



Legislative Assembly for the
Australian Capital Territory

Select Committee on Estimates 2026-
2027

Submission Cover Sheet

Inquiry into Appropriation Bill 2026-2027 and Appropriation (Office of the Legislative Assembly) Bill 2026-2027

Submission number: 02

Submitter: Advocacy for Inclusion

Date authorised for publication: 8 July 2026

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**Submission to the Select Committee on Estimates 2026-27
Inquiry into the Appropriation Bill 2026-2027 and Appropriation (Office of the Legislative
Assembly) Bill 2026-2027.**

Dear Committee members,

Advocacy for Inclusion welcomes the opportunity to provide this submission to the Select Committee on Estimates 2026-27. We view the Estimates process as a vital mechanism for transparency and accountability in government spending and policy delivery, and we thank the Committee for its work.

About us

Advocacy for Inclusion (AFI) is an independent organisation delivering reputable national systemic advocacy informed by our experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information and resources in the ACT. As a Disabled People's Organisation, the majority of our organisation – including our Board of Management, staff and members – are people with disabilities. AFI speaks with lived experience and is committed to advancing opportunities for the insights of people with disability to be heard and acknowledged. AFI convenes the ACT Disability Directed Advocacy Caucus comprising AFI, Women with Disabilities ACT, and ACT Down Syndrome and Intellectual Disability.

Budget Reception

This year's submission is made at a critical and unusually pressured moment. The 2026-27 ACT Budget is being delivered against the backdrop among the most significant proposed changes to the National Disability Insurance Scheme since its inception. The NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026 is currently before the Senate, with the Community Affairs Legislation Committee inquiry extended to 14 August 2026. NDIS access changes affecting children aged eight and under with developmental delay or autism are proposed to take effect on 1 January 2028 – the same date by which Thriving Kids is required to be fully operational. Broader changes flowing from the Bill, if passed, are anticipated before

Thriving Kids has even commenced. Canberrans who lose NDIS access will turn to ACT Government systems – in health, education, housing, and community services – that are already under strain.

We welcome a number of investments in this Budget, including the \$14.8 million commitment to Thriving Kids, the substantial capital injection into public housing, the increase in Output 2.2 (Disability) appropriations, and the enabling works investment at the North Canberra Hospital site. However, significant gaps remain between the scale of investment and what is needed to protect Canberrans with disability through a period of major system change. This submission identifies where the Budget falls short, poses specific questions that we believe the Committee should pursue in hearings, and outlines what genuine accountability for disability outcomes in this Budget period would look like.

We have organised our concerns around five themes, consistent with the priorities identified in the ACT Disability Caucus's 2026-27 Budget submission: Thriving Kids and foundational supports; inclusive education; health; housing; and the delivery of broader disability strategy commitments.¹

Theme 1: Thriving Kids and Foundational Supports

The ACT Government has committed \$14.8 million to the design and implementation of Thriving Kids in 2026-27, with services due to commence from 1 October 2026 and full rollout by 1 January 2028.² We acknowledge this commitment. However, the Budget papers do not provide adequate assurance that the sequencing and resourcing of this rollout will prevent gaps in support for Canberran children and families.

The joint submission by State and Territory Disability Ministers – which Minister Orr co-signed – explicitly identified the risk that NDIS access and planning changes outpacing the development and implementation of foundational supports could create new service gaps.³ The proposed changes to participation supports under the NDIS Amendment Bill, if passed, would take effect before Thriving Kids is even partially operational. Service design work in the ACT is still actively underway, and the ACT Implementation Plan – which was to be agreed before the end of May 2026 – has not, to our knowledge, been publicly released.

Beyond Thriving Kids, the Budget papers make reference to foundational supports but contain no discernible investment in foundational supports for the broader population of Canberrans with disability who may exit or be excluded from the NDIS.⁴ The joint ministerial submission is unambiguous that states and territories are not in a position, and have made no agreement, to deliver like-for-like services to people who are exited from the NDIS. The Budget does not

¹ ACT Disability Directed Advocacy Caucus, [Joint Submission: Shared investment priorities for the ACT Government Budget 2026-27](#).

² ACT Government, *Budget Statements C: Health and Community Safety Directorate*, Table 26, p. 32.

³ State and Territory Disability Ministers, [Submission to the Senate Standing Community Affairs Legislation Committee: National Disability Insurance Scheme Amendment \(Securing the NDIS for Future Generations\) Bill 2026](#). June 2026. Submission number 508,

⁴ *Budget Statements C*, p. 4.

appear to contain modelling of the volume of cost-shifting this will produce across ACT systems, nor dedicated budget provision to absorb it.

We ask the Committee to pursue the following questions:

- What services will specifically be available to Canberran families on 1 October 2026 – not in principle, but in practice? How many children are expected to be served, and in which parts of Canberra?
- What is the status of the ACT Implementation Plan for Thriving Kids, and when will it be released publicly?
- What modelling has the ACT Government done on the volume of cost-shifting from NDIS exits across health, education, housing and justice – and what budget has been set aside to absorb it?
- How are disability-directed organisations being resourced to participate in the Thriving Kids design process, or is that participation currently being absorbed as unfunded work?

Theme 2: Inclusive Education

The 2026-27 Budget funds a feasibility study for the expansion of specialist and flexible schools – \$100,000 in 2026-27 and \$500,000 in 2027-28.⁵ While we do not oppose examination of what the specialist and flexible school sector can offer, we are concerned that this investment in studying segregated settings is not matched by equivalent investment in exploring expanded supports for students with disability in mainstream schools. The absence of balance risks entrenching segregation rather than addressing the resourcing failures that make inclusive education unworkable.

The Budget papers confirm that Output 1.4 – Disability Education in Public Schools – increases by approximately \$8.3 million in 2026-27, from \$133.3 million to \$142.6 million.⁶ However, the changes to appropriation table do not identify a specific new disability education policy initiative driving this increase. It appears to reflect indexation and enterprise agreement impacts rather than a deliberate structural increase in the disability funding envelope. No new initiative funding tied specifically to the Inclusive Education Strategy, student disability loadings, or Learning Support Assistant (LSA) resourcing is identifiable in the Budget papers.

This matters because the Government's response to the school resourcing review agreed in principle to Recommendation 23, which called for the disability funding envelope to be increased so every school can be appropriately funded when the new adjustment-based resourcing model is introduced in 2027. The Government's response explicitly deferred any additional funding requirements to "future budget processes."⁷ This is the future budget process in question – and no increase to the disability funding envelope is identifiable in it. The

⁵ ACT Government, *Budget Statements F: Education Directorate*, Table 23, p. 21.

⁶ Ibid., Table 17, p. 16.

⁷ ACT Government, [Future of Education: One Public Education System – Interim Government Response to the ACT Public School System Resourcing Review](#), 2026, p. 14.

Government has committed \$2 million to review and update funding models as part of its broader resourcing review response, but this is planning investment, not a structural increase in the envelope available to support students with disability.

The large *Supporting Public Schools initiative* – \$40.3 million in 2026-27 – is welcome, but it is not disability-specific and nothing in the accountability indicators or output descriptions ties it to the Inclusive Education Strategy.⁸ The Strategy's own accountability indicators in the Budget papers remain thin: the only disability-specific measure is the proportion of students receiving substantial or extensive adjustments who have Individual Learning Plans completed, with a target of 100 per cent.⁹ There is no indicator tracking LSA availability, specialist workforce capacity, exclusion patterns, or progress against the Strategy's action plan.

Member organisations continue to report students with disability being informally excluded, placed in segregated settings due to inadequate staffing, and losing access to excursions, assemblies and mainstream integration – not because teachers do not care, but because schools lack the resources to deliver what families have been promised. The joint ministerial submission also identifies education as one of the systems at risk of cost-shifting pressure from NDIS participant exits, yet there is no evidence the Education Directorate has modelled the additional cohort of students with unmet needs who may present in ACT schools if anticipated NDIS changes proceed.

We ask the Committee to pursue the following questions:

- The Government's response to Recommendation 23 explicitly deferred any increase to the disability funding envelope to "future budget processes." This is the first such budget. Can the Minister confirm whether that increase has been made – and if not, what is the risk to schools when the adjustment-based model commences in 2027 without an adequately resourced envelope?
- The feasibility study into specialist and flexible school expansion receives \$100,000 this year and \$500,000 next year. What are its terms of reference, and do they include an assessment of compatibility with the Inclusive Education Strategy and Australia's obligations under the CRPD? Is there an equivalent investment in exploring expanded supports for students with disability in mainstream settings?
- Has the Education Directorate modelled how many additional students with disability may present with unmet needs in ACT schools as a result of anticipated NDIS changes – and is there any budget to respond?
- The Budget papers include no accountability indicators tracking LSA availability, specialist workforce capacity, or exclusion patterns. How will the Government measure and report on progress against the Inclusive Education Strategy's action plan during this Budget period?

Theme 3: Health

⁸ *Budget Statements F: Education Directorate*, Table 23, p. 21.

⁹ *Ibid.*, Table 21, p. 18.

We welcome the Government's long-term commitment to the new North Canberra Hospital, and acknowledge that the 2026-27 Budget does fund enabling works and detailed design for the new facility – \$9.4 million and \$4.7 million respectively in 2026-27, with enabling works continuing into 2027-28.¹⁰ However, with full construction not commencing until 2027-28 and the new facility not expected to open until 2031, people with disability continue to face significant barriers in existing facilities today – and the 2026-27 Budget does not appear to contain adequate resourcing to address them in the interim.

AFI's March 2026 paper, *Wellbeing and Social Support for Long-Stay Hospital Patients*, prepared for the CHS Consumer and Carer Advisory Committee, details the gap between policy aspiration and ward-level practice for people living in ACT hospitals for extended periods.¹¹ The paper makes clear that this is a gap between the ACT's existing obligations and what patients are currently experiencing. The Commonwealth NSQHS Comprehensive Care Standard already mandates whole-person care that explicitly includes social and functional needs. The ACT's own Wellbeing Framework and Human Rights Act reinforce this. Current practice for long-stay patients – including at the UC Rehabilitation Hospital – falls short of these existing requirements.

Specific gaps identified in that paper and in our broader advocacy include:

- Inadequate access to occupational therapy, psychology, dental and oral health care, social work, and primary care for conditions beyond the admitting diagnosis;
- The absence of structured social connection and meaningful occupation programs; and
- Insufficient support for personal dignity, autonomy and cultural identity during extended admissions.

These are not amenity concerns – they are conditions for living well, and the ACT has already committed to them through its own frameworks. We note that Subacute and Community Services – which includes the UC Rehabilitation Hospital – receives \$468 million in 2026-27, up from \$439 million, but no identifiable component of that increase is directed at the patient-facing allied health and wellbeing gaps we have identified.¹²

We also note that while the Budget papers confirm CHS will deliver a new Disability Inclusion Plan in 2026-27¹³, there is no funded disability liaison position visible in the changes to appropriation tables for either CHS or HCSD. This has been called for consistently under the ACT Disability Health Strategy and remains unaddressed.

The proposed NDIS changes are expected to place increasing pressure on ACT Health systems, and without better disability-specific navigation and liaison capacity, the risk identified in the joint ministerial submission – that people with disability will end up in hospital settings that are inappropriate and unable to meet their needs – becomes more acute. We note the Government's significant investment in responding to health care demand – \$169.5 million in

¹⁰ *Budget Statements C: Canberra Health Services*, Table 21, p. 83-84.

¹¹ Advocacy for Inclusion, [Wellbeing and Social Support for Long-Stay Hospital Patients](#), March 2026.

¹² *Budget Statements C*, Table 15, p. 77.

¹³ *Ibid.*, p. 67.

2026-27 – but this is a system-wide measure and does not appear to be directed at disability-specific access and support gaps.¹⁴

We ask the Committee to pursue the following questions in hearings:

- The NSQHS Comprehensive Care Standard already requires whole-person care including social and functional needs. Has ACT Health conducted a gap analysis of current long-stay patient practice against this standard – and if so, what did it find?
- What specific resourcing exists in this Budget for occupational therapy, psychology, dental care, and social support for long-stay patients at the UC Rehabilitation Hospital and other ACT facilities?
- The Budget papers confirm CHS will deliver a new Disability Inclusion Plan but no funded disability liaison role is identifiable in the appropriation tables. Are dedicated disability liaison roles in ACT hospitals funded in this Budget? If not, what is the timeline and what is the barrier?
- What specific rectification works are planned at the current North Canberra Hospital for the period before the new facility opens in 2031, and is there dedicated funding for that in this Budget beyond the enabling works already committed?
- Is the ACT Government tracking data on disability-related bed block or delayed discharge in ACT hospitals – and if so, what does that data show?
- How is ACT Health being resourced to absorb the additional demand expected to flow from anticipated NDIS changes?

Theme 4: Housing

We welcome the Government's substantial public housing investment. The 2026-27 Budget includes new capital investment for housing of \$68 million for the Public Housing Pipeline – supporting 450 new public homes – and \$35.5 million for repairs and maintenance, alongside a significant increase in controlled recurrent payments from \$63.9 million to \$123 million driven primarily by the new Public Housing Repairs and Maintenance initiative of \$183.4 million over four years.¹⁵

These sit within a broader capital injection of \$266.3 million in 2026-27 which includes continuation of existing programs including the Growing and Renewing Public Housing Program and Housing Australia Future Fund commitments. AFI has also been engaged by the ACT Government to investigate whether a dedicated disability housing hub could help people with disability navigate housing options in Canberra, which we welcome as a positive step.

However, a major housing investment without a coherent disability housing framework risks failing the people who need it most. People with disability are disproportionately reliant on public and community housing, face significant barriers in the private rental market, and often require modifications, accessible design or supported options that are not automatically

¹⁴ *Budget Statements C: ACT Local Hospital Network*, Table 4, p. 57.

¹⁵ *Budget Statements C: Housing ACT*, Table 4., p. 99. See also, p. 97.

embedded in general housing supply. The Disability Housing Strategy previously discussed with Government – and called for by the ACT Disability Caucus – would provide the whole-of-government framework needed to ensure disability is embedded across housing supply, modifications, navigation and planning. It is not clear from the Budget papers that this Strategy is actively progressing on a defined timeline.

The Public Housing Repairs and Maintenance initiative represents the most significant new recurrent investment in this package. However, no proportion of this is identified in the Budget papers as specifically allocated to disability-related modifications or accessibility upgrades, nor is there any indication of how it compares to the identified backlog of need.

We ask the Committee to pursue the following questions in hearings:

- Is a Disability Housing Strategy actively under development, and if so, what is the timeline and will disability-directed organisations be resourced to participate in its design?
- Of the Public Housing Repairs and Maintenance investment, what proportion is specifically allocated to disability-related modifications and accessibility upgrades, and how does that compare to the identified backlog of need?
- What steps are being taken to ensure people with disability can genuinely access and benefit from the Government’s broader housing supply investment, including through dedicated housing advocacy and navigation capacity?

Theme 5: Disability strategy commitments

We welcome the increase in Output 2.2 (Disability) appropriations in this Budget, from \$5.7 million to \$8.2 million – an increase the Budget papers attribute to reprofiling and new initiatives.¹⁶ However, the accountability indicators for this output remain very limited: they track only the number of Companion Card affiliates and community engagement opportunities for people with disability.¹⁷ There is no indicator in the Budget papers that tracks delivery of specific actions under the ACT Disability Strategy’s First Action Plan. This makes it impossible to use the Budget papers to assess whether the Strategy is being implemented as intended.

A number of actions under the First Action Plan remain stalled or inadequately funded.¹⁸ Action 1.5, development of the ACT Neurodiversity Strategy, has not commenced and remains unfunded despite being an election commitment. Action 2.2, disability inclusion across frontline crisis services, has seen little progress. Action 4.4, establishment of a Disability Liaison Officer within Access Canberra, has not progressed due to the absence of a funded position. Other actions – including advocacy for people with intellectual and cognitive disability (Action 1.2), disability-inclusive workforce training in the domestic and family violence sector (Action 2.1), and development of Easy English resources (Action 4.2) – are not identifiably funded in the Budget papers, raising questions about their sustainability.

¹⁶ *Budget Statements C: Health and Community Services Directorate*, Table 8, p. 20.

¹⁷ *Ibid.*, p. 26.

¹⁸ ACT Government, [ACT Disability Strategy 2024-2033 – First Action Plan](#).

We also note that the ACT disability community is not adequately resourced to participate in the breadth of reform work now underway. AFI alone has participated in at least six health-related advisory committees and associated processes in the past year, largely as unfunded work. We continue to call for a strengthened social compact that ensures disability-directed organisations are appropriately resourced to participate in co-design and consultation – not just in one-off or ad hoc ways, but as a sustained feature of how the ACT Government delivers reform.

We ask the Committee to pursue the following questions in hearings:

- The Budget papers show Output 2.2 increasing to \$8.2 million, but the accountability indicators track only Companion Card affiliates and engagement events. Can the Minister provide the Committee with a comprehensive status report on each action under the First Action Plan of the ACT Disability Strategy – including which are on track, which are stalled, and which remain unfunded?
- What is the status and timeline for the Neurodiversity Strategy, and when will dedicated funding be committed?
- What progress has been made on Actions 2.2 and 4.4 of the Disability Strategy First Action Plan, and what is the barrier to funding these positions?
- How does the Government intend to ensure disability-directed organisations are adequately resourced to participate in the multiple, concurrent reform processes now underway – including foundational supports design, health reform, and Disability Strategy implementation?

Conclusion

The 2026-27 Budget is being delivered at a moment of acute risk for Canberrans with disability. The NDIS is in a state of flux. Thriving Kids is not yet operational. The systems that will need to absorb increased demand – health, education, housing, community services – are not yet resourced to do so. The ACT Disability Caucus's joint Budget submission, endorsed by ACTCOSS, Carers ACT and the Mental Health Community Coalition, sets out in detail what investment is required. This submission asks the Committee to use the Estimates process to hold the Government to account on the specific gaps identified above.

We thank the Committee for its attention and welcome the opportunity to provide further evidence at a public hearing. Please feel free to contact me to discuss our submission via

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Regards,

Dr. Jo Luetjens
Acting Head of Policy
30 June 2026