket view of 'parental responsibility.' Family wellbeing is imperative if we are to make a meaningful impact on the child's development.

3. Registration of high risk supports

We agree with the proposal that providers of higher risk supports should be registered and argue that ECI is a high-risk support for two reasons. First, the safety and wellbeing of children of children is paramount, with babies and children with disability and developmental delay at an even higher risk due to additional risk factors. Children with a disability have triple the likelihood of experiencing abuse or neglect than children without a disability (Maclean et al., 2017) and children with an intellectual disability have four times the risk of experiencing sexual abuse (Sullivan & Knutson, 2000). It is vital for the government to mitigate these risks through restricting service provision to high quality registered providers to ensure appropriate oversight to maintain child safety.

Second, working effectively with children with disability requires practitioners who have a strong foundational understanding of the principles and progression of child development, including the wide variability in children's developmental trajectories across domains. Without a solid grounding in child development allied health professionals will not understand how to effectively support children with disability. While it may seem that the delivery of early childhood and early intervention services is of a moderate or low risk, particularly due to the professional registration requirements of practitioners, registration with professional bodies does not automatically ensure high quality, evidence-based services are delivered. This is of critical importance in the context of early childhood intervention, given the risk to child development should a poor-quality service be delivered. Therefore, it is essential to consider ECI as a high-risk support with proportionate registration requirements to ensure the highest standards of quality and safety, especially given the critical nature of this developmental period.

Best practice in ECI internationally is to have multidisciplinary teams including specialist teachers and therapists. The specialist teachers have a level of training in child development that therapists do not have. The therapists have a training in specific areas of delay and disability that the teachers do not have. Early Childhood Intervention has proved to be most effective when a team can identify specific areas

of delay and disability within the context of early childhood development. This is because the pace and rate of young children's development is highly variable, particularly in comparison to later in life.

Another unintended consequence of the NDIS has been an increased demand for allied health services which has led to a predominance of new graduates providing services to children with developmental delays and disabilities. Prior to the NDIS, ECI was recognised as a specialist area due to the complexities of child and family needs and the requirement for additional training beyond discipline specific qualifications. The field attracted and retained experienced staff. Many professionals now coming to ECI require additional training in child development, best practice in ECI, coaching, routines-based intervention, attachment-focused ECI, and how to support child voice and agency, in addition to honing their discipline specific skills and knowledge.

The introduction of the NDIS has also seen a reduction in funding and structural support for workforce training. Previously organisations had funding for, and were expected to provide, training. State and Territory governments also sometimes, subsidised training supporting a best practice approach. As a result, we have a more inexperienced workforce with fewer opportunities to develop their knowledge and skills. This means it will require a significant investment to get the workforce back to the consistency in skills it had prior to the NDIS.

Provision of high-quality NDIS services for children and their families requires a stable, sustainable, and skilled workforce; knowledgeable about, and aligned to, a best practice approach in ECI. High quality ECI serves the dual purpose of supporting both the development and well-being of the child, fostering the development of functional skills enabling meaningful participation in family and community life; and supporting the family, building parental confidence and capability. When this is not provided, there are likely to be worse outcomes regarding development, behaviour, mental health, maltreatment, out-of-home care, etc, with greater associated costs for the family, government and the wider society. Therefore, any decisions regarding registration of providers in relation to high-risk supports should also consider ECI as a high-risk support, given the consequences if poor quality support is delivered, for both child safety and child and family outcomes.

4. Criteria for unscheduled plan reassessments

Once again, while we appreciate that a reduction in unscheduled plan reassessments across the scheme is likely an efficient source of savings in the NDIS, there are different considerations for children.

Due to the dynamic nature of child development and the shifting context of family circumstances, children's needs can change rapidly and significantly. Children's development is not linear and is impacted by a range of contextual factors. Additionally, the functional impact of many children's disabilities can be variable and change over time. For example, children with Cerebral Palsy may experience changes to their function during periods of growth. While some of these functional variabilities can be reasonably predicted, this is not always the case. In addition, the

circumstances surrounding the child can change rapidly and unexpectedly which may necessitate urgent changes in support.

Restrictions on reassessments and three-month delays on decisions being made could have a disproportionate impact on children and families. This would have significant negative consequences on outcomes for children, given the importance of high-quality ECI in reducing long term support needs. Any restrictions to unscheduled plan reviews must actively consider the different needs of children and families and ensure they are not disproportionately impacted by these changes.

Summary

Noah's Ark is an agreement that reform of the NDIS is needed to make it sustainable and to better meet the needs of children and families in a timely manner to enable prevention or reduction of the long-term impacts of disability, developmental delay and developmental risk. We highlight the need for some of the proposed legislative changes to be considered differently for children than for adults in the scheme.

Recommendations

Noah's Ark recommends the following:

1. Access decisions for infants and young children should include consideration of diagnosis and significant known risks instead of waiting until a significant functional deficit is evidenced.
2. The concept of what is reasonable and necessary be viewed through the context of the child's level of support needs, and the disability and socio-economic stressors being experienced by the families.
3. That NDIS services for children be considered high-risk and require delivery by registered services.
4. The dynamic nature of child development and family circumstances be considered in decision-making regarding plan reviews and the timeliness of these.

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Appendix – Eligibility Criteria

Charts taken directly from:

Serrano, A., Boavida, J., Espe-Sherwindt, M., van Loan, N. (2023). *10 Steps to the development of an Early Childhood Intervention System - Roadmap*. Funded by the European Union. https://clearinghouse.unicef.org/download-ch-media/a2eba5f6-8d14-4756-b46d-80f1aa6d596c

Table 1 **Eligibility criteria**

Children between 0 and 6 years and their families, who present conditions, included in the following groups:

1. Confirmed disability or established developmental delay in one or more areas of development: motor, physical, cognitive, communication, social-emotional, and/or adaptative.
2. 'High risk for developmental delay "by the existence of biological or environmental conditions, which imply a high probability of significant delay in child development.

Eligibility criteria include **all children from the 1st group and children from group 2, for whom at least a determined number of factors of biological and / or environmental risk are present.**

Table 2 **Eligibility based on developmental delay or disability**

1. CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITY

1.1. Development delay of unknown etiology, covering one or more areas of development (motor, physical, cognitive, language and communication, emotional, social and adaptive, validated by formal appropriate professional assessment.

1.2. Developmental delay related with specific conditions, among others:

- Chromosomal anomaly (e.g. Trisomy 21, Trisomy 18, X Fragile Syndrome);
- Neurological disorder (e.g. Cerebral palsy, neurofibromatosis);
- Congenital malformations (e.g. dysmorphic syndromes);
- Metabolic disease (e.g. Mucopolisacaridoses, glycogenoses);
- Sensory Deficit (e.g., Low vision / blindness, deafness);
- Disorders related to prenatal exposure to teratogenic agents or narcotics, cocaine and other drugs (e.g., Fetal Alcohol syndrome);
- Disorders related to congenital severe infections (e.g., HIV, TORCH group, meningitis);
- Severe chronic disease (e.g., CNS tumors, kidney disease, hematologic disease);
- Atypical development with impact in social interaction and communication (e.g., autism spectrum disorders);
- Severe disorders of attachment and other emotional disturbances.

Table 3 Eligibility criteria based on biological risk

2. CHILDREN AT HIGH RISK FOR DEVELOPMENT DELAY

2.1. Children exposed to biological risk factors: Includes children who are at risk of developmental disorders, related to biological conditions that clearly interfere with the provision of basic care, health and development.

Based on a diagnosis related to, among others:

- Family history of genetic abnormalities associated with developmental disorders;
- Intrauterine toxic exposure (e.g. alcohol, drugs);
- Severe prenatal complications (e.g. hypertension, toxemia, infection, bleeding, etc.);
- Prematurity <33 weeks of gestation;
- Very low birth weight (<1.5kg);
- Intrauterine growth retardation (IUGR): Birth weight <10th percentile for gestational age;
- Severe perinatal asphyxia (Apgar after 5 minutes <4 or cord blood pH <7.2 or neurological manifestations or systemic organic neonatal);
- Serious neonatal complications (e.g. sepsis, meningitis, metabolic, seizures);
- Intraventricular hemorrhage;
- Congenital infections (e.g. TORCH group);
- Child HIV positive;
- Severe infections of the central nervous system (e.g. bacterial meningitis, meningoencephalitis);
- Severe head injuries;
- Chronic otitis with high risk of hearing deficit.

Table 4 Eligibility criteria based on environmental risk

2. CHILDREN AT HIGH RISK FOR DEVELOPMENT DELAY

2.2. Children exposed to environmental risk factors.

Includes children who are at risk of manifesting limitations in neurodevelopment related to environmental conditions that clearly interfere with the provision of basic care, health and development. These include parental and contextual factors.

2.2.1. Parental risk factors, among others:

- Teen mothers <18 years;
- Abuse of alcohol or other addictive substances;
- Mother HIV positive;
- Chronically disturbed family interaction;
- Psychiatric Illness;
- Disabling or restrictive physical illness.

2.2.2. Contextual factors, among others:

- Isolation (at geographical level with difficulty in accessing formal and informal resources);
- Socio-cultural, ethnic, racial, sexual or religious discrimination; conflict in the relationship with the child);
- Poverty (use of food banks and / or centers of social support, unemployment, families depending on social support);
- Family Disorganization (frequent family conflicts, neglected home environment);
- Neglect in the basic care of the child (health, food, health and education);
- Important concerns expressed by a parent, person providing child care or health care professional regarding the development of the child, the mother or parenting style interaction.