National Disability Insurance Scheme

Key facts and figures

Foundational Supports and Thriving Kids

- On 20 August 2025, in a National Press Club address, Minister Butler announced the Government's intention to implement reforms to return the National Disability Insurance Scheme (NDIS) to its original intent and ensure it becomes sustainable (speech at Attachment A).

- Minister Butler noted that the 8 per cent growth target agreed by National Cabinet in 2023 was an interim target only and was not sustainable. He proposed that NDIS growth should more closely reflect GDP growth like other established programs. Taking into account ageing of NDIS participants, this amounts to around 5 to 6 per cent annual growth in expenses in nominal terms.

- Minister Butler flagged a number of reforms to improve NDIS sustainability, including changes to how children with developmental delay and autism receive supports, as well as reforms to NDIS pricing and fraud and integrity.

- Minister Butler announced that the Government would work with states and territories to implement a new Thriving Kids program (Thriving Kids), to support children with mild to moderate developmental delays and autism outside the NDIS. Minister Butler noted a $2 billion provision had been made in the Budget for the Commonwealth's share of Thriving Kids.

- Thriving Kids would start to roll out from 1 July 2026, with the ramp up of services and supports to be completed over 12 months. Access changes to divert children with mild to moderate developmental delay or autism from the NDIS will be developed, and take effect in mid-2027 once the Thriving Kids program is rolled out.

- Minister Butler noted the Government will work with the community to design Thriving Kids and how best to invest the Commonwealth's $2 billion provision. This could include a new Medicare item for bulk-billed 3-year-old health checks to pick up on developmental concerns, access to new Medicare allied health items such as occupational therapy, speech pathology and psychosocial therapy, and nationally consistent online information services.

2025–26 Budget funding

- The Government will provide $423.8 million over five years from 2024-25 (and $150.0 million per year ongoing from 2029–30) to support people with disability (page 73-74, Budget Paper No. 2). Funding includes:

– $364.5 million over five years from 2024–25 (and $150.0 million per year ongoing from 2029–30) to redesign the Information, Linkages and Capacity Building Program to provide general supports for people with disability and their families, carers and kin, improving consistency, quality and national coverage, as envisaged by the Independent Review of the National Disability Insurance Scheme (NDIS). These supports will complement additional foundational supports to be co-funded with states and territories.

– $42.2 million over five years from 2024–25 (and an additional $0.1 million from 2029–30 to 2031–32) to deliver the National Autism Strategy and implement the Strategy's First Action Plan.

– $17.1 million over four years from 2024–25 to establish the Accessible Australia program, to increase accessibility in community spaces across Australia through accessible infrastructure projects at national parks, beaches, and play spaces, as well as fixed and portable Changing Places facilities to enable increased participation.

- The Government will provide additional funding of $175.4 million over four years from 2025–26 (and $43.8 million per year ongoing from 2029–30) to further safeguard the integrity of the NDIS and support people with disability (page 72-73, Budget Paper No.2). Funding includes:

  – $151.0 million over four years from 2025–26 (and $43.8 million per year ongoing from 2029–30) to continue enhancements to the National Disability Insurance Agency's (NDIA's) fraud detecting information technology systems, with this funding to be held in the Contingency Reserve until the fraud and compliance system enhancements funded in the 2024–25 Budget and 2024–25 MYEFO are complete.

  – $17.1 million in 2025–26 to continue to invest in the NDIA's ability to detect and respond to fraud and non-compliant payments.

  – $7.3 million in 2025–26 to extend supplementary funding for the NDIS Appeals program.

<u>Changes to the NDIS estimates at the 2025-26 Budget</u>

- Compared to the 2024-25 MYEFO, the 2025-26 Budget projected payments related to NDIS participant supports would decrease by $954.0 million in 2025–26 and $3.1 billion over four years to 2028–29. Participant supports through the NDIS were estimated to cost $48.0 billion in 2025-26 and $218.5 billion over four years to 2028–29, in underlying cash balance terms.

- The reduction in estimated NDIS expenditure is primarily due to reduced average payments per participant, which is driven by lower-than-expected plan utilisation. In the six months to 31 December 2024, average payments were 1.8 per cent lower than projected in the 2023–24 Annual Financial Sustainability Report (AFSR).

- Partly offsetting this projected reduction is higher than expected growth in NDIS participant numbers. As at 30 June 2025, there were 739,414 NDIS participants, which is 0.2 per cent more than projected in the 2023–24 AFSR. The NDIS Actuary has projected that by 30 June 2029 there will be 860,514 participants in the NDIS. This is 1.7 per cent more participants at 30 June 2029 than projected in the 2023–24 AFSR.

- The 2025–26 Budget estimates for the NDIS are based on actual expenditure as at the end of February 2025 and updated projections by the NDIS Actuary based on data up to December 2024. The 2024–25 MYEFO estimates were based on the 2023–24 AFSR, which used data up to June 2024.

- The NDIS Actuary will provide updated projections in the 2024–25 AFSR, which will be published in November 2025 and will inform updates to the NDIS estimates for the 2025-26 MYEFO.

- The 2023-24 AFSR and December 2024 projections from the NDIS Actuary continue to factor in the impacts of recent NDIS reforms, including the initiatives to improve the effectiveness and sustainability of the NDIS announced in the 2023–24 Budget, and the impacts of NDIS legislative reforms reflected in the 2024–25 Budget.

<u>Final Budget Outcome – 2024-25 Actuals</u>

- Payments related to NDIS supports were $44.9 billion in 2024-25, which is $474.2 million above what was projected at the 2025–26 Budget, but $302.3 million below what was projected at the 2024-25 MYEFO. The variance largely reflects higher-than-expected increases in average payments per participant compared to what was anticipated at the 2025-26 Budget.

- In 2024-25, the average payment per NDIS participant was $65,800, or 2.2 per cent higher than the average payment of $64,400 in 2023-24 (Page 76, NDIS Quarterly Report Q4 2024-25).

- The number of participants in the NDIS was 739,414 as at 30 June 2025. This is 11.8 per cent more than the 661,267 participants as at 30 June 2024, or 2.5 per cent more than what was anticipated in the 2023-24 AFSR (Page 19, NDIS Quarterly Report Q4 2024-25).

NDIS growth target

- The estimates in the 2025-26 Budget indicate the Government remains on track to deliver on National Cabinet's commitment to reduce annual growth in NDIS expenses to 8 per cent, in fiscal balance terms, from 1 July 2026. Total NDIS participant costs, including contributions from states and territories, are projected to grow:
  - In expense (fiscal balance) terms by 7.1 per cent in 2025–26, 7.7 per cent in 2026–27, 7.4 per cent in 2027–28, and 8.0 per cent in 2028–29 (refer Table 1 below).
  - In payment (underlying cash) terms by 6.5 per cent in 2025–26, 8.9 per cent in 2026–27, 8.6 per cent in 2027–28, and 8.2 per cent in 2028–29.

Table 1: NDIS participant supports growth rates (expenses - fiscal balance terms)

	Actuals				Estimates			
	2021-22	**2022-23**	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**2027-28**	**2028-29**
Expenses - NDIA Program 1.1 ($ billions)	-28.6	-35.2	-41.9	-46.5	-49.8	-53.7	-57.6	-62.2
Growth rate	22.3%	22.9%	19.0%	11.1%	7.1%	7.7%	7.4%	8.0%

Source: Department of Social Services Portfolio Budget Statements.

- The difference between the payment (underlying cash) and expense (fiscal balance) is due to assumptions about when payments will be made. The annual growth targets in the NDIS Financial Sustainability Framework are commitments on an expense (fiscal balance) basis. The 2025–26 Budget estimates confirm the Government remains on track to deliver on National Cabinet's commitment to an annual growth target for NDIS participant support costs, including state and territory contributions, of no more than 8 per cent by 1 July 2026, with further moderation as the NDIS matures.

Medium term

- Medium term projections for NDIS participant support costs reflect the continued impacts of the annual growth targets under the NDIS Financial Sustainability Framework.
- NDIS Commonwealth-funded participant payments (underlying cash) growth is expected to average 8.1 per cent over the medium term (2025–26 to 2035–36) (2025–26 Budget Paper No. 2, page 75), compared to 8.2 per cent in the 2024–25 MYEFO (2024–25 to 2034–35) (2024-25 MYEFO, page 61).
- Total NDIS payments at the end of the medium term (2035–36) are now estimated to be $103.0 billion in underlying cash balance terms, down from $104.3 billion as at the 2024–25 MYEFO.

Background / if asked

Has Finance modelled the impact of a 5-6 per cent annual growth rate for the NDIS?

- Finance did not provide modelling for Minister Butler's National Press Club speech.
- Finance regularly provides advice to the Minister for Finance on the fiscal impacts of the NDIS.

Where was the $2 billion for Thriving Kids provisioned?

- Page 8 of the 2025 Pre-Election Economic and Fiscal Outlook notes that $9.6 billion over the five years to 2028-29 was provisioned in the Contingency Reserve for future payments to the states and territories, once negotiations have been finalised for the new National Health Reform Agreement and Disability Foundational Supports.

Are the impacts of NDIS access changes factored into the 2025-26 estimates?

- The 2025-26 Budget estimates are based on projections from the NDIS Actuary, which account for some children being diverted to supports outside the NDIS over time due to the implementation of a system of 'foundational supports' agreed by National Cabinet in December 2023.

Has Finance modelled expected savings from access changes announced by Minister Butler?

- Finance has not modelled the impacts of diverting children with mild to moderate developmental delay or autism from the NDIS. Any changes to the NDIS estimates to account for Government decisions on NDIS access will be considered in future economic updates, informed by advice from the NDIS Actuary.

Supporting information

Questions on Notice

- No QoNs asked

Freedom of Information (FOI) Requests

- No FOI asked

Recent Ministerial Comments

- The Hon Mark Butler MP, Minister for Health and Ageing, Minister for the National Disability Insurance Scheme, *National Press Club*, 20 August 2025

Relevant Media Reporting

- 'Grave concerns' from states over Labor plan to move autism services off NDIS, *The Guardian*, 12 September 2025.
- Postcode politics could complicate Labor's late and little NDIS reform, *Australian Financial Review*, 7 September 2025

Date sent to MO:	23/09/2025
Cleared by (SES):	Christine Duke
Telephone No:	(02) 6215 3821
Group/Division:	Budget Group / Social Policy Division
Contact Officer:	s22 [redacted]
Telephone No:	s22 [redacted]
Consultation:	Nil
PDR Number:	SB25- 000177

Attachment A - Speech from Minister Butler, National Press Club – 20 August 2025

*** ACKNOWLEDGEMENTS OMMITTED***

The first several years of my adult working life in Adelaide in the early to mid 1990s were spent working across what is now called the 'care economy'.

On an almost daily basis, I'd visit child care centres, aged care homes and hospitals as well as the big disability and psychiatric institutions, which were still open in those days.

They were some of the most instructive and rewarding years I've had at work, talking with staff, managers and operators and, where possible, consumers and clients – observing systems that were in deep flux.

Still, big homes at Strathmont and Minda housed hundreds and hundreds of South Australians with disability, usually for their entire lives – as did Julia Farr, which had until recently been called the 'Home for the Incurables'.

I now have the privilege of talking with a young adult living with profound disability, supported by the NDIS – and compare their position to the residents I met 30 years ago or more.

And the difference is beyond profound.

The NDIS didn't drop out of the sky.

It was the product of determined advocacy by disability activists stretching back decades.

The disability rights movement of the 70s and 80s.

The push for deinstitutionalisation.

The campaign for an insurance scheme founded on 'choice and control,' led by Bruce Bonyhady, Rhonda Galbally and John Della-Bosca, the National Disability and Carer Alliance, the National People with Disabilities and Carer Council, and friends, activists and advocates in communities right across the country who came together under the banner – Every Australian Counts.

And importantly – a government led by Kevin Rudd and Julia Gillard that had the vision and determination to make it happen.

Delivered by by Ministers Jenny Macklin and Bill Shorten.

Within just 12 years, Australia's NDIS has gone from a dream of generations of disability activists to an entrenched and beloved national institution.

It's a symbol of what our democracy can achieve when we lay down our weapons and talk to each other.

Proof that democracy works.

But the job isn't done.

The scheme is now entering its adolescence – a period, as all parents know, that involves the maturing of our beautiful children.

But, a period which is also full of risks that things will run off the rails without a judicious dose of supervision and management.

The NDIS has grown incredibly fast – and well beyond projections.

It has created new markets – which have, in turn, impacted and distorted other parts of the health and social care ecosystem.

These reasons led to the establishment of the NDIS Review in 2022, led by Bruce Bonyhady and Lisa Paul.

And their recommendations remain a crucial guide for our government.

But that review was only the beginning of the hard work – work that still has a long way to go.

Today, I want to focus on two substantial challenges.

First, returning the scheme to its original purpose – its North Star –

The provision of support 'to people with significant and permanent care and support needs'.

And secondly, ensuring the scheme becomes sustainable from a Budget perspective.

I hope it goes without saying that meeting those challenges will always be framed with the interests – and the choices – of those living with a disability at the centre of our thinking.

Staying true to the promise of 'nothing about us without us'.

Originally intended to support around 410,000 people with disability, the scheme now supports just under 740,000 and is projected to grow to a million by 2034.

When we came to government in 2022, the scheme's costs were growing at 22 per cent per year.

To put that in perspective, Aged Care is projected to grow by around 5 per cent per annum, notwithstanding the huge increase in demand projected by the ageing of the Baby Boomer generation.

Medicare is expected also to grow by about 5 per cent per year.

National Cabinet in 2023 agreed to get growth down to 8 per cent by next year.

But, even under that scenario, the NDIS is still forecast to cost $105 billion and will increase its share of GDP by 0.5 per cent over the coming decade.

That's the equivalent of growth in Medicare, Defence and Aged Care spending combined – measured as a share of GDP.

Getting growth down from 22 per cent to 8 will certainly be a substantial achievement.

While there are promising signs, everything the government and agency have put in place over the past couple of years needs to go right for us to avoid slipping off target.

Reforms to plan budgets and inflation are starting to work, but growth in new participant numbers remains high.

Last week's quarterly report revealed 12 per cent growth in participant numbers in 2024/25 – much higher than the previous year.

Reminding us that there is still much to do even to achieve the 8 per cent target.

But 8 per cent growth is simply unsustainable in the medium to long term.

National Cabinet agreed in 2023 that 8 per cent growth was an interim target only – and that growth would have to moderate further in time

After we achieve our current target, a further wave of reform will be needed to get growth down to a more sustainable position.

And I'm determined to pursue that next wave.

There's no significant change in disability prevalence in the community, and the scheme is now fully rolled out.

So, growth should really reflect unit price inflation plus growth in Australia's population.

In nominal terms, that would hover around 4 or 5 per cent annually.

On top of that, we should allow an inflator that reflects the ageing of participants in the scheme, which might add up to another 1 per cent – taking us to around 5 or 6 per cent.

I note, though, that the Productivity Commission's 2017 report suggested a growth rate of around 4 per cent would be appropriate after the scheme was fully rolled out in 2020.

We must always remember, the NDIS is quite unique.

Unlike Medicare and Aged Care – which touch most Australians – the NDIS supports only around 1 in 40 Australians directly.

Bringing growth under control is therefore not just a question of Budget sustainability.

Social licence is also particularly important to such a scheme.

And, right now, although that licence is still strong, I worry it's coming under pressure.

Recent research by Talbot Mills found that 7 in 10 Australians agreed 'the NDIS plays a vital role in improving the lives of people with a disability'.

But 7 in 10 also agreed that 'the NDIS has grown too large and is struggling with inefficiencies and dodgy providers'.

Six in ten agreed the NDIS is 'broken'.

While it eventually attracted bipartisan support, the NDIS was a Labor creation, and – as a Labor Minister – I am utterly determined to do whatever I need to do to secure the scheme's future.

The future reform agenda to bring growth down further will continue to draw heavily on ideas canvassed in the NDIS Review by Bonyhady and Paul, which was focused on putting people with disability and their families back at the centre of the NDIS; building public trust and confidence; and, ensuring that the NDIS is sustainable.

There is real potential to introduce more pricing discipline within the scheme, drawing on the independent pricing experience in hospitals and aged care.

As much as possible, the pricing of services across health and those 2 big care sectors should be aligned – to maximise efficiency and prevent distortion.

To get the best value for money for scheme participants and for taxpayers.

The work on fraud and integrity must continue.

In a recent report, the National Audit Office concluded that, 'prior to 2024, the NDIS lacked basic prevention controls for fraud and non-compliance'.

Australians are rightly appalled by the drumbeat of stories about shonks and fraudsters ripping off taxpayers and people with a disability.

And I, for one, share their disgust.

Our government has taken fraud seriously, investing more than $500 million to build the capacity of the NDIA to identify high-risk claims and prevent fraud against the NDIS.

In just 2 years we've launched more than 600 investigations and executed 65 search warrants on individuals suspected of ripping off millions of dollars from people with disability and taxpayers.

While our efforts are bearing fruit, more needs to be done to protect the NDIS and the people who rely on it.

And that work will require much more robust market stewardship, including a well-calibrated system of provider registration.

While there are currently more than 260,000 NDIS service providers, only 16,000 are registered.

I'll repeat that – 15 out of 16 providers are unregistered, leaving far too much scope for poor quality service, sharp practice, conflicts of interest and precious little oversight.

That has to change.

There should also be a more rigorous evidence base for the supports being funded by taxpayers.

Taxpayers deserve to know that the big investment made in the NDIS is paying for supports that are actually going to make a difference.

That next wave of reform will – of course – involve the deepest collaboration with the disability community and participants.

Alongside various mechanisms that already exist to drive that collaboration, the government has established the NDIS Reform Advisory Committee.

That group – working directly with Minister McAllister – will bring together the diverse voice of people with disability to advise on ongoing reforms to the NDIS, including our response to the NDIS Review and the Disability Royal Commission.

Again – as people with disability rightly demand, 'nothing about us, without us'.

The second challenge I mentioned earlier goes to an unintended aspect of the scheme's roll-out – namely, its enrolment of large numbers of young children with mild to moderate developmental delay and autism.

Remember, the NDIS was established to support people with significant and permanent disability.

Since the scheme's creation, the number of people with disability entering the system has generally stabilised around initial projections.

Except in one area: children with developmental delay or autism.

Just under half of NDIS participants are children under 15, a share that rose again in this month's latest quarterly report.

And fully half of new NDIS entrants are under the age of 9, most of whom have developmental delay or autism and are entering the scheme under the early intervention stream.

I think most Australians would be alarmed to know that 1 out of every 10 6-year-olds are in the NDIS, including 16 per cent of 6-year-old boys.

That's 1 in every 6 boys in a grade 2 classroom.

In some regions it's even higher.

In the mid-north of New South Wales, it's 1 in 4 boys.

In the Hunter Region, it's 1 in every 5 boys.

The Hunter, one of the NDIS pilot sites, has one of the most bedded down NDIS systems, and trends suggest that what is happening there is likely to happen elsewhere unless a better way is found.

Tens and tens of thousands of young children with mild to moderate developmental delay or autism are on a scheme set up for permanent disability.

I doubt very much this is what most of their parents really wanted or expected.

But it's all they've had available – the only port in the storm, if you like.

It's not the parents' fault.

They love their children and want the best for them.

They are desperate – absolutely desperate – to get their children diagnosed because we've made it the only way they can get help.

And, too often, they have to wait for ages and pay thousands of dollars just to get that diagnosis.

Families looking for additional supports in mainstream services can't find them, because they largely don't exist anymore.

And, in that, governments have failed them.

The NDIS model just doesn't suit their needs.

Individualised plans and budgets make sense for people with lifelong disability – giving them more choice and control over the support they receive.

But families with a young child who's missing some milestones aren't best helped by receiving a budget of $10, $20 or $30,000 and being expected to work out how to spend it.

And, frankly, many of those children are then being over-serviced.

The extent of therapy provided to those children now in the NDIS is extremely high, compared to anything you'd see in the health system.

On average – just average – a young NDIS participant with moderate needs is receiving more than 70 therapy sessions per year.

There is no evidence I'm aware of that supports children being taken away from learning and other activities for that much therapy.

And the scheme doesn't require any such evidence – unlike Medicare, for example, which would subject such a regimen to rigorous assessment before funding it

Parents need to be supported much better, because we know that children have the best chance to thrive when their families feel well supported.

Parents and families need guidance to access well-curated, evidence-based support and therapy – most of which existed long before the NDIS.

Only around 1 in 50 people have significant and permanent disability – hence the need for a bespoke Scheme like the NDIS.

But 10 in 50 young children experience developmental delay or autism – mostly at mild to moderate levels.

That's a broad-based, mainstream issue that should be supported by broad-based, mainstream services.

I know this will be hard for some parents to hear.

And I don't say it lightly.

We need as a matter of some urgency to create a better system that will enable our children to thrive.

They are precious.

We love them.

And they are our future.

Children with mild to moderate developmental delay or autism need a robust system of supports to help them thrive.

A Program for Thriving Kids.

And that's the program I intend to deliver.

Bonyhady and Paul urged governments to rebuild that type of support, which they called foundational supports, for this group of kids.

National Cabinet accepted that recommendation and agreed to share funding equally between States and the Commonwealth.

But, this work has drifted.

Diverting this group of kids over time from the NDIS is an important element of making the scheme sustainable and returning it to its original intent.

Access and eligibility changes will be made to do that once the Thriving Kids Program is fully rolled out.

Children enrolled in the NDIS now – or who become enrolled before that time – will remain on the scheme, subject to its usual arrangements, including reassessments.

More important than sustainability, though, standing up a robust program for Thriving Kids is what these children and parents need – sooner rather than later.

They need the Commonwealth and states to work together and to commit on an ongoing basis to funding it together.

And I make that commitment on behalf of the Commonwealth.

We've made a $2 billion provision in the budget for the Commonwealth's share towards Thriving Kids.

The Commonwealth is also willing – indeed, keen – to step up and lead the work in designing this program.

We don't need a blank piece of paper and a pen.

The systems already exist – to be leveraged and focussed.

We need to look for the gaps and focus on how to fill them.

Everything we do here must aim to identify needs as early as possible in a child's life and get them and their parents the intervention that will work best for them.

Infant or Child and Maternal Health systems provided by states are usually the first opportunity to make those checks.

Inklings is a program developed by the Kids Institute in Perth that taps into that early connection to support children from their first months of life who are showing difference in how they communicate and relate to others – especially their parents.

Backed by over 10 years of clinical trial research, Inklings is a 10-session program that uses short videos of a parent interacting with their baby to help them better understand the different ways that their baby communicates their thoughts, feelings and needs.

Inklings has already rolled out through WA's Child Health System and is now moving to South Australia.

During the toddler years, families will interact with their local GPs, early learning centres and other community health supports.

Again, systems that already support children and families with those needs, and are ripe for a greater focus.

We will examine the creation of a new Medicare item for bulk-billed 3-year-old health checks to pick up any developmental concerns at that crucial age for referral for appropriate support.

Improved decision-making tools for health professionals and better workforce training on child development will help create a stronger system of supports for children and their parents

Similar schemes were implemented when Labor was last in government but were scrapped by the Abbott Government.

The College of General Practitioners has been calling for some years for a child development check like this to be re-established because they worked.

Where these checks find that kids need additional supports, we will look at providing access to new Medicare allied health items.

Things like:

- Occupational therapy to strengthen play skills, fine and gross motor skills, concentration, and self-regulation.
- Speech pathology to support speech, language, literacy, as well as the use of signs, symbols and gestures to support kids to communicate and build relationships.
- And psychosocial therapy to support developing essential social skills, emotional regulation and executive function.

Some jurisdictions still have community centres that parents are able to drop into for support.

Like Tasmania's Child and Family Learning Centres, which provide a range of wraparound supports for kids and families.

Or Canberra's Child and Family Centres which provide a single place for families to get their children assessments, support and referrals for the right care and support.

We will work with the states to scale up these efforts.

Early Childhood Education and Care is also a crucial touchpoint for families.

And that will become even more important as we move towards more universal provision, including through the abolition of the activity test.

Early Childhood Education and Care workers see more children under 5 than anyone else in our community.

They can pick up when something needs attention.

Centres are also highly convenient places for families to access support.

Our $1 billion Building Early Education Fund is an opportunity to work together with state and local government, philanthropic organisations and communities, to bring a whole range of related and important services under the same roof.

And schools can play a more coordinated role, instead of the individualised NDIS approach that sees school principals reporting dozens of different therapists turning up to their school to provide therapy to individual students.

Mental Health in Primary Schools – or MHiPS – is just one example of a more broad-based approach to supporting young children with a range of needs, including autism and ADHD.

Developed by the Murdoch Children's Research Institute, this program has been delivered across Victorian schools and is now being piloted in Queensland and South Australia.

Positive Partnerships supports teachers, principals, and other school staff to build their understanding, and expertise in working with Autistic children.

It includes workshops and information sessions for parents and carers of Autistic school-aged children; and a dedicated website with online learning modules and other resources.

This program complements the work states are doing to build school-based supports for students with developmental delay and autism.

But more can be done in this area.

And we must always remember parents are better placed than anyone to support their own kids.

Parents obviously want to do everything possible to help their kids thrive, but they need consistent information they can trust to fully understand how to help their children by actively building skill development into daily routines, develop better parenting skills, and navigate the wide range of supports available to help them.

At present this isn't as easy as it should be.

We will look at creating a nationally consistent online information service, like 1800MEDICARE or the Carer Gateway, that will provide parents with free supports and guidance on where to seek help if they are worried about their child's development.

Excellent examples already exist, like the Early Years SA App and the Raising Children Network, trusted sources of science-based information about child health, learning, development and wellbeing.

Or the "Autism- what next" website, run by Autism Awareness Australia and Amaze Autism Connect.

This comprehensive website contains articles, infographics and videos with resources and advice from parents, carers, professionals, advocates and Australians living with autism.

All evidence-based and completely free to access, anytime, anywhere.

Wonderful networks already exist in the Australian community, and with the right resourcing we can put them to more effective use to help our kids thrive.

Supported playgroups are already funded by government, helping parents build confidence to meet their child's needs from birth to school age.

In community services, early years centres and schools across Australia, trained practitioners are facilitating play-based activities to support a child's healthy development.

All of these programs are ripe for more focus and breadth to meet the needs of Australia's parents and their kids.

But parents will rightly want to know what Thriving Kids will look like before they steer away from the NDIS.

Which is why I'm determined to start that work right now.

Over coming months, we'll work with the community to design a system to support Thriving Kids and how best to invest the Commonwealth's $2 billion provision.

States will obviously be key partners, having committed to share funding equally.

But so will service providers and – importantly – parents themselves.

I intend to work with those groups directly over the coming months to design Thriving Kids in more detail.

I'm delighted that Australia's pre-eminent paediatrician and childhood development expert, Frank Oberklaid AM, has agreed to co-chair that work with me.

I want Thriving Kids to start rolling out from 1 July next year.

The ramp up of services and supports will be completed over 12 months, when access changes to the NDIS will take effect in mid-2027.

It really was an enormous privilege to be asked by the Prime Minister to take responsibility for Health, Disability and Ageing after this year's election.

This unified portfolio approach allows us to get the most out of Australia's terrific health and social care workforce and ensure large taxpayer investments deliver the most effective benefit to patients, consumers and participants.

I'm also deeply conscious it gathers together responsibility for some of Australia's most important and cherished social programs.

Like the PBS, Medicare and the NDIS.

Programs that, every day, make Australian lives better, healthier and more fulfilling.

None of these programs can operate on a 'set and forget' basis.

They all require constant vigilance, to ensure they're delivering for Australians who need them – and represent value for money for taxpayers.

And that approach will guide how we secure the future of our world-leading NDIS.

Attachment B - NDIS participant support costs

Payments ($billion) Underlying Cash Balance	2025–26	2026–27	2027–28	2028–29	Total over 4 Years
2025–26 Budget	**-48.0**	**-52.3**	**-56.8**	**-61.4**	**-218.5**
Growth%	*6.5%*	*8.9%*	*8.6%*	*8.2%*	
Commonwealth share	**-35.8**	**-39.1**	**-42.6**	**-46.2**	**-163.7**
Growth%	*7.2%*	*9.3%*	*9.0%*	*8.3%*	
Commonwealth share%	*74.5%*	*74.8%*	*75.1%*	*75.1%*	
States and Territories share	**-12.2**	**-13.2**	**-14.2**	**-15.3**	**-54.8**
2024–25 MYEFO	**-49.0**	**-52.8**	**-57.5**	**-62.2**	**-221.6**
Growth%	*8.3%*	*7.9%*	*8.9%*	*8.2%*	
Change in estimates between economic updates	**1.0**	**0.6**	**0.8**	**0.8**	**3.1**
Comprising:					
Estimates variations					
Update of Scheme expense	**1.0**	**0.6**	**0.8**	**0.8**	**3.1**
NDIS participants in Residential Aged Care	..	..	..	..	..

The difference between the fiscal balance and underlying cash variations is due to the timing of payments.

Expense ($billion) Fiscal Balance	2025–26	2026–27	2027–28	2028–29	Total over 4 Years
2025–26 Budget	**-49.8**	**-53.7**	**-57.6**	**-62.2**	**-223.4**
Growth%	*7.1%*	*7.7%*	*7.4%*	*8.0%*	
Commonwealth share	**-36.7**	**-40.0**	**-43.5**	**-47.0**	**-167.2**
Growth%	*8.2%*	*9.0%*	*8.6%*	*8.0%*	
Commonwealth share%	*73.7%*	*74.6%*	*75.4%*	*75.5%*	
States and Territories share	**-13.1**	**-13.6**	**-14.2**	**-15.3**	**-56.1**
2024–25 MYEFO	**-50.8**	**-54.2**	**-58.4**	**-63.1**	**-226.5**
Growth%	*8.3%*	*6.7%*	*7.7%*	*8.0%*	
Change in estimates between economic updates	**1.0**	**0.6**	**0.8**	**0.8**	**3.1**
Comprising:					
Estimates variations					
Update of Scheme expense	**1.0**	**0.6**	**0.8**	**0.8**	**3.1**

The difference between the fiscal balance and underlying cash variations is due to the timing of payments.