



NDIS Review: From problems to solutions

September 2023

About the Australian Advisory Board on Autism

Australia's first and **longest running national autism collaboration**, established in 2001.

Consists of **not-for-profit** community driven autism associations and leading researchers.

Serving and supporting Autistic people and families across all life stages and in **every State and Territory**.

We seek to drive **evidence-based** improvements to **policy, programs, practices and workforce**.

Wherever they are and whatever their circumstances, Autistic people should have access to high quality, safe, respectful, inclusive and effective services and supports



**NDIS markets
are not
working well
for Autistic
people and
families**

The AABA agrees with the NDIS Review Panel's assessment of current problems.

The heavily marketised and individualised approach has created perverse incentives and behaviour.

NDIS settings have encouraged a move away from best practice in early childhood support.

There has been a marked retreat from regional and remote service provision.

Many providers are avoiding serving Autistic people with complex behaviour.

NDIS: moving away from best practice in early childhood

Disconnect between disability supports and early learning inclusion

Little emphasis on building family capability

Pricing encourages clinic-based therapy

Development supports fragmented between multiple, disconnected, therapists

Plans based on static, inflexible levels of support

Plan budgets often mismatched to needs

Hard to distinguish between providers and service offers

Families stressed, confused, on multiple waitlists

Advancing best practice for Autistic children

- ✓ An identifiable network of quality assured providers demonstrating best practice for Autistic children
- ✓ Option for integrated early childhood packages of support with quality providers
- ✓ Easy to understand materials that operationalise the National Guideline for Supporting Autistic children
- ✓ NDIS Planning and funding aligned to the Guideline

**Integrated
packages of early
childhood
support: *better,
fairer and more
sustainable***

Aligned with best practice approaches for supporting Autistic children, with an emphasis on family capability and natural environments.

A holistic and transdisciplinary approach to combining individual, family, peer mediated, education and community inclusion supports.

Flexible and responsive types and levels of support that can be increased or reduced as needed. Designed with families to reflect aspirations, circumstances and preferences.

Measuring, tracking and reporting on meaningful outcomes

Contestable approaches to enable trusted, high-quality providers to offer this alternative approach to planning and delivery of supports

Enabling Autistic children in early learning

The number of children who are being excluded and expelled, or even denied entry is terrifying...if it's happening at that early age, that is setting them up for a terrible sort of life.

We go in, we're on the floor, provide lots of coaching, we meet the staff where they're at in their practice, and the children and families that they're supporting in their communities ...

But it's not NDIS funded; the individualised focus of NDIS creates barriers to this kind of partnering.

✓ Partnerships between early learning services and autism specialists to strengthen educator capability, design inclusive environments and practices, and work with individual children in their natural environment

✓ Invest in upskilling the early education workforce in inclusion as part of their core business

✓ Intensive individualised models of support for children with behaviours of concern to build skills and scaffold transitions to mainstream early learning

✓ Pilot a national early support program for very young children (1-3 years old) showing strong indicators of autism (or with an early diagnosis) in inclusive ECEC settings with parallel support for building family capability

The market is failing regional and remote communities



NDIS has led to **contraction of the geographic footprint of services** and a reduction of in person services into regional and remote locations.



Individual funding models are difficult to apply in regional and remote areas.

A critical mass is needed for viability

Real travel costs cannot be fully recouped

Finding locations to operate from when there is not an existing base or hub is challenging.



There are **significant missed opportunities for local partnerships**

Partnerships with local community and mainstream services would enable continuity of supports

Existing state/territory funded initiatives that take specialist services into regional and remote areas are not NDIS connected

Different purchasing approaches for regional and remote communities

Grow services for regional and remote populations:

- ✓ Contestable area-based funding for preferred providers.
- ✓ Mixed funding models to support partnerships between disability specialists and place-based public, community and mainstream services.
- ✓ Leverage specialist presence in regional and remote areas that is currently supported by other program funding.
- ✓ Assist families to travel into major population centres for intensive bursts of support.
- ✓ Access to community infrastructure for visiting specialist providers.
- ✓ Facilitate pooling of funds between participants living in the same area to cover the overheads and contingencies associated with regional and remote area delivery.

By the time you get on the big plane, then you get on the little plane and then you get on the milk run, then you get on the canoe out to the island that's actually closer to Papua New Guinea than it is to Queensland.

We are sending staff there with support from the Queensland Government.

It would make a lot of sense to be combining this with NDIS delivery.

Different purchasing approaches for people with complex behaviours/support needs

Current market arrangements are systemically failing Autistic people with high or complex support needs.

People with complex behaviours are frequently turning away or relinquished - with no penalty for the provider.

The most vulnerable participants are the least attractive to providers as they are loss-making, and present with a high level of risk which is not accounted for in the NDIS cost model.

Urgent action is needed to secure provision.

✓ **Introduce differentiated payments for providers with demonstrated commitment to people with complex support needs.**

This should incorporate:

- a **base level of program funding** (not attached to individuals) to facilitate engagement of highly skilled staff, specialised training, supervision, risk mitigation procedures, establishment of best practice models and a shared evidence base
- **flexibility** for the provider to make reasonable adjustments to an individual's support **in response to their circumstances.**

Commissioning for public good

Preferred providers with strong attributes

Contestable commissioning with preferred providers could be used to address market failure and support innovations.



Registered provider Subject to registration being made meaningful	Demonstrate best practice Adherence to relevant guidelines or standards in the related practice area or speciality
Deliver positive sector leadership and additional public value Capacity building the broader sector, workforce leadership, shared research and design innovation, partnerships, community resources.	Embed involvement of people with lived experience and families Lived experience voice in governance, workforce and service design