To the Community Affairs Committee,

I am writing as a parent of three disabled children currently accessing the NDIS. Proposed cuts to the scheme, particularly to capacity building supports, would have devastating consequences for my children, our family, and many others like us.

My children rely heavily on allied health supports including occupational therapy, speech therapy, physiotherapy, and dietetics. These are not “extras” or luxuries. They are essential, evidence-based supports that help my children communicate, participate in daily life, improve their physical health and safety, and reduce long-term dependence on higher levels of support in the future.

Without these supports:

- My children’s development would likely regress.
- Their ability to communicate and participate in the community would decrease.
- Their independence and quality of life would be significantly impacted.
- The burden on our family as carers would increase dramatically.
- Their future support needs may become far more intensive and expensive.

For my eldest child, OT and speech therapy are essential for communication, emotional regulation, sensory processing, and daily functioning. These therapies are helping him access school, build confidence, and engage with the world around him safely and meaningfully.

For my second child, speech and allied health supports are critical during the early intervention years. Delays in accessing or losing these services could have lifelong consequences. Early support matters. Waiting until children are in crisis costs far more emotionally, socially, and financially.

For my third child especially, these proposed cuts are deeply frightening. She requires ongoing support from physiotherapy, dietetics, OT, and speech therapy to support her physical development, feeding, communication, and overall functioning. These therapies are not optional. They are helping us identify concerns early, prevent complications, and give her the best possible chance at development and participation.

Capacity building supports are often misunderstood. They are not simply “appointments.” They include:

- parent education,
- home strategies,
- communication support,
- sensory regulation planning,
- feeding support,
- mobility development,
- assistive technology guidance,
- school collaboration,
- and helping families create sustainable routines for disabled children.

As parents, we carry enormous invisible labour every single day. We coordinate appointments, implement therapy strategies at home, advocate within schools and healthcare systems, manage behaviours and sensory needs, monitor development, and try to prevent burnout within our families. Allied health professionals are not replacing parenting, they are equipping us with the tools and support needed to care for our children safely and effectively.

The reality is that much of the responsibility for supporting disabled children already falls heavily onto families and unpaid carers. This labour is physically, mentally, emotionally, and financially exhausting.

Reducing NDIS supports will not remove these needs, it will simply transfer even more pressure onto families who are already struggling to cope.

Many everyday Australian families cannot afford the private costs associated with disability supports without the NDIS. Allied health appointments often cost hundreds of dollars per session. Occupational therapy, speech therapy, physiotherapy, dietetics, psychology, and specialist assessments quickly become financially out of reach for ordinary families, particularly those with multiple disabled children.

Beyond therapy costs, families are also expected to fund or contribute toward essential disability-related expenses including:

- AAC devices and communication supports,
- mobility aids,
- sensory supports,
- continence products,
- home modifications,
- vehicle modifications,
- specialised seating and equipment,
- and ongoing replacement or maintenance costs.

Without adequate NDIS funding, many children will simply go without the supports and equipment they need to safely participate in everyday life.

These cuts also place carers at significant risk of burnout. When families lose access to support, respite, therapies, and practical assistance, the emotional and physical toll increases enormously. Carer burnout does not just impact parents, it impacts the wellbeing, stability, and safety of disabled children too.

The NDIS should not be moving families closer to crisis in the name of “savings.” Early intervention, capacity building, and practical supports are what help families remain stable, sustainable, and able to continue caring for their children long-term.

Another major concern is the reality that many families cannot simply “fall back” on the public healthcare system if NDIS-funded supports are reduced.

Public waitlists for paediatric specialists and allied health services are already overwhelmed. Families are routinely waiting months or even years for appointments, assessments, therapies, and diagnoses. Appointments are frequently rescheduled or delayed due to staffing shortages and system pressures, leaving children without timely intervention during critical developmental periods.

In our experience, specialist appointments have already been pushed back multiple times, extending the wait even further. Families are often left feeling abandoned, watching their children struggle while being told to “wait and see.”

As a result, many families feel forced into the private system simply to access timely care for their children. This can mean finding thousands of dollars for appointments, assessments, therapies, reports, and equipment, costs that are completely unrealistic for many ordinary Australian families during a cost of living crisis.

Children should not miss out on communication support, mobility support, feeding support, developmental therapies, or essential assessments simply because their families cannot afford private healthcare.

When early supports are delayed or inaccessible, children can lose valuable developmental opportunities, needs can escalate, and families are pushed closer to crisis. These delays do not save money in the long term, they simply shift the cost elsewhere, often with worse outcomes for children and families alike.

I am also deeply concerned about the broader message these reforms send to disabled people and their families, that supports must only exist once someone reaches crisis point. Early intervention and capacity building are what prevent crisis. Removing them risks increasing hospitalisations, mental health decline, carer burnout, educational disengagement, and long-term support costs.

Disabled children deserve the opportunity to communicate, learn, regulate, move safely, and participate in their communities. They deserve dignity, inclusion, and equal opportunity, not barriers created by funding cuts.

Families should not have to fight constantly to justify supports that professionals already deem necessary.

I urge the Committee to protect capacity building supports within the NDIS, including occupational therapy, speech therapy, physiotherapy, and dietetics. These supports change lives - not only for participants, but for entire families.

Please listen to disabled people, carers, and families who live this reality every day.

Sincerely,