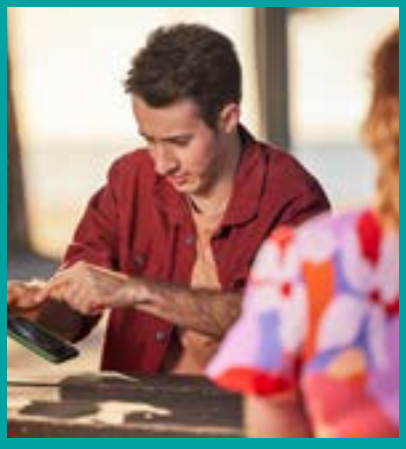
Australian Government

National Autism Strategy

2025–2031



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Acknowledgement of Country

The Australian Government acknowledges the Traditional Custodians of Country throughout Australia and their continuing connections to land, water, culture and community. We pay our respects to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Acknowledgement of Autistic people and their families and carers and the autism community

The Australian Government acknowledges Autistic people, their families, carers and support networks, representative organisations and the Autistic and autism community who have worked tirelessly and campaigned long and hard for the establishment of this National Autism Strategy. The Australian Government also acknowledges the substantial time and commitment of members of the National Autism Strategy Oversight Council, supported by Working Groups, who led in the co-design of this Strategy and it's First Action Plan.

Glossary

Key terms are defined in the Glossary. It is recommended you familiarise yourself with the Glossary at page 41 when reading this Strategy.

Content warning

Please be aware that this Strategy contains information that may be distressing to some readers. It includes information about the experiences of Autistic people and some of the barriers they face. If you need support, there are free services available to help you.

Beyond Blue Support Service

- Telephone 1300 224 636, 24 hours a day, 7 days a week.
- Chat online 24 hours a day, 7 days a week.
- Email for free, short-term counselling, advice and referral services.
- Website: Beyond Blue Support Service.

Lifeline Crisis Support

- This confidential service provides support when you are feeling overwhelmed, having difficulty coping or thinking about suicide.
- Speak to a crisis support worker by telephone on 13 11 14, 24 hours a day, 7 days a week.
- Chat online 24 hours a day, 7 days a week.
- Website: Lifeline Crisis Support.

1800RESPECT – National domestic, family and sexual violence counselling, information and support service

- For support if you are affected by sexual assault or domestic and family violence or abuse.
- Telephone 1800 737 732, 24 hours a day, 7 days a week.
- Chat online 24 hours a day, 7 days a week.
- Website: 1800RESPECT.

13 YARN

- Support from First Nations crisis counsellors is available at 13YARN (13 92 76) or by visiting: 13 YARN. Available 24 hours a day, 7 days a week.

Autism Connect

- A free, national autism helpline, providing independent and expert information about autism over the phone, email and webchat. It supports Autistic people, their families and carers and support networks, health professionals, researchers, teachers, employers and the broader community.
- Available from 8am to 7pm, Monday to Friday. Telephone 1300 308 699.
- Website: Autism Connect.

headspace

- A free online and telephone support and counselling service for young people between ages 12–25 every day from 9am–1am AEDT.
- Call 1800 650 890.
- Chat online through webchat to speak to a clinician.
- Send an email for a response within 2 days.
- More information, including how to create a headspace account, can be accessed at: Connect with a mental health clinician 1-on-1 | headspace.

Qlife

- An anonymous and free LGBTIQ+ peer support and referral service for people in Australia wanting to talk about sexuality, gender, bodies, feelings or relationships.
- Call: 1800 184 527.
- Website: Qlife.

Minister's Foreword

For the more than 290,000 Autistic people living in Australia, there are significant barriers to living a fulfilling life compared to a neurotypical person.

Too many Autistic people face obstacles to receive good education, obtain a fulfilling job, or receive the healthcare they need, caused by a lack of understanding of autism in Australian society, or ineffective supports for Autistic people to help them achieve their goals.

Autistic people experience some of the poorest outcomes of any cohort across a range of life domains, including 2-3 times greater risks of premature mortality than the general population.

The Australian Government is committed to breaking down barriers and enabling the full participation of Autistic people living in Australia.

As the Minister for Social Services, I am both proud and honoured to present Australia's first National Autism Strategy (the Strategy) – a landmark commitment to building a society that values, respects and appreciates all Autistic people.

The journey of Autistic people and the autism community in Australia has been one of resilience, advocacy and transformation. Autistic people in Australia, their families and carers have worked tirelessly to share their life experiences to, challenge misconceptions, breakdown barriers, advocate for equity and to improve life outcomes for other Autistic people, and their families and carers.

This journey has not been without its challenges, yet the strength and determination of Autistic people and the autism community has significantly contributed to a more inclusive and neurodiversity-affirming society over time.

Autistic people living in Australia have led the way in creating this Strategy, alongside their families, carers and communities and it is a significant step towards empowering all Autistic people to live their best lives and reach their full potential. The Strategy was co-designed with the National Autism Strategy Oversight Council and this collaborative effort, supported by extensive public consultation with Autistic people and the autism community and sector, shaped the vision, goal, guiding principles and commitments articulated in this Strategy. This partnership and shared purpose will continue throughout the implementation of the Strategy and its action plans, with the voice and diverse perspectives of Autistic people and their advocates and supporters guiding the Strategy over its life.

The Strategy's commitments are built on three pillars: social inclusion; economic inclusion; and diagnosis, services and supports. These three pillars reflect our commitment to contribute to a society where all Autistic people in Australia are included in all aspects of life, with equitable access to opportunities, and appropriate and neurodiversity-affirming supports that recognise their needs, strengths and aspirations. A fourth pillar, incorporating commitments and actions to improve the health and mental health of Autistic people, will be covered by the National Roadmap to Improve the Health and Mental Health of Autistic People – being led by the Minister for Health and Aged Care.

This Strategy emphasises the important role that each and every one of us has to play to bring about positive and lasting change, through contributing to inclusive workplaces and societies, building robust services and supports and increasing our understanding and appreciation of autism and Autistic people.

Thank you to everyone who contributed to this Strategy. This Strategy is for every Autistic person in Australia, no matter their stage of life. Together we will continue to contribute to a future that embraces, celebrates and supports the Autistic community, values each individual's strengths, and respects and embraces the views and contributions of all Autistic people in Australia and their families and carers.

The Hon. Amanda Rishworth MP

Minister for Social Services

How the National Autism Strategy was developed

The National Autism Strategy (the Strategy) has been developed through a comprehensive co-design process, oversighted by the Minister for Social Services, led by the National Autism Strategy Oversight Council, supported by its Working Groups, and drawing on the lived experience and insights of Autistic people and their families, carers, advocates, researchers and other stakeholders across Australia.

From September to November 2023, we engaged with Autistic people and the autism community across Australia. More than 2,000 people attended events or sent us written feedback about what a Strategy should focus on. This informed a first draft of the Strategy, which was published on 2 April 2024 for 8 weeks to provide the opportunity for community feedback on the draft. More than 1,300 people provided feedback. The National Autism Strategy Oversight Council then considered this feedback to refine the draft Strategy and develop a draft of the First Action Plan (the Action Plan).

The Strategy and Action Plan were then considered and agreed by Government and released in January 2025. The Action Plan should be read in conjunction with the Strategy.

Further information about this process is at **Appendix A.**

What should a National Autism Strategy achieve?

The Autistic and autism community want to see an ambitious national strategy for Australia. A Strategy that sees Autistic people have the same level of access as other people in the community and that *'levels the playing field for Autistic people and their families.'*

People said the Strategy needs to be underpinned by action and must be upheld, with *'measures that mean something to Autistic people'* and where there is accountability and *'consequences for failures to uphold the Strategy.'*

Five consistent themes emerged about what a national autism strategy should achieve:

Inclusion: systemic, societal and attitudinal change across all four outcome areas of the Strategy.

Acceptance: a better understanding of autism across the whole community to create a more autism-informed Australia, and a sense of belonging for all Autistic people.

Recognising Autistic strengths and ensuring Autistic people have a strong voice, including those who are non-speaking or minimally-speaking: strengths based- and neurodiversity-affirming practices are the standard.

Recognition of individual diversity and capacity: acknowledgement that every Autistic person has their own experiences and aspirations and can participate freely and equally in all areas of life.

Better quality of life and improved living standards: systems and supports are in place to provide for basic needs, to ensure access to health and mental health services to stay well, and equal opportunities for Autistic people to: participate in society; access housing; access justice services; and thrive in education and employment.

Statement on Language

The Strategy acknowledges language is an important factor in identity. Every Autistic person is an individual with unique qualities, strengths, attributes, and support needs.

The Strategy recognises the Autistic and autism community includes people with diverse viewpoints and identities and people use different words to talk about autism. Some people in the Autistic and autism community like to use 'Autistic person' (identity-first language), some like to use 'person with autism' (person-first language), and some are fine with using either. Some Autistic people identify as having a disability, while others do not.

The Strategy respects the right of all individuals with lived experience of autism to choose the language that represents the way they identify. As supported by feedback received through the national consultation process to develop the Strategy, the Australian Government is using identity-first language in the Strategy.

The Strategy supports all Autistic people regardless of whether they are diagnosed, their specific diagnosis or how they identify. Terms such as 'high functioning', 'low functioning', 'profound', 'severe' and 'mild' autism may be used by some people to describe the challenges and barriers experienced by Autistic people and their families and carers. The Strategy does not use these terms and instead uses the term **'all'** Autistic people. This recognises that every Autistic person has different strengths and faces different challenges and barriers, and these other terms can misrepresent the difficulties some Autistic people may experience and the capabilities of others.

Statement on Autism

There is not one universally accepted definition of autism that captures everyone's experience.

Autism is a lifelong neurodevelopmental difference. Autistic people share common traits that present differently in each Autistic person. As with all people, every Autistic person is unique, and has their own individual diversity, capacity, experiences and aspirations.

This Strategy recognises attitudes, practices and structures in a neurotypical world can create barriers that impact on Autistic people being able to participate fully and equally in the community.

Their experiences of daily life are dynamic based on the systemic, environmental, and interpersonal barriers that each individual experiences at the time.

Some Autistic people can live fully independent lives, with adjustments to their environment or routines. Others need a varying intensity of supports with day-to-day activities. Some may have low support needs most of the time but have high support needs at certain times or in certain situations. Some need very high levels of ongoing support with everyday activities or support with decision making.

Autistic people process information and communicate in a range of ways, particularly those with complex communication needs, and those who are non-speaking or minimally-speaking. To communicate, some Autistic people use Augmentative and Alternative Communication with assistive devices or technology. Others may use gestures, manual signs, or interpreters and translators. Some Autistic people may use different communication methods at different times, as their support needs change or depending on their energy, stress or life circumstances.

Societal attitudes and individual preferences can result in some Autistic people camouflaging autistic traits or adapting responses to support interactions in social situations. This can take significant effort and for some, can impact mental health or a sense of self-identity.

This Strategy recognises that supports need to be individualised and consider the whole person, and that support needs may change, including during key life transitions and in certain situations or environments. The Strategy also recognises that all Autistic people should have choice over the communication device(s) and method(s) they use to suit their preferences and needs.

Autism is distinct. However, many Autistic people are multiply neurodivergent and have co-occurring neurotypes, disabilities and/or health conditions, many of which overlap in diagnostic criteria and can also impact on experiences of daily life. Many of these common co-occurring neurotypes, disabilities, and health conditions have been listed at **Appendix B.**

With ongoing efforts to break down systemic barriers to participation and inclusion, and with the right supports in place, all Autistic people should be able to live the life they choose.

Intersectionality

"Intersectionality is just a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves, and they create obstacles that are not often understood within conventional ways of thinking."

Professor Kimberlé Crenshaw, 1989

The way people experience the world is shaped by how their individual circumstances and characteristics interact with attitudes, systems and structures in society. People's experiences differ according to factors such as their gender, sexuality, race, culture, ethnicity, religion, citizenship, socio-economic status, geographical location, and body shape/size. This interaction results in individual people experiencing differing levels of outcomes or discrimination.

Taking an intersectional approach to this Strategy recognises, and seeks to address, the structural barriers and hidden biases that have a negative impact on the life experiences of individual Autistic people who face multiple and overlapping forms of disadvantage and discrimination. This Strategy will drive greater respect for, and acceptance of, the Autistic and autism community in its full diversity.

This approach recognises there is very little research and other evidence available relating to the life experiences, needs or views of certain cohorts of Autistic people, including:

- First Nations people
- Culturally and Linguistically Diverse (CALD) people, including those from migrant and refugee backgrounds, and Culturally and Racially Marginalised (CARM) people
- infants and toddlers
- children and young people
- women, girls, and gender-diverse people
- older people
- people who have co-occurring neurotypes, disabilities and medical health conditions
- people who identify as a member of the LGBTQIA+ community
- people in regional, rural, and remote areas
- people who use alternative or augmentative communication or are non-speaking or minimally speaking
- people with very high support needs
- people receiving supported independent living supports
- people living in segregated accommodation, group homes and institutions
- people with experience of trauma and violence
- people in child protection and justice systems.

Policies and support services often fail to adequately support Autistic people who are members of these intersectional groups. This Strategy aims to address this representation issue by:

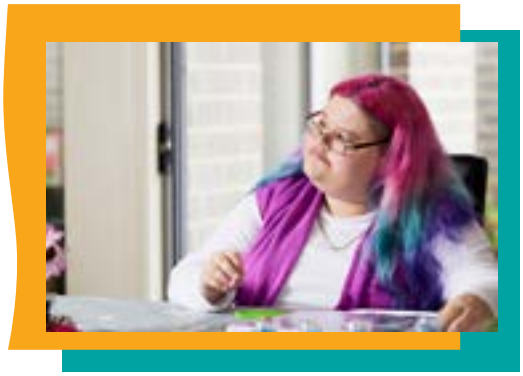
- Establishing a governance framework that is representative of the diversity within the Autistic and autism community.
- Adopting an inclusive process for consultations.
- Designing the implementation of actions with Autistic people and their families and carers and support networks to address the structural barriers they experience.
- Providing ways for Autistic people and their families and carers and support networks to communicate with the Australian Government in a way that suits them.

Priority Cohorts

It is acknowledged that all Autistic people face a range of barriers to full participation in the community, including barriers to accessing education, healthcare, employment, justice, exercising their rights and participating in public life. This Strategy acknowledges that certain groups of Autistic people can face additional barriers, challenges or compounding disadvantage associated with the intersection between their Autistic identity and other aspects of their identity or life stage. Some people will identify within multiple priority cohorts. Services and supports should take account of these intersectional factors.

The National Autism Strategy Oversight Council identified the following priority cohorts as experiencing greater barriers and compounding disadvantage. This view was reflected in feedback gathered through the extensive national consultation process to inform development of the Strategy.

First Nations peoples



First Nations Autistic people, their kin and carers can face compounding marginalisation and harm, including racism and a lack of culturally safe approaches to engagement and decision making and services and supports. This can lead to under diagnosis, delayed diagnosis and lack of access to supports and services that meet their needs. Consistent with the Australian Government's commitments to the National Agreement on Closing the Gap, the implementation of commitments in this Strategy will seek to embed the four priority reforms. This includes stronger partnerships to support shared decision making, shared access to data that informs shared decision making and action, supporting efforts to build the community-controlled sector, and transforming government organisations so they are accountable, culturally safe and responsive to the needs, goals and cultures of First Nations Autistic people.

Culturally and linguistically diverse (CALD) and culturally and racially marginalised (CARM) people

Autistic people from CALD communities may encounter additional barriers in their daily lives. Communication and language differences, including differing cultural understandings of autism, can impact interactions with healthcare providers and other services that are not culturally responsive, potentially leading to misdiagnosis, delayed treatment or a lack of supports. Experiences of racism or racialisation can result in harm and further marginalisation, sometimes referred to as CARM.

Women and girls and gender diverse people

Autistic women, girls and gender diverse people can face substantial disadvantages due to misconceptions that autism primarily affects males and children, resulting in under-diagnosis and inadequate support tailored to their needs. Historical biases in research and service provision mean that many Autistic women, girls and gender diverse people are misdiagnosed or have their symptoms dismissed, leading to delayed diagnosis.

Although autism is becoming increasingly recognised in girls, many Autistic women and gender diverse people only discover their neurodivergence later in life, often after it is identified in their children or young family members. Additionally, Autistic mothers often encounter significant barriers and discrimination when seeking support, including facing judgement and assumptions about their ability to parent, which can severely impact their ability to access appropriate care and supports for themselves and their children.

LGBTQIA+ people

Autistic people are much more likely to identify as LGBTQIA+ than non-Autistic people.[1] Autistic people who identify as LGBTQIA+ can face increased discrimination when accessing services and supports and employment opportunities, as well as cultural stigmas, violence, abuse and exploitation because of their sexual/gender identities.

Older people

Many older people who were not diagnosed Autistic as children or earlier in life are misdiagnosed or have their symptoms dismissed, leading to delayed or no formal diagnosis, a lack of access to supports, age discrimination when searching for work, social isolation and marginalisation. Communication difficulties and sensory sensitivities can become more pronounced with age. This can impact on community and social connection, leading to increased risk of isolation, loneliness, neglect or exploitation. The combination of these factors can have detrimental effects on their mental health and well-being.

Children and young people

Feedback received through the consultation process indicated that Autistic children and young people can experience disproportionate rates of bullying, harassment, discrimination and educational exclusion. This can impact on social connection, health and wellbeing, and experiences and outcomes later in life.

People with very high support needs

Autistic people with very high support needs often experience autism as a disability, with significant challenges in communication, social interaction, sensory processing and/or behaviour regulation. They more often have co-occurring neurotypes, disabilities and/or health conditions. As they are more reliant on others for informal and formal daily living supports, Autistic people with very high support needs are at higher risk of violence, abuse, neglect and exploitation. They may also experience greater isolation from the community and/or marginalisation, including as a result of incorrect assumptions being made about their capability and preferences.

Families and carers are often a crucial support network for Autistic people with very high support needs, offering social and emotional support, assisting with daily activities and enabling access to supports, services and the community. Families and carers can themselves face challenges in navigating complex systems, such as healthcare and social services, and in overcoming barriers to advocating for, and securing, appropriate resources, accommodations and services that meet the unique needs of their loved one, as well as their own needs as a caregiver.

People with disability aged under 65 with substantially reduced functional capacity that means they are likely to need support for their whole life can access supports through the National Disability Insurance Scheme (NDIS). Eligibility for the NDIS is determined in accordance with the *National Disability Insurance Scheme Act 2013* (Cth) and is based on the impact of impairments, not on the type of disability or diagnosis. Autistic people aged under 65 with substantially reduced functional capacity that is, or is likely to be, life long, will continue to be supported through the NDIS. The Australian Government is committed to continuous improvements of the services and supports available to Autistic people with very high support needs and their families and carers, including through the NDIS. Where relevant, these will be informed by actions undertaken as part of this Strategy.

About Autism

More than **290,000** Australians have a diagnosis of autism.[2] However, the number of Autistic people living in Australia is likely to be substantially higher. This can be for different reasons. For example, historical approaches to diagnosis, cost or wait times to receive a diagnosis, or people may feel that diagnosis is not the right path for them.

'Even after getting a formal diagnosis, people often question whether I'm really Autistic or how much it actually impacts my life'.

– Autistic person, 35, Brisbane

Employment

Autistic people are almost **6 times more likely** to be **unemployed** than people without a disability.[3]

'I have experience of being unemployed and underemployed. I have two bachelor degrees, yet, I worked in a supermarket on the checkouts for 15.5 years.'

– Autistic person, 51, Perth

Education

At least **3.8%** of Australian school aged children are Autistic, and autism is a lifelong condition.[4]

68.9% of Autistic 5–20 year olds attending school or an education institution experienced **difficulty at their place of learning.**[5]

Only **5.2%** of Autistic people had a bachelor degree or higher, compared with **19.7%** of people with a disability and **35.3%** of people without a disability.[6]

Safety, health and wellbeing

Autistic adults experience more **barriers to healthcare** than non-Autistic people.[7]

Autistic people are **2.5 times** more likely to experience depression than the general population.[8]

> *'It's hard to ask for help (with mental health), when half of the times you have, have been really negative.'*
>
> ***–Autistic person, Canberra***

Compared to the general population, Autistic adults experience higher rates of physical and sexual violence and are more likely to be subject to cyclical or repeated instances of violence.[9] They are experiencing **social exclusion** at higher rates than the general population.[10]

Autistic people are experiencing **discrimination** and are at higher risk of **homelessness** than the general population.[11]

Autistic people are overrepresented in the **criminal justice system** and are likely to experience significant barriers in **accessing justice services.**[12]

What is the National Autism Strategy

This Strategy is a framework for improving the life outcomes for all Autistic people in the years ahead. It includes a vision, goal and guiding principles which will inform all action taken as part of this Strategy.

This Strategy is focussed on driving action and enabling change in areas of Australian Government responsibility across four key outcome areas:

- social inclusion
- economic inclusion
- diagnosis, services and supports
- health and mental health - the National Roadmap to Improve the Health and Mental Health of Autistic People (the Autism Health Roadmap).

Each outcome area covers a broad range of issues. This Strategy includes commitments for three of the four key outcome areas: social inclusion; economic inclusion; and diagnosis, services and supports. The Autism Health Roadmap will cover actions to improve health and mental health. Development of the Autism Health Roadmap is being led by the Department of Health and Aged Care through a separate but connected process to the Strategy.

Specific actions to achieve the commitments will be detailed in Action Plans. The Action Plan includes specific actions to achieve the Strategy's commitments and covers the period 2025-2026. The development of future actions will be informed by the work and findings of the Action Plan.

Future actions will also be co-designed with Autistic people and their families and carers, researchers, policy makers and the broader Autistic and autism community. These stakeholders will also be involved in implementation, monitoring and reporting on the Strategy.

Australian, state, territory, and local governments are each responsible for supporting Autistic people in areas where they have the main responsibility for funding or delivering programs and services. **See Appendix C** for roles and responsibilities of governments.

The Australian Government provided states and territories with information on the issues raised during consultations for this Strategy that relate to responsibilities of states and territories, or local governments. This is detailed in the consultation report for the Strategy and is available on the Department of Social Services website.

Areas of shared responsibility will be referred to Disability Reform Ministers to consider shared approaches, where relevant: Disability Reform Ministerial Council | Department of Social Services, Australian Government.

National Autism Strategy Foundations

The following references provide the foundation for the Strategy's Guiding Principles and form the basis for the Strategy.

United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)[13]

The UN CRPD came into force in 2008 and charges signatory countries, including Australia, with the responsibility to ensure people with disability enjoy their inherent right to life on an equal basis with others (Article 10 refers).

This Strategy's person-centred, rights-based approach aligns with the UN CRPD's guiding principles:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.
- Non-discrimination.
- Full and effective participation and inclusion in society.
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.
- Equality of opportunity.
- Accessibility.
- Equality between men and women and all genders.
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Human Rights model of disability

The UN CRPD applies a human rights model of disability, recognising disability is a natural aspect of human diversity and humanity.

The human rights model recognises:

- Disability is a natural part of human diversity that must be respected and supported in all its forms.
- People with disability should enjoy all human rights and fundamental freedoms on an equal basis with others.
- Impairment must not be used as an excuse to deny or restrict people's rights.

This Strategy adopts this model of disability to understand the experiences of Autistic people.

This Strategy aims to address attitudinal, behavioural and structural barriers, and create change in society which enables Autistic people to experience more independence, inclusion and control

Strengths-based and neurodiversity-affirming approach

Rather than looking for ways to help Autistic people "fit in" in a neurotypical world, this Strategy takes a neurodiversity-affirming approach, valuing and respecting all neurotypes. It seeks to promote safety, understanding, acceptance and appreciation of neurodiversity. The need for change sits with society as a whole.

Vision Statement

The National Autism Strategy's vision is for a safe and inclusive society where all Autistic people are supported and empowered to thrive in all aspects of life, in line with international human rights.

Goal

The goal of the Strategy is to improve the quality of life for all Autistic people in a way that is meaningful to them.

Guiding Principles

In line with Australia's commitments under the UN CRPD, and the other six international human rights treaties to which Australia is a party, the Strategy will play an important role in protecting, promoting and realising the human rights of Autistic people.

The Guiding Principles set out how the Strategy foundations will be put into practice. The Strategy foundations include the human rights model of disability, strengths-based and neurodiversity-affirming approaches, and intersectionality.

In partnership - Nothing about us, without us

Implementation of this Strategy will be co-led and governed, with actions that are designed with Autistic people, and their families and carers and support networks. Representatives in co-governance will reflect the diversity within the Autistic and autism community and will prioritise the views and needs of priority cohorts identified in this Strategy.

Accessible based on Universal Design

The implementation of this Strategy will be accessible and based on Universal Design principles.

Self Determination and Autonomy

Actions implemented through this Strategy will foster the freedom and ability of Autistic people to make their own individual decisions about all aspects of their life.

Aligned and Accountable Outcomes

Actions implemented through this Strategy will be aligned with other key government strategies. This Strategy will be measurable, trauma-informed, accountable and evidence-based, underpinned by the three pillars of 'evidence-based practice': research, clinical expertise, and client preferences/lived experience involvement.

Acceptance and Inclusivity

This Strategy recognises that every Autistic person has unique strengths, abilities and attributes. This Strategy will seek to promote community understanding, acceptance and appreciation of all Autistic people for who they are. The Strategy and the Action Plan will take practical steps to educate the community about autism and promote acceptance of all Autistic people to achieve genuine inclusion and equity, so that all Autistic people are respected and valued equally within the community.

Safety and Rights

This Strategy will uphold the rights of all Autistic people and seek to reduce all forms of violence, abuse, neglect, exploitation, discrimination and vilification towards Autistic people. This includes ensuring that a culturally safe and trauma-informed approach is adopted in this Strategy's implementation.

Neurodiversity-Affirming, Individualised and Holistic

This Strategy promotes a neurodiversity-affirming, individualised and holistic person, family and community-centred approach. It recognises that there are different aspects of a person's identity that can overlap and shape their diverse needs, abilities and experiences. This includes factors such as: age, where they live, socio-economic status, income, education, culture and ethnicity, gender, sexuality, support needs, life experiences, communication needs and the extent of a person's support networks.

This Strategy acknowledges the importance of accounting for these diverse, and overlapping, and intersecting identities, needs, abilities and experiences across the whole of life in this Strategy's development, delivery and evaluation.

Outcomes and Commitments

The Australian Government is committed to improving life outcomes for all Autistic Australians of all ages, genders and cultural backgrounds. To deliver on this intent, this Strategy covers key reform areas including improving social connections, and improved access to services, healthcare, education and employment. The Strategy, in conjunction with the Autism Health Roadmap, will provide an ongoing focus for the Australian Government's efforts.

This Strategy's four key outcome areas are:

- social inclusion
- economic inclusion
- diagnosis, services and supports
- health and mental health – the Autism Health Roadmap, being led through a separate but connected process by the Department of Health and Aged Care.

The four outcome areas represent the key areas where Autistic people face systemic barriers and where improvements are needed to enhance overall wellbeing. They target the most fundamental factors that contribute to the quality of life for Autistic people living in Australia.

The grouping allows for an approach that addresses the interconnected aspects of Autistic people's lives. Social inclusion and economic inclusion tackle external barriers Autistic people face in society and the workforce, while outcome areas of diagnosis, services and supports, and health and mental health seek to address inequalities and the systemic needs for accessible and tailored support.

Improved outcomes in these areas will ensure that the Autistic and autism community can thrive and have the choice to access the same opportunities as everyone else.

These outcome areas were included in a discussion paper released for public comment in 2023. The discussion paper was informed by information gathered through other relevant consultation processes, inquiries and reviews. Feedback from this consultation process supported these outcome areas and informed development of a draft Strategy.

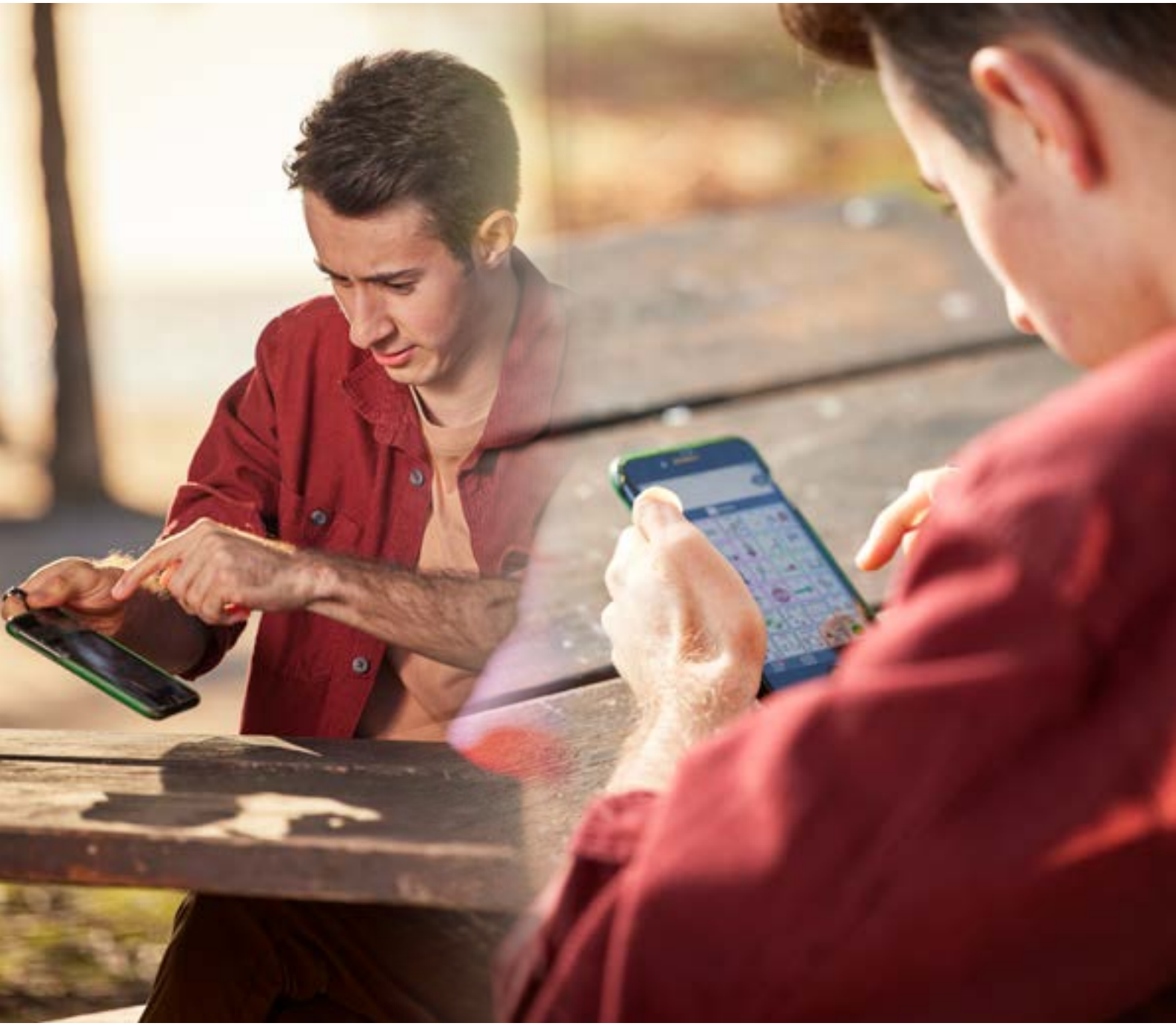
The Department of Social Services worked with the National Autism Strategy Oversight Council on a draft Strategy, which was released for public comment in 2024. Feedback received through both consultation processes indicated these key outcome areas, and the broader range of issues and potential actions related to the outcome areas, are important to the community.

The Autism Health Roadmap encompasses the health and mental health aspects of the broader Strategy and will seek to address the breadth of issues faced by Autistic people in the Australian healthcare system. It will outline actions to improve the physical and mental health of Australia's growing Autistic population.

The Strategy's outcome areas are underpinned by 22 commitments.

All areas and commitments have been developed following the Strategy's comprehensive co-design and consultation process drawing on the lived experience of Autistic people and their families and carers, advocates, researchers and other stakeholders and informed by the National Autism Strategy Oversight Council and Working Groups.

The commitments will be delivered over the life of the Strategy through the combination of actions in the first Action Plan and future actions.



Social Inclusion

Social inclusion is about ensuring everyone has the opportunity to participate fully in our society. Social inclusion allows the equal opportunity for people to learn, work, connect and collaborate with others, and have a voice, including those who are non-speaking or minimally-speaking. When people are equally included, they can participate.

Full participation in social, recreational, sporting, religious and cultural life is central to Autistic people living an accessible and connected life within their communities. This requires accessibility to be an integral part of the design of services and systems. It requires going beyond just physical accessibility. Providing easily accessible information about community services, events and facilities, and providing low sensory spaces, supports the inclusion of Autistic people in their communities.

Why it is important

Everyone should have the opportunity to participate in all aspects of life and society, free from all forms of discrimination. Without social inclusion, people are more likely to experience poor mental health, isolation, discrimination, abuse and violence. Social inclusion, and feeling connected, respected and valued in society is important for an individual's health, safety and wellbeing.

How it applies to Autistic people

Autistic people and their families and carers and support networks experience disproportionately high rates of social isolation, discrimination, abuse and violence. Factors contributing to low rates of social inclusion include the intersection with poor employment rates, a lack of community understanding of autism, limited opportunities to participate in the community and build social connections, unaccommodating built environments, issues with access to transport, and low levels of independent living.

Social Inclusion Commitments

1. Increase understanding, acceptance and appreciation of, and change attitudes towards, all Autistic people across all of society, through:
    a. Greater public education including building a better understanding of the diversity of autism within workplaces and service systems, with a focus on health, education and the federal justice system.
    b. Increasing representation of the diversity of Autistic people in the Australian Public Service, media, sports and the arts.
    c. Increasing accessible and sensory-friendly public, broadcast and online spaces.
    d. Increasing the capacity and capability of advocates and advocacy organisations to challenge and reduce stigma of autism and education of Autistic people and their families and carers about their rights.
2. Increase opportunities for social connections and peer support that reflect individual preferences.
3. Improve Australian Government service delivery, communication, and information to meet the needs of all Autistic people.
4. Ensure consideration of the needs of all Autistic people in the upcoming review of the *Disability Discrimination Act 1992* (Cth) and next statutory reviews of the associated disability standards.
5. Improve the safety and welfare of all Autistic people through the reduction of all forms of violence, abuse, neglect, exploitation, discrimination, bullying and vilification across all four Strategy outcome areas.

Delivering on these commitments will contribute to achieving the following impacts, highlighted as a high priority by the Autistic and autism community through consultation processes:

- The rights of Autistic people being upheld.
- Reduced harm experienced by Autistic people.
- Increased Autism awareness and acceptance in the general community.
- Increased inclusion of Autistic people within the community.
- Improved access to responsive supports, services and information.

Economic Inclusion

An inclusive economy ensures all parts of society, especially poor or socially disadvantaged groups, have full, fair, and equitable access to market opportunities as employees, leaders, consumers, entrepreneurs, and community members.

Employment and financial security are central to improving outcomes for Autistic people, including providing jobs and career opportunities, and having adequate income for people to meet their needs.

Employment supports Autistic people to have more control over their lives, be financially independent and have a better standard of living. Increasing employment opportunities for Autistic people includes encouraging business ownership and development, self-employment and entrepreneurship.

Additionally, evidence shows preparing young people for employment can have long-term benefits for their employment prospects and careers. Opportunities for education, training or work experience form important pathways to economic inclusion.

Adequate income provides increased financial security, economic independence and an appropriate standard of living, giving people more choice and control over their lives, and enabling their participation in community life. The income support system provides an important safety net for people with disability who are unable to work or cannot find employment.

Why it is important

Everyone should be able to access safe, secure and equitable education and employment opportunities. Economic inclusion has many benefits, including having an adequate income and stable employment, contributing to a person's wellbeing and financial security, as well as contributing to society and the economy overall. Educational settings and workplaces can also benefit from having people with a diversity of views, skills and experiences. Income support is an important support to help people with disability to gain employment and contribute to their economic independence.

The 2024 Australian Public Service Employee Census captured data on neurodivergence. Results showed 8.8% of respondents considered themselves to be neurodivergent, and a further 9.3% indicated they were not sure.[14]

The Australian Bureau of Statistics *Autism in Australia (2022)* data indicates that Autistic adults experience poorer outcomes in terms of employment, with approximately 50% of Autistic people of working age participating in the workforce, compared to around 60% of people with disability of working age, and around 85% of people without disability of working age[15]. These statistics emphasise the need to address existing barriers faced by the Autistic and autism community in employment and economic settings.

How it applies to Autistic people

School education outcomes for Autistic people are poorer than those of the general population. Feedback received through the consultation process indicated that many people have reported experiences of discrimination and bullying in schools, and that school environments can pose multiple challenges for Autistic students. The unique learning styles of Autistic students can create barriers to accessing the curriculum, and some students may need a high level of support to participate in education. There were also numerous reports of school's failures to make adjustments and provide appropriate supports for Autistic students. Supporting Autistic students to transition from school to further education and employment is critical.

Stakeholders have reported poor employment outcomes for Autistic people in Australia as well as identifying underemployment as a significant issue. Autistic people often work below their potential and capacity, resulting in needing more support from families, carers and other support networks, and government funded services and social security. Barriers to employment range from low education attainment and limited work experience, social and communication difficulties, sensory issues, and anxiety with accessing public transport to get to work. Unsuitable recruitment practices, a lack of appropriate workplace supports, and discrimination and bullying also contribute to poor employment outcomes for Autistic people.

Economic Inclusion Commitments

6. Increase meaningful employment opportunities (including business ownership, self-employment, and entrepreneurship and social enterprises) for Autistic people.
7. Support employers to hire and retain Autistic employees through improving the accessibility of recruitment processes and workplace environments that are safe and inclusive for all Autistic people.
8. Improve the supports and services available to Autistic people to ensure they have choice and control over their education and careers.
9. Increase the diverse representation of Autistic people in management, senior executive and board positions promoting Autistic people as visible role models.
10. Improve inclusive practices, accommodations, awareness of communication needs and the quality and accessibility of advocacy resources for Autistic students, and their families, carers and support networks.

Delivering on these commitments will contribute to achieving the following impacts, highlighted as a high priority by the Autistic and autism community through consultation processes:

- Improved education opportunities and outcomes for Autistic people, and greater autism awareness and responsiveness within the education sector.
- Improved employment opportunities and outcomes for Autistic people, and greater autism awareness and responsiveness of employers, workplaces and in employment services.

Diagnosis, Services and Supports

Autism is diagnosed by health professionals who review an individual's characteristics such as social communication, behaviours and focused interests. Some people who do not have a formal diagnosis also self-identify as Autistic.

Primary healthcare providers, for example General Practitioners, are often the first point of contact for beginning the process by referring an individual to a health professional with experience in assessing neurodevelopmental differences and disabilities.

Once referred for an assessment, individuals, their families and carers and support networks should expect a timely and comprehensive assessment and referral to support services based on the individual's needs.

Autistic people and their families and carers and support networks can experience difficulties at all stages of the identification, assessment, and diagnosis process. Particularly the time it can take to receive a diagnosis, and the associated cost. It can also be hard to find, access and navigate appropriate supports and services once a person has an autism diagnosis.

Personal and community supports, including both specialist supports and mainstream services available to the general public, are fundamental to improving overall outcomes for Autistic people.

Why is it important

Access to neurodiversity-affirming early developmental monitoring, screening, and timely and comprehensive autism identification assessment and diagnosis, means an individual will be better able to access supports and services that meet their individual needs, improving long-term outcomes.

How it applies to Autistic people

The average age of diagnosis in children in Australia is about 3-4 years of age[16], with the most frequent age for diagnosis being 5.9 years.[17] This is despite research showing that identification is possible in infancy (from 0 to 12-months of age), and diagnosis is possible as early as 18-24 months of age.[18] Early identification and diagnosis leads to better education, social and economic outcomes for Autistic people. It also leads to better mental health in adulthood, and less feelings of stigma and shame about being Autistic.

Early diagnosis of autism is considered best practice, increasing access to early support. Yet many children are diagnosed after 3 years. Earlier diagnosis is important and is likely to promote more positive outcomes at school age due to increased opportunity for early support.[19]

Diagnosis is likely to occur later for girls, women, and gender diverse people, those with less overt or 'internalised' presentations, those living in regional, rural and remote areas, and those who have co-occurring neurotypes, disabilities and medical health conditions with overlapping diagnostic criteria. Without timely identification and diagnosis, individuals may not be able to access appropriate supports.

Multiple stakeholders, including Autistic women, Autistic gender diverse people, First Nations Autistic people and Autistic people from CALD/CARM communities, reported significant delays in obtaining an autism diagnosis, with the optimal waiting period of 3 months, and the median wait time for an assessment in the public system being 16 weeks, with some stakeholders advising the wait period could be significantly longer[20]. Other barriers include: the complexity involved in providing an autism diagnosis; the reliance on the expertise of the professionals involved; inconsistent approaches to diagnosis; availability of diagnostic services; the cost of diagnostic services; and awareness and understanding of autism.

Support for Autistic people can be provided through an often complex mix of disability supports funded by the NDIS (see Text Box on page 14), non-NDIS funded mainstream and community services and supports, as well as informal supports provided by families, carers and support networks.

There are high levels of unmet demand, and service gaps and inadequacies. The cost of services is also a concern for many, as well as the lack of information and support when navigating systems and services. The lack of service integration across sectors, and poor understanding of autism in both community and professional settings, and workforce shortages, were also commonly identified barriers.

Diagnosis, Services and Supports Commitments

Diagnosis

11. Consider the use, accuracy, feasibility and acceptability of current identification screening and diagnostic tools. Work with relevant professional bodies to develop a set of standardised co-designed training/professional development and resource materials to support professionals involved in the identification and diagnosis of autism to improve the experience, and quality of this process for Autistic people (including intersectional cohorts) and their families and carers.
12. Develop best practice resources to support Autistic people and their families, carers and support networks through the identification, assessment and diagnosis process.
13. Explore ways to make autism diagnosis and assessment processes more affordable.
14. Consider early screening and developmental monitoring to promote early identification and diagnosis of autism and improved access to health and other professionals.

Services and Supports

15. Improve access to quality, timely, neurodiversity-affirming and equitable supports and services for Autistic people, including for people living in rural, regional and remote areas.
16. Encourage greater representation of people with lived experience in delivering supports and services to Autistic people.
17. Develop a set of best practice training and resource materials for people providing supports and services to Autistic people.
18. Assess the availability and suitability of current decision-making tools aimed at empowering Autistic people to make informed decisions about all areas of their life and consider ways to improve access to high quality decision-making tools.
19. Work with states and territories to improve the experience of Autistic people accessing supports through the NDIS, disability supports outside the NDIS and mainstream services.

Actions delivered under these commitments will take into account: the differences in presentation by different cohorts (for example: girls, women and gender diverse people); intersectionality; and the need for tools, supports and services to be tailored for different cohorts and to be neurodiversity-affirming. The development and delivery of actions will seek to be co-designed or involve Autistic community/academics as appropriate.

Delivering on these commitments will contribute to achieving the following impacts, highlighted as a high priority by the Autistic and autism community through consultation processes:

- Improved awareness of, and access to, respectful assessment and diagnosis, including early diagnosis.
- Improved information and support to navigate the assessment and diagnosis process.
- Increased quality, timely, neurodiversity-affirming and equitable access to services and supports.

Health and Mental Health

Outcomes and actions to improve the health and mental health of Autistic people are being developed through the Autism Health Roadmap which is being led by the Department of Health and Aged Care.

The Autism Health Roadmap aims to address the breadth of issues faced by Autistic people in the healthcare system with actions to improve health and mental health outcomes for the growing population of Autistic people in Australia.

This includes proposing actions which, if implemented, will lead to improvements to general and autism specialised healthcare services and build the capacity of the people who work in health and mental health services to better support Autistic people, and their families and carers.

The draft Autism Health Roadmap is focussed on six key areas of health and mental health, referred to as focus areas. Focus areas include:

- Improving support for Autistic people, their families and carers, in health and mental health services.
- Improving the quality, safety and availability of autism-affirming health and mental health care across the lifespan.
- Building better connections between health, mental health, and other service sectors, including the NDIS.
- Improving autism education and training for health and disability professionals.
- Strengthening research and data on health and mental health of Autistic people and their families and carers.
- Arrangements for oversight, monitoring, and implementation of the Autism Health Roadmap.

More information about the Autism Health Roadmap can be found at www.health.gov.au/our-work/national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people.

Implementation – driving change and better outcomes

Overview

To support the achievement of commitments under the Strategy, Action Plans will set out how the Government intends to effect change over the life of the Strategy. The Action Plan released with the Strategy covers the period 2025 to 2026. The development of future actions will be informed by a combination of engagement and co-design with the Autistic and autism community, and by the work and findings of the Action Plan.

The Action Plan has been informed by the work of the National Autism Strategy Oversight Council and Working Groups, the national consultations undertaken during the development of this Strategy, and a range of reports commissioned by the Australian Government.

During the period of the Action Plan, ongoing governance arrangements will be established and an Evidence Framework comprising a Theory of Change, an Outcomes Framework, and Evidence Evaluation and Reporting Framework will be developed with the Autistic and autism community. The primary focus of actions within the Action Plan will be on reviewing and examining a number of issues to help inform more significant and longer-term action.

Enabling Commitments

Successful implementation of the Strategy and actions under the Action Plan, and development as well as implementation of future actions requires effective governance, reporting and evaluation, with supporting research.

Governance

20. Develop a governance framework to support:
    a. strong accountability mechanisms
    b. continuing co-leadership through a representative advisory group to oversee implementation of the Strategy and the Action Plan and development of subsequent actions, and active involvement of a diverse range of Autistic people, as well as families and carers, and professionals within the autism sector
    c. whole-of-government, cross-sectoral and coordinated approaches to implementation.

Research

21. Ensure Australian Government funded autism research conducted in Australia is underpinned by the Strategy's Guiding Principles and is used to inform policy and service delivery with a focus on priority cohorts.

Evidence, Evaluation and Reporting

22. Develop a National Autism Strategy Evidence, Evaluation and Reporting Framework (including Outcomes and Process Frameworks), using Theory of Change and Program Logic models. Including a Participatory Evidence Framework involving Autistic people and their families and carers in the design, methods, and modes of analysis, and transparent reporting mechanisms, co-produced with the Autistic and autism community.

Governance

The development of this Strategy was supported by governance arrangements and the implementation of this Strategy will also be supported by governance that ensures continued deep engagement, trust and accountability over the delivery of commitments and achievement of intended outcomes. The Strategy's governance arrangements will consult with the Autism Health Roadmap's governance arrangements as appropriate.

A governance framework will be developed as part of implementation planning. Key features will include:

- The Minister for Social Services having oversight in relation to the implementation of the Strategy.
- Co-leadership through a representative group of Autistic people and their families and carers, researchers and professionals, and representatives from relevant Australian Government departments.
- Continuing collaboration across the Australian Government.
- Ongoing monitoring and public reporting about implementation of the Strategy.
- In any areas of joint responsibility between the Commonwealth and state and territory governments, the Strategy will guide the Australian Government's engagement with jurisdictions.

The governance framework will be enhanced to include:

- A truly whole-of-government approach, recognising coordinated effort is required across all areas of government and sectors including health, education, disability, and employment.
- Ongoing ways to listen to and include Autistic people and their families and carers, support networks, and communities.
- An evaluation of the Strategy involving Autistic people and their families and carers.
- Accountability and governance structures will be outlined in the Action Plans, allowing the structure to best respond to the specific priorities/actions identified.

Why is it important

The governance framework will set out a visible and robust accountability structure to drive implementation and decision-making under the Strategy.

How it applies to Autistic People

The governance framework will identify and prioritise areas of focus, drive change across these areas, and report on progress made to improve the lives of Autistic people.

Research

The National Disability Research Partnership (NDRP) has been established under Australia's Disability Strategy 2021–2031 (ADS). The NDRP will facilitate collaborative and inclusive disability research, providing a stronger evidence foundation for policy and service delivery.

There are also a number of organisations and research bodies already working hard to build our understanding of the lived experience of Autistic people and identify the types of supports that deliver the best outcomes for Autistic people of all ages.

Evidence, Evaluation and Reporting Framework

Effective development and implementation of autism strategies, policies, programs and service delivery in Australia have been impacted by several existing data gaps and inconsistencies, such as:

- Current estimates of prevalence varing greatly.
- Disparity in autism diagnosis rates between genders and across age groups, which suggests potential underdiagnosis in certain cohorts.
- Limited data on longer term educational and employment outcomes.
- Limited data on the impacts of intersectional factors on the experiences and outcomes for individuals.

A robust Evidence, Evaluation and Reporting Framework (Evidence Framework) that includes more comprehensive data collection, research and evaluation will be integral to the development, implementation and impact of the Strategy. It will advance the vision of the Strategy by measuring what matters to Autistic people and driving the use of data and evidence to inform effective, practical change. The core components of the Strategy's Evidence Framework include: a Theory of Change (underpinned by related logic chains); an outcomes framework; and a monitoring and evaluation framework. These can form the single comprehensive Strategy Evidence Framework or exist as separate interrelated pieces.

Core component	Contribution to Strategy Evidence Framework
Theory of Change and logic chains	Sets out the evidence, assumptions and theories about the investments, initiatives and mechanisms that will drive the Strategy to achieve good outcomes.
Outcomes Framework	Specifies the progressive indicators and outcome measures to enable assessment of the progress and impact of the Strategy.
Evaluation Framework	Assesses what, why, how and for whom the Strategy is making a difference. What has been implemented? How is it working? Why? Under what conditions? For which people? What difference has been produced?

A Theory of Change explains the conditions and underpinned by an evidence-base, why certain activities or actions will lead to a particular outcome.

This is a way to make sure there is a solid rationale, based on the best research and evidence, and have confidence the Strategy can achieve the outcomes wanted from the actions proposed in the Action Plan, and any subsequent actions, under this Strategy.

The Theory of Change responds to key problems identified by Autistic people and their families and carers and support networks, and the organisations who work with them. It explains how and why Strategy initiatives and actions should lead to improved life outcomes for Autistic people and their families and carers.

It reflects the evidence, research and findings about the nature of the problems, issues and concerns experienced by Autistic people and their families and carers, and outlines what will be effective in creating positive change.

Importantly the Strategy's Theory of Change is also informed by the broader evidence relating to the effective implementation of policy and systems change initiatives.

The Theory of Change is underpinned by a series of Outcomes logic chains which trace the link between major actions under the Strategy, and the related outputs and the outcomes these are expected to create over the short, medium, and longer term.

Together these components identify the outcomes being sought, the indicators and measures of success, why, what, how and when actions, investments and initiatives related to the Strategy are assessed and reported on. Underpinned by strong governance and effective leadership, these components also ensure there is strong transparency and accountability for outcomes across the life of the Strategy.

Objectives of the Evidence Framework

Major objectives of the Evidence Framework are to:

1. **Provide national leadership** to develop strategic, robust data and evidence that continuously informs policies and practices that are inclusive and responsive to Autistic people and their families and carers and support networks.
2. **Address significant data gaps** that exist in relation to the needs, experiences and outcomes of Autistic people and their families and carers and support networks.
3. **Build capacity to measure relevant experiences and outcomes for Autistic people** of different ages and circumstances, including intersectional groups identified in the Strategy.
4. **Understand how place impacts on outcomes and experiences of Autistic people** living in different locations and parts of Australia.
5. **Support the development of evidence informed approaches to policy and practices** by establishing indicators, outcome measures and data sets for the life of the Strategy.

6. **Provide for national independent monitoring and reporting** on identified outcomes in the Strategy.
7. **Drive co-produced research that builds capability and understanding of the experience of Autistic people** in relation to the Strategy's key themes.
8. **Inform the effective, efficient and thoughtful application of funding** and resources to advance the vision, purpose and priorities of the Strategy, and continuous quality improvement over the life of the Strategy.

Evaluation and Reporting

An Evaluation Plan will be developed as part of the Action Plan. It will outline how we will measure the impact of actions under the Strategy on achieving the Strategy's goal of improving life outcomes for all Autistic people.

The Evaluation Good Practice Guide Checklist developed under ADS will underpin the approach to evaluation activities.[21]

Evaluation activities will be both quantitative (for example: measuring changes in the labour force participation rate for Autistic people) and qualitative (for example: documenting the positive changes experienced by individual Autistic people and their families and carers). Consistent with the commitment to accountability, evaluation reports will be publicly available.

Acronyms

AAC	Augmentative and Alternative Communication
ADS	Australia's Disability Strategy 2021-2031
Autism CRC	Autism CRC is an independent national source of evidence for best practice in relation to autism across the lifespan and the spectrum.
CALD	Culturally and Linguistically Diverse
CARM	Culturally and Racially Marginalised
Committee	Senate Select Committee on Autism
(Cth)	Commonwealth
DDA	*Disability Discrimination Act 1992 (Cth)*
DRC	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023)
DSM-5 TR	DSM-5 American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 5th edition
DSS	Department of Social Services
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual. The + stands for all other identities not encompassed in the short acronym.
NDIA	National Disability Insurance Agency – the agency responsible for the National Disability Insurance Scheme.
NDIS	National Disability Insurance Scheme
NDRP	National Disability Research Partnership
NGO	Non-Government Organisation
Oversight Council	National Autism Strategy Oversight Council
UN	United Nations
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities

Glossary

Ableism	Ableism refers to attitudes and behaviours that label people with disability as different, less than or inferior to people without disability, incapable of exercising choice and control and a burden on society. Ableism, like other forms of discrimination, can manifest both personally and structurally.
Accessible	Environments, facilities, services, products and information that people are able to use and interact with in a way that suits their needs.
Assistive devices and technologies	Devices and technologies designed, made, or adapted to assist people with disability to participate in activities more independently.
Augmentative and alternative communication (AAC)	This includes all the ways a person can communicate without using spoken language, including use of gestures, sign language, pictures, technology or a combination of these that reflect the preferences of the person. Access to AAC provides language input and output that allows people to participate and express their views.
Autistic and autism community	Refers to the collective community of Autistic people, their families and carers, friends and support networks, advocacy groups, researchers, and other people in their lives.
Autism	Autism is a lifelong neurodevelopmental difference. Autistic people experience differences in the way they process information and interact with their environment compared to non-Autistic people. This means the way that Autistic people communicate, connect with others, and engage with aspects of day-to-day life are different to those of non-Autistic people.
Autism Health Roadmap	The National Roadmap to Improve the Health and Mental Health of Autistic People
Autistic burnout	Autistic burnout results from chronic life stress and a mismatch of expectations and abilities without adequate supports. It is characterised by pervasive, long-term (typically 3 or more months) exhaustion, loss of function, and reduced tolerance to stimulus.

Autistic people with very high support needs	Also known as profound autism, severe autism, severe and profound autism, profound needs, profound and multiple learning disabilities, high support needs, very significant supports, high dependency needs and requiring intensive support may have the following elements: a. Adaptive functioning requiring 24-hour access to an adult who can care for them if concerns arise, being unable to be left completely alone in a residence, and not being able to take care of basic daily adaptive needs. b. Significant person-to-person care and support with daily living skills and personal care. c. Complex communication needs/language impairment which include being non-verbal, minimally verbal or unreliable speakers with complex representations. d. Constant or significant monitoring due to safety concerns such as self-injurious behaviours, pica, and absconding. This includes as adults. e. Life-long/permanent. f. Adaptive behaviour score.
Autonomy	A person's right and freedom to make decisions, control their life and exercise choice.
Best Practice	In the context of the National Autism Strategy, best practice is: • Strengths-based, trauma-informed and neurodiversity-affirming. • Embracing safety, choice, collaboration, empowerment, and respect for diversity. • Co-leadership between government and the Autistic and autism community. • Informed and guided by lived experience, expertise and insights. • Evidence-based decision making (see definition of evidence based). • Data-driven, outcomes focussed, with robust monitoring and evaluation. • Culturally safe. • Includes people with diverse support needs, including those with very high support needs, and their families and carers.

Camouflaging	An overarching term with 3 categories: **Compensation** - Strategies used to actively compensate for difficulties in social situations. Examples include: copying body language and facial expressions and learning social cues from movies and books. **Masking** - Strategies used to hide Autistic characteristics or portray a non-Autistic persona. Examples include: adjusting face and body to appear confident and/or relaxed and forcing eye contact. **Assimilation** - Strategies used to try to fit in with others in social situations. Examples include: putting on an act and avoiding or forcing interactions with others.
Carer	Someone who provides supports to a person with disability on an unpaid basis, often a family member. These family members can include young people and carers. Some legislation refers to 'carers' and some people with disability prefer the term over 'support person'.
Co-delivery	The process of collaborating with stakeholders and end-users to apply and maintain aspects of the completed project, products, services, systems, policies, laws and research.
Co-design	A design process where stakeholders are equal partners and take leadership roles in the design of products, services, systems, policies, laws and research.
Co-led/ Co-leadership	Stakeholders equally share power and influence over decisions, rather than one being a single leader.
Co-occurring conditions	The occurrence of more than one neurotype, disability, or medical health condition at the same time.
Complex communication needs	Complex communication needs is a broad term, which describes people with difficulties understanding speech, using speech or with little or no speech. It includes people who are able to speak but may have difficulty with comprehension or expressing their wants and needs; those who require extra time to process what is said and to respond; and those who are not able to speak but can express themselves through augmentative and alternative communication.

Co-production	An extension of 'co-design', where stakeholders are involved in the development and design, decision-making, implementation and evaluation of products, services, systems, policies, laws and research.
Culturally safe	An outcome that respects, supports and empowers the cultural rights, identity, values, beliefs and expectations of a particular culture while providing quality services that meet their needs.
Culturally and linguistically diverse (CALD)	This broad term describes communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and religions. This includes people with a different heritage or linguistic background than dominant Australian culture and language, people with dual heritage, and people who are migrants and refugees. Some members of the Deaf community and Auslan users also identify as members of a cultural minority.
Culturally and Racially Marginalised (CARM)	This term refers to people who face marginalisation due to their race. The term 'culturally' is added because these people may also face discrimination due to their culture or background
Developmental monitoring	A process whereby children's development is routinely observed across time by health and/or education professionals to identify if any developmental differences are present.
Disability Representative Organisation (DRO)	A peak organisation providing systemic advocacy and representation for people with disability.
Evidence-based	The definition of evidence-based is comprised of three pillars: 1. Research evidence (science). 2. Clinical expertise (trauma-informed, culturally responsive, LGBTQIA+ inclusive). 3. Clients' values and preferences. These pillars should be underpinned by lived experience and none of the pillars are to be valued higher than the other, they must all work together to be considered evidence based.
First Nations person or people	First Nations or Aboriginal and Torres Strait Islander people are the first peoples of Australia. They are not one group but comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions.

Human rights model of disability	Disability is a natural part of human diversity that must be respected and supported in all its forms. People with disability should enjoy all human rights and fundamental freedoms on an equal basis with others, including: respect for their inherent dignity; freedom from all forms of violence and abuse; and to participate fully in the community.
Informal supports	The social support networks that provide protection for people with disability by increasing connections, relationships and visibility in the wider community.
Intersectionality	Intersectionality refers to ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation based on attributes such as: age; disability; ethnicity; gender identity; race; religion; and sexual orientation. Intersectionality recognises that the causes of disadvantage or discrimination do not exist independently, but intersect and overlap, resulting in compounding impacts.
Lived experience	First-hand involvement or direct experiences and choices of a given person, and the knowledge they gain from it, as opposed to the knowledge a given person gains from second-hand or mediated source.
Lived experience of parent/unpaid carer	First-hand involvement or direct experiences gained from unpaid care of an Autistic person, as opposed to the knowledge a person gains from second-hand or mediated source.
Medical model of disability	A deficit approach that views impairment or disability as an individual inadequacy that must be fixed or remediated.
Meltdown	Externalised response to an overwhelming situation. A meltdown is not a tantrum or something that can be controlled.
Multiply Neurodivergent	People who have two or more neurodivergent neurotypes, for example: autism and ADHD.
Multiculturalism	Australia's vibrant, modern multicultural society is a national strength. Multiculturalism is a central characteristic of a shared Australian identity, alongside Australia's First Nations traditions and its British institutions. Our national identity continues to grow from pre-settlement to today and into the future.

Neurodiversity-affirming practice	Neurodiversity-affirming practice is a strengths and rights-based approach to brain differences that can take many forms depending on each person's needs and context. It promotes safety through accepting and valuing differing ways of thinking, learning, communicating and experiencing the world. Rather than trying to 'fix' or change neurodivergent people to fit into a narrow idea of what is considered 'normal' or 'better', neurodiversity-affirming practice aims to provide supports, services, accommodations and adjustments that are person-centred and affirm neurodivergent identity and individual needs.
Neurodivergent and Neurodiverse	**Neurodivergent** - A person or people whose neurodevelopment falls outside of (or diverges from) the range usually considered "typical". **Neurodiverse** - A collective term for groups including mixed neurodevelopment, for example: this may be a group of Autistic and non-Autistic people or neurodivergent and neurotypical people.
Neurodiversity	A term used to describe the natural variation and development in human neurocognition and within communities. Although all people process the world differently, some differences are grouped and named. The neurodiversity of a community arises from the presence of both neurodivergent and neurotypical people.
Neurotype	A type of brain, in terms of how a person interprets and responds.
Neurotypical	A label for people who are not neurodivergent.
Outcome Evaluation Framework	A systematic way to assess the extent to which a program has achieved its intended results.

Pathological Demand Avoidance	Pathological Demand Avoidance, or Persistent Drive for Autonomy (PDA), is considered a profile or subtype of autism. It is characterised by an extreme need for control and autonomy driven by high levels of anxiety or an automatic nervous system threat response, which results in demand avoidance, emotional regulation difficulties and a heightened reaction to stress. Although PDA is not captured within the current DSM5-TR, the PDA Society United Kingdom have developed guidelines to identify a PDA profile.[22] PDA is considered significantly impactful.
Participatory Evaluation Framework	A framework that involves the stakeholders of a program or policy in the evaluation process.
Participatory Evidence Framework	A framework for conducting research and generating knowledge centred on the belief that those who are most impacted by research should be involved in framing the questions, the design, methods, and the modes of analysis of such research projects.
Process Evaluation Framework	Assesses whether the program is being implemented as originally intended, what services are being delivered, who is receiving those services, and perceptions of the program among stakeholders.
Program Logic Model	A visual representation that describes how an initiative is intended to work by linking activities with outputs and short, medium and longer-term outcomes.
Reasonable accommodation	Article 2 of the Convention on the Rights of Persons with Disabilities defines reasonable accommodation as 'necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms'.
Racialisation	This is a process by which groups of people come to be seen by others as belonging to a distinct racial group and are treated differently or negatively impacted because of this.

Reasonable adjustment	T*he Disability Discrimination Act 1992* (Cth) s 4(1) defines an adjustment to be made by a person as a reasonable adjustment 'unless making the adjustment would impose an unjustifiable hardship on the person'.
Restrictive practice	Any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person. Restrictive practices include physical restraints, chemical restraints, mechanical restraints, environmental restraints and seclusion.
Screening	Assessing individuals to identify the presence or absence of disabilities, conditions and/or other differences.
Sensory differences	Acute awareness of light, sound, texture, touch, taste and/or smell, commonly experienced by Autistic people.
Shutdown	An internalised response to an overwhelming situation.
Social model of disability	The social model of disability recognises attitudes, practices and structures can be disabling and act as barriers preventing people from fulfilling their potential and exercising their rights as equal members of the community. The social model seeks to change society in order to accommodate people with disability. It does not seek to change people with disability to accommodate society. It supports the view that people with disability have the right to be fully participating on an equal basis with others.
Stimming	Behaviour that many Autistic people engage in to calm, comfort, soothe and regulate themselves. Stimming behaviours can also provide enjoyment to Autistic people.
Support network	These networks refer to the informal relationships people have with family, friends, neighbours, work colleagues and other members of their community, that help them achieve their personal goals
Theory of change	A method that explains how a given intervention, or set of interventions, are expected to lead to a specific development change, drawing on a causal analysis based on available evidence. It serves as a roadmap, illuminating the causal relationships between inputs, activities, outputs, and outcomes.

Trauma	The lasting adverse impacts that may arise when a person has lived through an event, series of events, or set of circumstances that is experienced as physically or psychologically harmful or life threatening.
Trauma-informed	Frameworks and strategies to ensure that the practices, policies and culture of an organisation and its staff understand, recognise and respond to the effects of trauma and minimise, as far as possible, the risk that people may be re-traumatised.
Triggers	Every Autistic person is different, but sensory differences, changes in routine, anxiety, and communication differences are common triggers that may result in certain behaviours.
Universal Design	Universal design is the design of buildings, products or environments to make them accessible to most people, regardless of age, disability, background or any other factors.
Whole-of-government framework	Joint activities performed by a range of departments and/or agencies in order to provide a common solution to particular issues.

Appendices

Appendix A – How the National Autism Strategy was developed

Appendix B – Co-occurring neurotypes, disabilities and medical health conditions

Appendix C – Roles and responsibilities of governments

Appendix D – Connection with other Australian Government action

Appendix A - How the National Autism Strategy was developed

On 27 November 2019, the Senate established a Select Committee on Autism (the Committee) to inquire into and report on the services, support, and life outcomes for Autistic people. The Committee delivered its final report on 25 March 2022.

A key recommendation of the Committee's report is to develop a person and family-centred national autism strategy. The Committee recommends the Strategy should address the whole-of-life needs for Autistic people and align with other national strategies and be informed by the recommendations of the Committee's inquiry, and the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

The Australian Government committed funding in the October 2022-23 and May 2023-24 Federal Budgets towards the development of the Strategy and the Autism Health Roadmap.

Development of the Strategy was led by the Department of Social Services, reporting to the Minister for Social Services. Development of the Autism Health Roadmap is being led through a separate, but connected process, by the Department of Health and Aged Care, reporting to the Minister for Health and Aged Care.

Autistic people, their families and carers and support networks, advocates, researchers and other stakeholders were asked what needs to be done through a Strategy to help improve outcomes for Autistic people living in Australia across all stages of life.

A multi-method engagement process was led by engagement specialists, The Social Deck, between 4 September 2023 and 21 August 2024. Community engagement was designed with consideration of the Autism CRC co-design and community insights report.[23] This approach aimed to support as many people as possible to contribute in a variety of ways and to choose the methods that best suited them. This included the opportunity to contribute no matter where they lived in Australia.

There were 3,467 participations with people and organisations from all states and territories. Autistic people were the largest contributor to these consultations, followed by families.

The engagement process recognised that there is very little research and evidence available relating to the life experiences, needs and views of Autistic First Nations people. To ensure the views of Autistic First Nations people were captured in development of the Strategy, additional culturally appropriate First Nations engagements were held online and in-community by First Nations engagement specialists.

Community and stakeholder engagement to develop the Strategy

The below graphic demonstrates the journey so far to develop the National Autism Strategy.

2019

Autistic community calls for a National Autism Strategy

November	Senate Select Committee on Autism established

2022

March	Senate Select Committee Report released
October	Government commits to develop the National Autism Strategy
December	Government response to Senate Select Committee Report

2023

National Autism Strategy planning and preparation

October 2022 – June 2023	Autism CRC conduct initial research and co-design to help develop an inclusive consultation process to inform the Strategy
May	Oversight Council established
May – June	Disability Representative Organisations develop policy papers to inform the Strategy
September	Working groups established and starting to meet

Community engagement: Understanding issues and solutions for a National Autism Strategy

September – November	• Discussion paper released: presenting the key issues and questions for community engagement • Submission process open with guided questions • Sector workshops and meetings • Public webinars • Online Ideas wall • Community conversation forums in 15 locations and online covering all states and territories • Focus groups with priority population and intersectional groups • Oversight Council co-design Strategy through Working Groups covering key priorities

External reports released

September	Royal Commission into violence, abuse, neglect and exploitation of people with disability report released
October	NDIS Review report released

2024

Draft Strategy: Test and validate

March	• Release draft of the National Autism Strategy for public comment • Work to help shape and refine the final Strategy

2025

National Autism Strategy finalised and implementation

2025	Final Strategy released
2025 – ongoing	Continued opportunities for deep engagement to implement actions under the Strategy

Key themes emerging from the consultation process

The consultation covered vast areas of discussion, with important issues and ideas raised across all stages of a person's life.

Rights, autonomy and safety

- Ensuring equal opportunities is a right that needs to be supported by legislation and systems, and anti-discrimination protections should be better enforced.
- Promoting and supporting self-advocacy and supported decision making to uphold the rights and dignity of Autistic people, including families and carers.
- Recognising and nurturing leadership of Autistic individuals.
- Ensuring clear accountability and strong governance in implementing and monitoring the Strategy.
- Person-centred, individualised, intersectional and culturally responsive, particularly when it comes to supporting the rights, autonomy and diversity of the Autistic and autism community.

Understanding autism

- Improving community understanding and acceptance of autism.
- Implementing national awareness and public education campaigns.
- Understanding autism training for consumer-facing services.
- Supporting advocacy to challenge and reduce the stigma often faced by Autistic individuals.
- Educating people about autism from a young age.
- Ensuring positive representation in media, and in sports and the arts.
- Understanding Autistic people with a Pathological Demand Avoidance (PDA) profile.

Social inclusion

- Sensory-friendly public, physical and online spaces.
- Supporting social connections and peer support.
- Improving access to legal support and a more inclusive justice system.
- Improving and adapting communication and information.
- Having access to accessible transport.
- Neurodiversity-affirming spaces and support systems.

Education and learning

- Autism training for teachers and schools.
- Improving and creating pathways and transitions from schooling to further education and work.
- More supports for Autistic students.
- Inclusive higher education.
- Inclusive educational practices.

Employment and income support

- Employment support and training for Autistic people.
- Autism-friendly workplaces.
- Adequacy of income support.
- Removing hiring biases.

Diagnosis, services and supports

- Ensuring affordable, accessible and safe services.
- Providing safe and inclusive diagnosis.
- Supporting families and carers.
- Addressing issues with NDIS access and use.
- Ensuring affordable and timely diagnosis.
- Improving diagnostic tools and processes.
- Ensuring continuity of support services.
- Providing respite services for caregivers.

Health and mental health

- Providing autism-friendly health and mental healthcare.
- Training for health and mental healthcare professionals.
- Caring for people with co-occurring neurotypes, disabilities, mental health conditions and medical health conditions.
- Addressing high rates of mental illness and suicide.
- Ensuring adequate support for people with a PDA profile.

Research

- Improving the research and evidence base around the experiences and needs of Autistic people and their families and carers.

Governance, accountability, monitoring and evaluation

- Ensuring commitments and actions are designed with Autistic people and are funded and embedded.
- Ensuring appropriate Autistic co-led, co-design and co-production implementation to ensure clear accountability.
- Provide mechanisms for continual feedback to ensure the Strategy is flexible and adapts to changes in community needs and expectations.
- Evaluation and reporting processes to be co-led by Autistic people and options available to align actions based on ongoing feedback and evaluation.

Communication

- Put the views and experiences of Autistic people at the centre of the Strategy's implementation.
- Provide regular updates on the implementation and evaluation of the Strategy, using accessible and easy to understand communication.

Appendix B – Common co-occurring neurotypes, disabilities and health conditions

Common co-occurring neurotypes, disabilities and health conditions include, but are not limited to:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Intellectual Developmental Disorder (Intellectual Disability)
- Pathological Demand Avoidance (PDA)
- Obsessive Compulsive Disorder (OCD)
- Epilepsy
- Sensory processing differences
- Rejection sensitivity dysphoria
- Alexithymia
- Sleep disorders
- Learning differences such as dyslexia, dyscalculia and dysgraphia
- Speech and language delays, differences and disorders
- Global Developmental Delay
- Developmental Coordination Disorder (also known as Dyspraxia)
- Tic Disorders (such as Tourette's Disorder)
- Chronic migraine
- Anxiety
- Depression
- Eating disorders, such avoidant/restrictive food intake disorder (ARFID), Anorexia Nervosa, and Bulimia
- Fragile X Syndrome
- Rett's Syndrome
- Down Syndrome
- Deafness
- Blindness
- Metabolic conditions
- Post traumatic stress disorder
- Complex trauma
- Prolonged and complicated grief
- Medical conditions, such as Crohn's disease, Ehlers-Danlos Syndrome, Mast Cell Activation Syndrome, and Postural Orthostatic Tachycardia Syndrome.

Just like in any other community, there is great diversity within the Autistic and autism community. People may or may not identify with their diagnosis, as Autistic, neurodivergent or as having or not having a disability.

How and when an Autistic person shares information about their identity is a personal decision that can change over time. This may be influenced by factors such as the extent of the functional challenges they experience and the environment they are in.

Appendix C - Roles and Responsibilities of Governments

This Strategy is focused on actions related to the roles and responsibilities of the Australian Government.

Listing key government roles and responsibilities helps everyone understand which level of government is responsible for the systems that may be used by people with disability.

The lists of government roles and responsibilities that is included in this Appendix is from ADS and shows where one level of government holds primary responsibility for the delivery of a system. There is also a list showing systems where responsibilities are shared to an extent that primary responsibility for delivery cannot be assigned to one level of government.

More detailed information about roles and responsibilities, as well as some of the key systems outside of government, can be accessed through ADS Hub[24]. This information includes:

- Points of contact for people to identify and contact the agency responsible for delivering the service they want to access or to handle a specific issue they are experiencing.
- Legislation and agreements outlining the funding, regulation and operational responsibility for those services and systems.
- The NDIS Applied Principles and Tables of Support setting out responsibilities between the NDIS and other service systems.

People who do not have access to the internet can contact the National Disability Information Gateway telephone helpline on 1800 643 787.

The list of government roles and responsibilities is high-level and does not include every support, service or system. The lists do not include all systems provided by governments.

Government Roles and Responsibilities

Services the Australian Government delivers

NDIS* (administration)

- Information, Linkages and Capacity Building (ILC)
- NDIS Quality and Safeguards Commission
- Employment services
- Income support payments
- Federal justice system
- Australian Federal Police
- Child Care Subsidy

- Medicare Benefits Schedule
- General practitioners
- Pharmaceutical Benefits Scheme
- Aboriginal Community Controlled Health Organisations
- Aged Care system
- My Aged Care
- Veterans' Care system
- Universities
- Hearing Services Program
- Commonwealth Ombudsman
- Australian Human Rights Commission

Services state and territory governments deliver

Public, social and community housing

- Public hospitals
- Community health services
- Home and Community Care programs for under 65s
- Public transport services
- Public primary and secondary schools
- TAFE/Vocational Education and Training (VET)
- Kindergartens and pre-schools
- Jurisdictional court systems and correctional centres
- State and territory Police
- Guardianship, Public trustees and Ombudsman
- Child protection
- Community visitors programs for disability **
- Domestic and family violence services
- Major sporting facilities
- State and territory human rights/anti-discrimination bodies

Services local governments deliver***

Urban planning/design of the built environment:

- Accessible buildings
- Local development planning
- Local roads, bikeways and footpaths
- Local parks and recreational facilities
- Local sports grounds
- Public toilets
- Playgrounds
- Council run childcare and aged care centres
- Municipal services
- Parking regulation
- Public libraries and community halls

Services with shared delivery across levels of government

- NDIS* (funding and shared governance)
- Mental health supports and services
- Disability advocacy services – individual and systemic
- Concessions for government services
- Community infrastructure
- Arts and cultural funding and support
- Public museums, galleries and performance facilities

Note: This listing of roles and responsibilities is not comprehensive and some responsibilities may change over time.

* *The National Disability Insurance Scheme (NDIS) is a nationally based scheme jointly governed and funded by the Australian, state and territory governments. Delivery of the NDIS is the responsibility of the National Disability Insurance Agency, a Commonwealth Corporate Entity.*

** *Not all states have community visitors programs for disability (for example: Tasmania and Western Australia).*

*** *Local governments are established by state and territory governments (except the Australian Capital Territory) to deliver a range of municipal services and infrastructure, which is determined by each state and territory government. Listed examples of key responsibilities of most local governments are not representative of the responsibilities of all local governments.*

The Australian, state and territory, and local governments make and uphold laws, rules and regulations, and agreements that play a role in supporting people with disability and upholding their rights. Examples include:

- The Disability Discrimination Act 1992 (Cth) and the Standards made under this Act.
- Agreements between the Australian Government and state and territory governments under the Intergovernmental Agreement on Federal Financial Relations.
- The National Disability Insurance Scheme Act 2013 (Cth) and Rules.
- The Disability Services and Inclusion Act 2023 and Rules.
- State and territory disability services Acts and disability inclusion Acts.
- State and territory regulatory schemes governing assistance animals
- State regulations on planning, development and management of state-based infrastructure and resources.
- Local government planning and regulation.

There are also a range of international instruments that establish normative standards and principles for the treatment of people with disability. Australia is a party to the seven-core international human rights treaties:

- UN CRPD,
- Convention on the Rights of the Child,
- Convention on the Elimination of all Forms of Discrimination Against Women,
- International Convention on the Elimination of All Forms of Racial Discrimination,
- International Covenant on Civil and Political Rights,
- International Covenant on Economic, Social and Cultural Rights, and
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The Australian Government also supports the United Nations Declaration on the Rights of Indigenous Persons as a non-legally binding document.

Appendix D - Connection to other Australian Government Action

This Strategy considers and aligns with other relevant Australian, state and territory government strategies, and inquiries and reviews.

Australia's Disability Strategy 2021-31[25]

Australia's Disability Strategy 2021-31 (ADS) is Australia's national disability policy framework. It drives action at all levels of government to improve the lives of people with disability. ADS's vision is for an inclusive Australian society that ensures people with disability can fulfil their potential, as equal members of the community.

The National Autism Strategy will sit alongside ADS and aims to make ADS vision a reality for Autistic people.

Senate Select Committee on Autism[26] – Government Response

On 27 November 2019, the Senate established a Select Committee on Autism (the Committee) to inquire into and report on the services, support, and life outcomes for Autistic people. The Committee delivered its final report on 25 March 2022.[27]

After considering 168 written submissions and holding nine public hearings, the Committee found the drivers of poor outcomes for Autistic people are complex and interrelated.

Some of the drivers include:

- Poor understanding of autism within the community and among service providers results in negative experiences of existing services and supports, social and economic exclusion and discrimination.
- A critical shortage of professionals with autism-specific knowledge means there are fewer choices in services, with many having long wait lists.
- Delays in early identification and family and education support services causes children and young people to miss out on vital early support that would improve their longer-term life outcomes.
- The complex and poorly integrated service environment creates an undue burden for Autistic people and their families and carers seeking support, particularly for those experiencing intersectional disadvantage or vulnerability.
- Services are not designed to meet the needs of Autistic people, which means that Autistic people are expected to accept services which do not account for their specific needs, including sensory and communication challenges.
- Generic disability strategies have proven ineffective at improving life outcomes for Autistic people.

Concerns raised with the Committee about current approaches to supports for Autistic people included:

- They are often too generic and do not effectively address the specific needs of Autistic people, leading to poorer outcomes compared to those with other disabilities.
- References to autism are often in relation to children only and do not recognise the experience of autism across the life span.
- Autistic people and their families and carers and support networks can be overwhelmed by the fragmented service system delivered through different levels of government.

Additionally, people may or may not identify with their diagnosis, as Autistic or neurodivergent, or as having a disability.

Meaningful systemic changes would have an enormous impact, with instances of good practice demonstrating how this can be achieved.

Inadequate or inappropriate support can have a devastating impact on the lives of Autistic people and their families. Too often, access to adequate support appears to be a matter of chance; relying heavily on the knowledge and skills of individual teachers, support workers, and healthcare professionals who have adjusted their practice to accommodate the needs of Autistic students, clients and patients.

The Committee recommended the development of a person and family-centred Strategy, that addresses whole-of-life needs for all Autistic people, and include targeted actions to support vulnerable cohorts, co-designed with Autistic people and the autism community, which aims to:

- Build understanding of autism within key professions and across the wider community.
- Improve access to early diagnosis and intervention.
- Improve service integration and coordination.
- Improve education, employment and health services.
- Support parents and carers.
- Includes a national autism research agenda.

The Committee also advised that accountability will be critical to delivering genuine change or otherwise stating that without such strong accountability measures, the Strategy risks becoming another aspirational yet ineffective plan for change.

Therefore, the Committee recommends the Strategy adopt a range of accountability measures, including:

- clear and measurable actions, targets, and milestones
- an implementation plan with clearly defined responsibilities
- ongoing monitoring and reporting requirements
- built-in timelines for review and renewal of the Strategy.

Early Years Strategy[28]

The Australian Government has recognised how critical the early years are for children's development and positive outcomes over their lifetime, and on 7 May 2024 launched the Early Years Strategy to create a more integrated approach to the early years and better support children's education, wellbeing and development. The Early Years Strategy outlines a 10-year framework to shape how the Australian Government prioritises young children's wellbeing, and signposts areas for future government action.

It sets out a path to achieve the Early Years Strategy's vision and outcomes, with a focus on four priority areas:

- value the early years
- empower parents, caregivers and families
- support and work with communities
- strengthen accountability and coordination.

The Early Years Strategy will be implemented through 3 action plans over 10 years, with the first action plan released in late 2024. The action plans will provide practical steps developed in the context of the vision and priorities and with an eye to what needs to be achieved to deliver good outcomes for children in Australia.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability[29]

In September 2023 the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability (the Royal Commission) made 222 recommendations on how to improve laws, policies, structures and practices to ensure a more inclusive and just society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.

The Australian Government Response, released on 31 July 2024, includes responses to the 172 recommendations within the Australian Government's primary or shared responsibility. It does not include responses to the 50 recommendations within state and territory governments' primary responsibility.

This Strategy has considered how the Royal Commission's recommendations and the Australian Government response are relevant to Autistic people. The commitments under this Strategy align with the Royal Commission's vision for an inclusive Australia, where individuals live free from harm, where their rights are protected, and where individuals live with dignity, equality and respect and can fulfil their potential.

Government Response to the National Disability Insurance Scheme (NDIS) Review[30]

On 7 December 2023, the Australian Government released the final report of the Independent Review into the National Disability Insurance Scheme (NDIS).

The Independent Review panel received almost 4,000 submissions – including from people with disability, NDIS participants, their families and carers, as well as the providers and workers who support them.

The report makes 26 recommendations and 139 supporting actions that aim to restore trust, confidence and pride in the NDIS. Ministers reconfirmed the importance of releasing a joint DRMC response following the initial response to the NDIS Review agreed at National Cabinet on 6 December 2023. The response is in the final stages of completion and will be released following agreement by all governments.

Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031[31]

Children and young people in Australia have the right to grow up safe, connected and supported in their family, community and culture. They have the right to grow up in an environment that enables them to reach their full potential.

Safe and Supported: The National Framework for Protecting Australia's Children 2021 – 2031 (Safe and Supported) recognises that all Australians need to work together to keep children and young people safe and achieve the best outcomes for those who are vulnerable and/or experiencing disadvantage.

Safe and Supported shared goal is to make significant and sustained progress in reducing the rate of child abuse and neglect and its impacts across generations.

Safe and Supported will be implemented through two sets of action plans. These outline the actions and activities needed to improve outcomes for children and young people at-risk.

Safe and Supported will improve outcomes through actions in 4 Focus Areas:

- A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage.
- Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems.
- Improving information sharing, data development and analysis.
- Strengthening the child and family sector and workforce capability.

National Plan to Reduce Violence Against Women and Children 2022-2032[32]

On 17 October 2022, the Australian, state and territory governments released the National Plan to End Violence against Women and Children 2022–2032 (National Plan).

The National Plan is the overarching national policy framework that will guide actions towards ending violence against women and children over the 10 years.

It highlights how all parts of society, including governments, businesses and workplaces, media, schools and educational institutions, the family, domestic and sexual violence sector, communities and all individuals, must work together to achieve the shared vision of ending gender-based violence in one generation.

The National Plan outlines what needs to happen to achieve the vision of ending violence in one generation, across four domains:

1. **Prevention** – working to change the underlying social drivers of violence by addressing the attitudes and systems that drive violence against women and children to stop it before it starts.
2. **Early intervention** – identifying and supporting individuals who are at high risk of experiencing or perpetrating violence and prevent it from reoccurring.
3. **Response** – providing services and supports to address existing violence and support victim-survivors experiencing violence, such as crisis support and police intervention, and a trauma-informed justice system that will hold people who use violence to account.
4. **Recovery and healing** – helping to reduce the risk of re-traumatisation and supporting victim-survivors to be safe and healthy to be able to recover from trauma and the physical, mental, emotional, and economic impacts of violence.

Other key documents including associated frameworks include:

- The First Action Plan 2023-2027
- The First Action Plan 2023-2027 Activities Addendum
- The Aboriginal and Torres Strait Islander Action Plan 2023-2025
- Outcomes Framework 2023-2032
- Theory of Change 2022-2032

Working for Women: A Strategy for Gender Equality[33]

The Australian Government is committed to creating a better, gender equal Australia for everyone. Working for Women: A Strategy for Gender Equality outlines where the Government will focus its efforts over the next decade to achieve its vision – an Australia where people are safe, treated with respect, have choices, and have access to resources and equal outcomes no matter their gender. The Strategy is underpinned by Australia's longstanding international commitments to human rights and gender equality and sets out a path to make progress towards this vision over the next 10 years, with a focus on five priority areas. The Strategy was released on 7 March 2024.

Royal Commission into the Institutional Responses to Child Sexual Abuse – National Redress Scheme[34]

The Royal Commission into Institutional Responses to Child Sexual Abuse listened to thousands of people about the abuse they experienced as children. The National Redress Scheme has been created in response to the recommendations from the Royal Commission. The National Redress Scheme provides support to people who experienced institutional child sexual abuse. The Scheme:

- acknowledges that many children were sexually abused in Australian institutions
- holds institutions accountable for this abuse
- helps people who have experienced institutional child sexual abuse gain access to counselling, a direct personal response, and a Redress Payment.

The Scheme started on 1 July 2018 and will run for 10 years.

National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030[35]

The National Strategy to Prevent and Respond to Child Sexual Abuse is a nationally coordinated, 10-year strategic framework to prevent and respond to child sexual abuse in all settings, including within families, online and within organisations. It seeks to reduce the risk, extent and impact of child sexual abuse and related harms in Australia. The National Strategy was a key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse and responds to approximately 100 other Royal Commission recommendations to address child sexual abuse in all settings.

The Joint Standing Committee on the NDIS, Inquiry into the Capability and Culture of the National Disability Insurance Agency (NDIA)[36]

In November 2023, the Joint Standing Committee on the NDIS released its final report into the capability and culture of the NDIA. In the report, the Committee focuses on the operational processes and procedures of the NDIA, staff employment and workforce matters, and the impact of the NDIA's capability and culture on NDIS applicants and participants. The Committee sought to make the NDIS more accessible for participants, and their families and carers. The report makes 27 recommendations directed at improving the participant experience with the NDIA so that it can provide participants with the support necessary to make and communicate decisions that affect their lives.

Senate Community Affairs References Committee Inquiry: Assessment and support services for people with ADHD[37]

In November 2023, the Senate Community Affairs References Committee released a report with 15 recommendations for addressing barriers people with ADHD experience when accessing assessment, diagnosis and support services. The report notes ADHD often co-exists with forms of neurodivergence, including autism.

The Australian Public Service Disability Employment Strategy 2020-2025[38]

The Australian Public Service Disability Employment Strategy 2020-2025 aims to increase the employment of people with disability across the Australian Public Service to 7% by 2025. The strategy recommends a number of actions across two focus areas: attract, recruit and retain more people with disability; and accessible and inclusive workplace cultures and environments, and include actions specifically for the Australian Public Service Commission (APSC), departments and agencies, and the Senior Executive Service. The strategy also supports ADS.

Working Future: The Australian Government's White Paper on Jobs and Opportunities (The Employment White Paper)[39]

On 25 September 2023, the Working Future: The Australian Government's White Paper on Jobs and Opportunities (The Employment White Paper) was published. The Employment White Paper lays the foundation for current and future Government policies that will shape the labour market over the years to come. A key focus of the Employment White Paper is to improve economic inclusion and participation in employment for people with barriers to work, including people with disability.

The Employment White Paper includes current and future Government actions to improve economic participation for people with barriers to work.

The Employment White Paper and the strategy both focus on improving employment outcomes and economic participation for people with barriers to employment.

National Carer Strategy 2024-2034[40]

On 10 December 2024, the Minister for Social Services, the Hon Amanda Rishworth MP, released the National Carer Strategy 2024-2034. The Strategy delivers a national agenda to support Australia's unpaid carers. The National Carer Strategy is a framework for co-designing, developing and delivering a suite of actions to holistically improve the lives of carers. The Strategy was designed and created with carers to guide how Government can improve support for carers now, and into the future. To ensure the vision of the Strategy is realised, the Australian Government will seek to work with state and territory governments who share responsibility for the delivery of services carers rely on.

Multicultural Framework Review[41]

The Review examines the state of Australia's multicultural society, and recommends changes to laws, policies and institutional settings that build on the strengths of multiculturalism and enable it to respond to contemporary challenges.

A Panel of three eminent Australians – Dr Bulent Hass Dellal AO, Ms Nyadol Nyuon OAM and Ms Christine Castley – conducted the Review. The Panel was supported by a Reference Group that included people with lived experience in or supporting multicultural communities, along with key non-government stakeholders.

The Panel made 29 recommendations, noting the particular importance of data, research and evaluation to underpin future work.

This is among the most substantial reviews of Australian multiculturalism ever conducted. Its comprehensive consultation processes and thoughtful deliberations create the opportunity to strengthen government and community efforts into the future. The Government commits to the Framework's principles and will be guided by them, as we build on our commitment to ensure Australia's multicultural settings are fit-for-purpose to harness the talents of all Australians.

Australian Universities Accord[42]

The Australian Universities Accord was an independent review of the Australian higher education system, conducted by the Australian Universities Accord Panel. On 25 February 2024, the Hon Jason Clare MP, Minister for Education, released the Australian Universities Accord Final Report (the final report). The final report contains 47 recommendations, setting out a blueprint for higher education reform for the next decade and beyond.

The findings of the final report include that every Australian should have the opportunity to experience the life transforming benefits of tertiary education. This is vital for Australia's future. Only by expanding access to tertiary education to currently under-represented groups – including people from low socio-economic status backgrounds, First Nations peoples, people with disability and regional, rural and remote students – can the nation meet its projected skills needs. Access to tertiary education must include high quality teaching and learning targeted to students with lower educational attainment, alongside access to income support where necessary, affordable student housing and the ability to find reasonable work and placement opportunities.

2024 Aviation White Paper[43]

The Aviation White Paper sets out the Australian Government's vision for Australia's aviation sector towards 2050 to ensure it remains safe, competitive, productive and sustainable.

The White Paper and the development of its 56 policy initiatives was informed by extensive consultation on the Aviation Green Paper with the aviation industry, state and territory governments, and the Australian community. These 56 policy initiatives cover 10 key areas, this includes improving the experience of people with disability in air travel.

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Notes

Australian Government

National Autism Strategy

2025–2031

For more information about the National Autism Strategy, go to dss.gov.au/national-autism-strategy