



Submission on National Disability Employment Framework

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Introduction

Autism Aspergers Advocacy Australia, known as A4, thanks the Disability Employment Taskforce for this opportunity to contribute to [discussion of Disability Employment Framework](#).

The following submission responds to the [National Disability Employment Framework – Issues Paper](#) (May 2015).

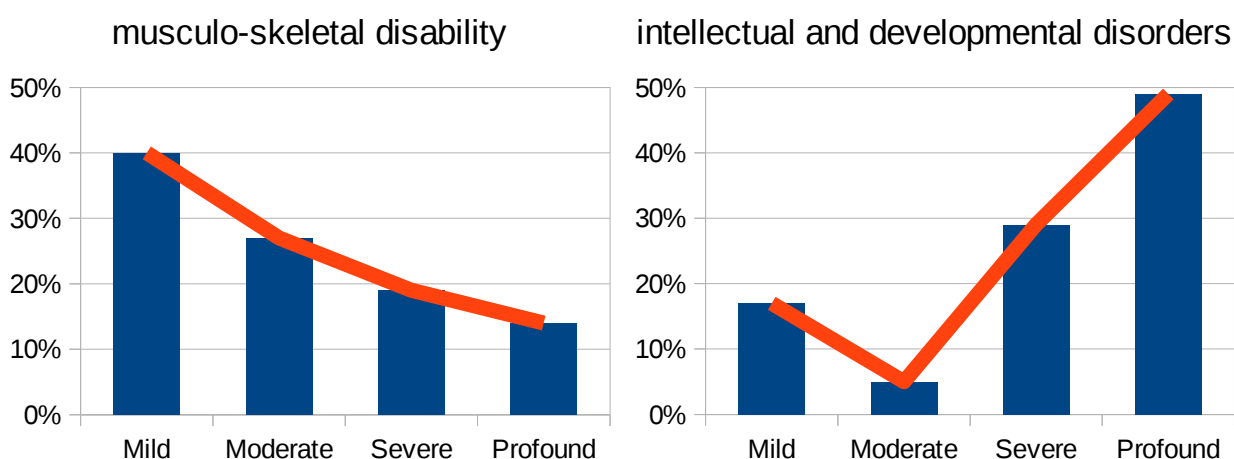
The Issues Paper takes a usual perspective of “Australians with Disability”: mostly it portrays people with disability as a sort of heterogeneous subsection of the community. Such a perspective fails to recognise adequately diversity among people with disability.

The Issues Paper points out that a major proportion of “conditions reported were conditions of the musculo-skeletal system and connective tissue” accounts for 1.3 (33%) of disability.

And it says:

Of the 19 per cent who reported a mental or behavioural disorder as the condition causing them the most problems, intellectual and developmental disorders were the most common primary disability identified (5.6 per cent), followed by depression and mood affective disorders (3.8 per cent) and dementia and Alzheimer's disease (2.1 per cent).

The following figure shows that the pattern of severe/profound disability for intellectual & developmental disability differs considerably from musculo-skeletal disability.



Over 2 in 3 (67%) of people with musculo-skeletal disability have mild or moderate disability. Over 3 in 4 (78%) of people with intellectual disability and developmental disorders have severe or profound disability; almost 1 in 2 of them have profound disability.



The occurrence of “intellectual and developmental disorders” also differs from disability in general and from the theoretical model for intellectual disability (which expects IQ has normal distributed: mean 100 and standard deviation of 15).

As the Issues Paper observes, the “intellectual or developmental disorders” group makes up 19% or 20% of all disability ... which is a substantial component of the disability sector.

People with intellectual disability, autism, Downs syndrome, etc are born with these conditions. Intellectual and developmental disorders are often life long: from cradle to grave. So the life-long, severe and pervasive impairment often associated with these conditions usually means services and supports that can improve overall outcomes must recognise and address the distinct nature of these types of conditions and the diversity of individual need.

The nature of disability for people who live with intellectual, cognitive and developmental impairments is diverse. People with autism usually need quite different support in employment from a person with Down syndrome or intellectual disability. Many people have a combination of disability types resulting in complex needs.

Development of effective policy, frameworks and programs to improve outcomes in the disability sector depends on recognition and understanding of the diverse nature of disability.

At best, basic numbers convey impersonal impressions, omitting the personal challenges that are key to understanding the disability sector.

The Issues Paper is also a bit light on about Australia's performance relative to other countries. It says:

Australia's workforce participation rate of 52.9 per cent for people with disability is low by international standards. Additionally, for those in the workforce, there are concerns about underemployment and whether jobs are matched with skills and abilities or focused on career options for the individual.

Relative to other OECD countries, Australia has a quite poor employment rate: Australia ranks 21st in the OECD. Also, the OECD apparently reports that 45% of Australians with disability live in or near poverty (story [here](#)). In regards to poverty, Australia ranks worst in the OECD ... which is inexcusable.

Australia needs to improve its performance. A bit of tinkering around the edges really won't improve employment outcomes.

The Government is changing it's funding for peak disability bodies. It chose to fund cross-disability organisations at the national level; organisation with no track record of or discernible plan for representing properly the diverse nature of disability. The Government reduced funding for the disability specific peak organisations that previously received funding. There are major disability types, such as autism/ASD and Downs syndrome, that the Government has never supported. It is difficult, sometimes impossible, for unfunded disability representatives to contribute to disability policy development and debate.

A4's focus is people living with Autism Spectrum Disorder (ASD) which includes Asperger's Disorder/syndrome. A4 recognises the role and value of families and carers who support people with severe ASD.

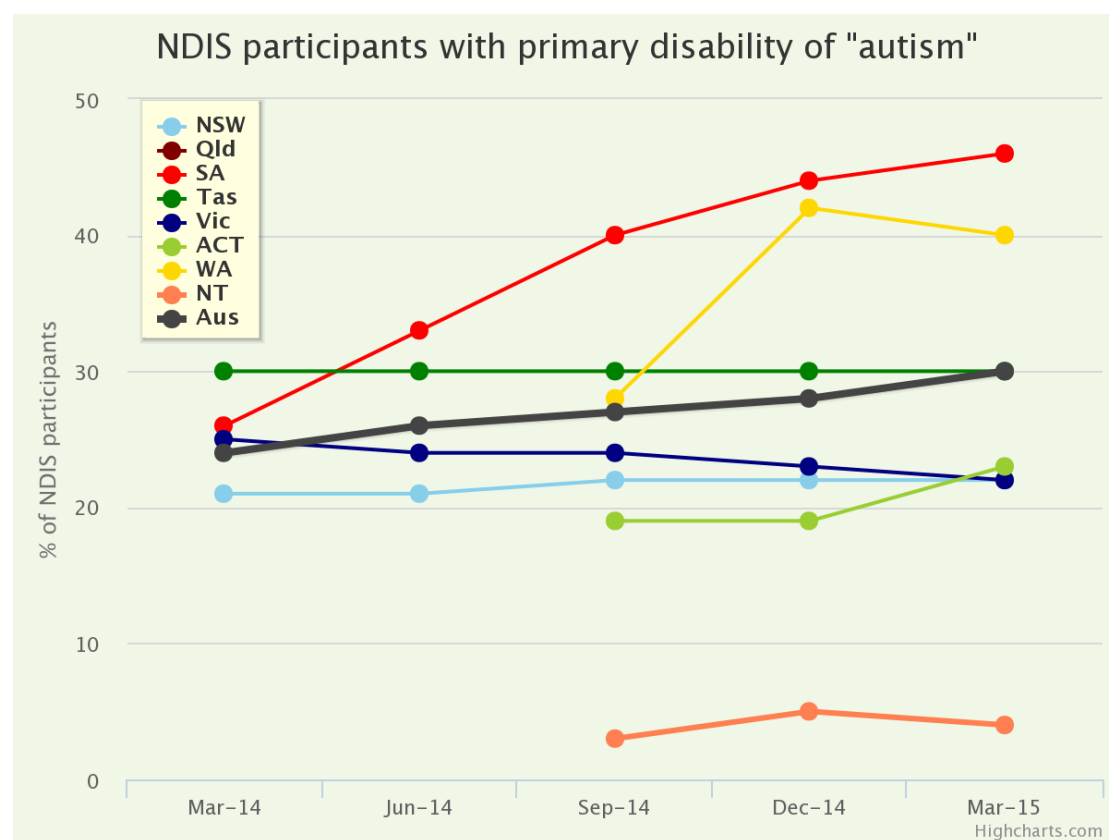


About ASD and the people it affects

Autism/ASD is a major part of the disability sector.

Currently, the level of disability due to ASD in school age children and young adults is similar to the level of intellectual disability. The Issues Paper makes numerous references to intellectual disability ... and mental illness. Not once does it mention autism or ASD.

At 30% of NDIS participants in March 2015, “autism and related disorders” is the biggest distinct type of primary disability for NDIS participants; it is comparable in size to a combined “intellectual disability” category. The figure below shows available “autism” rates in the NDIS by state and nationally.



The diagnostic criteria for Autism Spectrum Disorder given in the DSM-5, available online [here](#), require:

- A) Persistent deficits in social communication and social interaction across multiple contexts ...
- B) Restricted, repetitive patterns of behaviour, interests, or activities ...
- C) Symptoms must be present in the early developmental period ...

- D) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E) These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Note the requirement for “clinically significant impairment” ... which means people with a valid ASD diagnosis have a clinical, not a sub-clinical, condition.



Most Australian with ASD were diagnosed using criteria from the DSM-IV, the previous (fourth) edition of the *Diagnostic and Statistical Manual of Mental Disorders*. The DSM-IV divided what is ASD in the DSM-5 into 3 main subtypes: 1) Autistic Disorder, 2) Asperger's Disorder, and 3) Pervasive Developmental Disorder – not otherwise specified (PDD-NOS). More information is available [here](#).

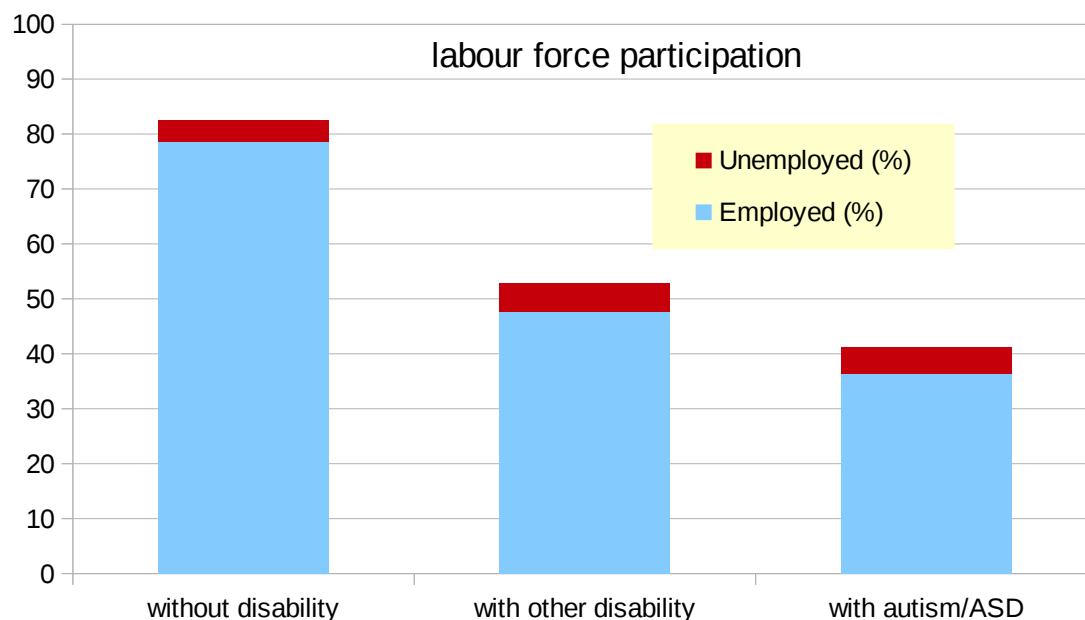
ASD is usually described as “pervasive” (meaning all day and all night, every day and every night ... including holidays) and a life-long disability.

The Issues Paper refers to the Australian Bureau of Statistics (ABS) reports of its Survey of Disability Ageing and Carers (SDAC) 2012. In its [4428.0 - Autism in Australia, 2012](#) report, the ABS reported specifically on people with ASD. It found abysmal outcomes for Australians with autism in: 1) education, 2) labour force participation and employment, 3) need for assistance, and 4) receipt of assistance.

Labour force participation rates are given as:

| <i>ABS SDAC 2012</i> | <i>Labour force participation (%)</i> | <i>Employed (%)</i> |
|------------------------------|---------------------------------------|---------------------|
| <i>without disability</i> | 82.5 | 78.5 |
| <i>with other Disability</i> | 52.9 | 47.7 |
| <i>with autism/ASD</i> | 41.2 | 36.4 |

The figure below shows employment and “unemployment” (being people looking for work/jobs without success).



The employment rate for people with ASD is very low. Fewer than 50% of people with ASD even attempt to get a job. Anecdotally, this is mostly because the process is so demoralising: it is not because they don't want to work. The fact that they cannot survive on Job Start and that they need a Disability Support Pension (DSP) to better sustain them in the longer term contributes to this outcome.

Note that youth unemployment is generally higher than overall unemployment. The age distribution of people with ASD is quite different from the age distribution of disability generally: far more young people report having autism than adults.

Little is known about employment of people with ASD. Possibly, higher rates of NDIS participation reflect low labour force participation for people with ASD. More research on ASD employment in Australia is essential.

ASD affects a substantial and growing number of people. Annex A below shows that:

- the ABS estimated there were 115,400 Australian with ASD in 2012, 73% (approx. 84,242) with severe or profound disability. Centrelink data showed there were 65,976 children aged 0-15 years diagnosed formally with Autistic and Asperger's disorders (excluding PDD-NOS) and whose families received Carer Allowance (child) in 2014 ... most of whom will leave school in the next decade.
- the number of Australian diagnosed with ASD has more than doubled every every 5 years since the early 1990s (see Annex A below). This is a world wide phenomenon.
- most of the growth is ASD diagnosis has been through people with severe or profound disability ... though there has been a small increase in the number of people with mild or moderate disability due to ASD.

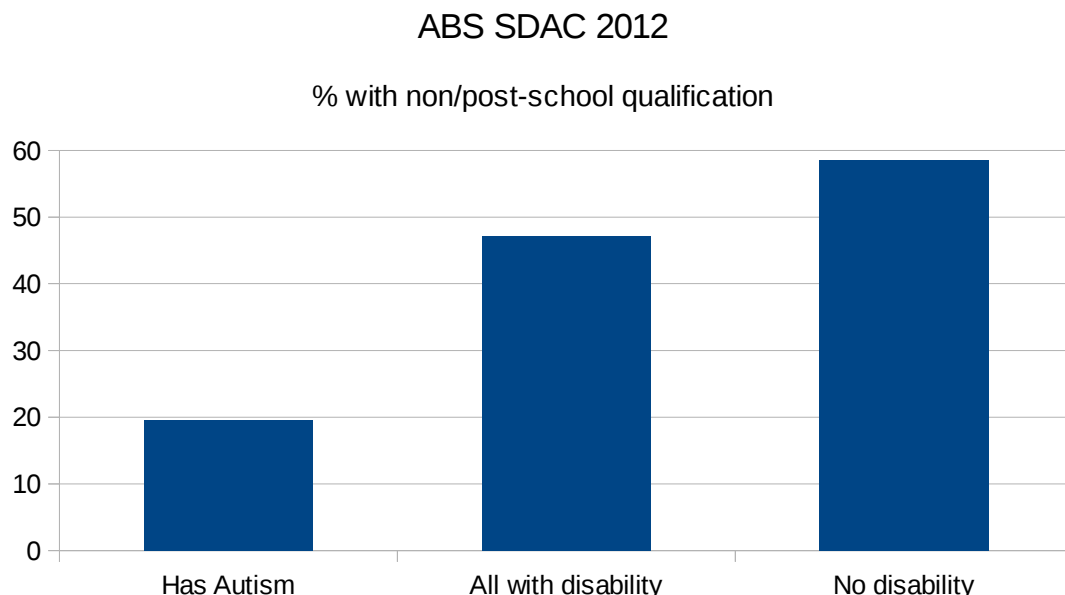


Answers to Questions from the Issues Paper

Barriers to employment for people with ASD

The Issues Paper mentioned an *Australian Chamber of Commerce and Industry* report that described “three main barriers to employment for people with disability”. The report says these are:

1. lack of skills and workforce preparedness, including technical or discipline specific skills, language, literacy and numeracy skills and employability skills;
2. lack of employer engagement by employment services providers; and
3. employer perceptions and misconceptions about employing people with disability.



The [ABS report on "autism and education"](#) confirms that people with ASD have abysmal education outcomes which supports the first point above.

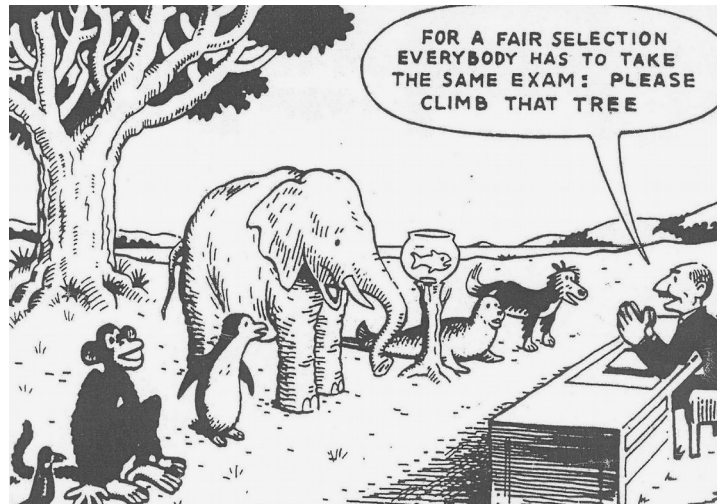
On the second point, A4 does not have information that quantifies employer engagement. Current “employer engagement” delivers very poor employment outcomes for people with ASD.

Problems with the whole role of “employment service providers” are apparent through reports such as:

- the ABC's Four Corners program episode, [The Jobs Game](#) (Feb 2015); and
- an article on A4 website: [Disability employment scheme: sudden exclusion, fish-slapped by Departments and their "systems"](#).

A4 members often report that employment agencies disengage from prospective clients with ASD; it not just an issue of employment agencies failing to engage employers.

Politicians who refer to people with disability as “leaners” and media reports describing them as “rorters” is clearly not helping. Denigrating people with disability discourages employers.



On the third point, clearly business prefers to stick with its entrenched misinformation and prejudice. Their HR departments staffed largely by people with a strong aversion to evidence; people with a possibly pathological unwillingness and/or inability to understand clear reporting of the benefits of employing people with disability.

A4 has major concerns about training of staff in the Human Resources sector.

The consequences of bad training are dire. For example, just 2% of the ACT workforce are people with disability. The public service is about 46% of the ACT workforce and the APS has 3.8% employees with disability, which means people with disability make up 0.252% of the ACT's non-government employees.

There are other examples. The NDIA Annual Report 2013-14 claims that about 11% of its employees have a disability. The NDIA should be a showcase, but this rate is below the population average (18.5%) ... and even below businesses like the ANZ Bank (~13%).

What can improve employment outcomes for people with disability?

What can help reduce barriers for people with disability seeking employment?

What can help reduce barriers for employers hiring people with disability?

How can we promote the benefits of employing people with disability?

The abysmal education outcomes reported by the ABS for people with autism/ASD are a major barrier to workforce participation and employment for many people with autism/ASD. Clearly, improving education outcomes for people with autism/ASD can reduce barriers to employment and improve employment outcomes for them.

The law and the legal system in Australia are major barriers to both education and employment.

First, Australia's disability discrimination law and our legal systems combine to support, and effectively promote, disability discrimination among disability service providers. *Section 45 Special Measures* of the [Disability Discrimination Act 1992](#) says a disability service provider can engage in “lawful discrimination” against people with disability: for a disability employment service, any client selection/preference policy is a “special measure”. So a disability employment service can “cherry pick” clients with disability who the service expects/believes have better prospects for employment, that is clients who already have or can be more easily helped towards “equal opportunities with other persons” to place in employment more readily than others; it can discriminate against challenging clients as much as it likes. Such policy and actions are *lawful* (protected by law).

While international treaties (in particular, CPwD and CRoC) insist that people with disability, including children with disability, should be protected from *all* forms of discrimination, Australian Governments enact laws that ensure its acts of discrimination are *lawful* discrimination.

Second, the High Court's *Purvis vs NSW* decision effectively denies basic rights to people with ASD and promotes discrimination against them. Lawyers have highlighted that the *Purvis vs NSW* decision is a general precedent and not restricted to education. It extends to employment and other service situations.

Disability discrimination is a barrier to employment ... and laws that support or promote disability discrimination sustain a major barrier to employment of people with disability.

It's quite clear that most employers do not want to employ people with disability.

It is inconceivable that significant progress towards equitable outcomes in employment of people with disability can be realised without decisive and deliberate effort.

It took a degree of affirmative action to change the mind of employers in relation to employing women ... and further progress is still needed in that respect. The same is needed for the indigenous minority and for people with disability.

The great prospect for the NDIS is its recognition that disability services need to be person-centred: that the diverse nature of disability means services and supports for an individual must focus on the particular needs of the individual.

The same approach is crucial to improving employment outcomes for people with disability. Employment services and supports must also recognise and address the individual needs of people with disability.

If Government finds that denigrating people is really an effective strategy, then it should denigrate employers whose workforce is below about 10% people with

disability, instead of denigrating people with disability (who deserve to be applauded and rewarded for their efforts).

An effective way to “promote the benefits of employing people with disability” to employers would be simply to tax employers who are not employing their share of people with disability.

The Issues Paper claims

The Australian Government is looking at ways to improve the employment outcomes for people with disability to enhance their social and economic participation.

Frankly, Government knows “ways” ... the “ways” are quite clear but they are politically unpalatable. The Government is actually looking for either:

- cheap strategies that suit the Government's political ideology and that can appear credible; or
- the *ticker* needed to deliver progress in disability employment: Government must have the gumption to commit resources and effort needed to improve employment outcomes, or to motivate employers sufficiently through a disability employment tax/levy.



Principles for Disability Employment Services

The Issues Paper suggests the following principles.

1. Individual funding based on needs and aspirations.
2. Market-based service provision.
3. Long-term career planning and capacity building.
4. Understanding of employer needs.
5. Increased open employment options.
6. Whole-of-government coordination and use of technology.
7. The person is supported through the life-course

It asks:

Do you agree with these as the underlying set of principles for change?
Are there other principles you would include?

A4 would prefer beneficial long-term principles rather than “principles for change”. We would have to ask:

- how long is the change period through which the 'principles for change' would apply? and
- What are the ongoing principles once the change period is over?

We prefer principles that are the foundation for disability employment outcomes, and that change simply occurs to deliver the required outcomes. Change itself does not really need to adhere to principles; or if principles are necessary, simply adopt the principles of “continuous improvement” as the “principles for change”.

So we read the proposed principles as the ongoing principles for national disability employment services and supports.

We already argued for Principle 1 above ... as long as this means “individual needs and aspirations”. This is a guiding principle for the NDIS. The “individualised planning” or “person-centred model” is generally regarded as “best practice”.

In relation to Principle 2, it is crucial to realise that disability services and the disability sector bear no resemblance to a free market. It is folly to pretend they do; folly that delivers deep inequity for people with disability.

The relevant principle is needs based service provision, that is the system must recognise the all employment-related needs of individuals with disability and then ensure those needs are adequately addressed in a timely way.

Principle 3 is a “motherhood” statement. Without specific goals and clear measures of outcome, it is meaningless.

In respect of Principle 4, employer needs are relatively easy to understand. Employers in the private sector need to be profitable. Government employers need to deliver services within their allocated budget. And the not-for-profit needs to perform its functions within the resources it has available.

Principle 4 is seriously inadequate. It is crucial that the disability sector works together with employers to deliver a fair quality of life for everyone in the community. It's not just about employers; nor is it just about people with disability. Soon after starting its trial, the NDIS recognised the need to understand and support carers. For many people with disability, their prospects for long-term meaningful employment depend on understanding of their disability supports. The needs of all citizens must be addressed fairly.

Principle 5 should be about employment stability: about employer resilience and job sustainability. It is possible that open employment can deliver these outcomes better for many people with disability ... but some people with disability may require other alternatives.

Principle 6 has two parts. We suggested above that more equitable outcomes in disability employment for people with ASD depends first on significant improvement in education outcomes. We also suggested, in relation to Principle 4, that coordination with the disability services and support sector, which is significantly influenced/driven by government, is also essential. The health sector has yet to recognise its role.

So we agree, whole-of-government coordination and cooperation are required.

Technology may well offer a means to deliver more equitable disability employment outcomes. In our view the principles would be better to focus on what should be achieved rather than how it will be achieved.

Principle 7 is an overall principle. It reaches beyond disability employment unless Government intends that people with disability will work their whole life, that they do not have equitable access to retirement.

Current Services

How effective are the pathways into these services?

How well do these programmes work together to support people with disability throughout their life-course, including for conditions episodic in nature?

Are there other services which could assist people with disability to find a job?

What scope is there to move employment services to an individualised funding model?

The pathways into employment services, whether they be disability employment services or employment services generally, are essentially non-existent for many people with ASD. To our knowledge, no one collects data that describes the outcomes. We can only offer case studies.

One account can be found on A4's website: see [Disability employment scheme: sudden exclusion, fish-slapped by Departments and their "systems"](#).

The author's son left school 4 years ago. He has not been able to access any disability employment service since leaving school. Accounts suggest this is a common experience for people with ASD.

The ABC's Four Corners program episode, [*The Jobs Game*](#) (Feb 2015), showed that disability employment services can be spectacularly ineffective and may be fraudulent.

The Government's own evidence of low employment rates for people with ASD shows these programmes do not work together, or on their own. ABS data show employment rates for people with ASD, people with other disability and people without disability were 36.4%, 47.7% and 78.5% respectively, in 2012. The “unemployment rate” (defined as the difference between labour force participation rate and the employment rate ... it's **not** people who are unemployed) for people with ASD is more than double the “unemployment rate” for people with other disability.

The only good news is that ABS data showed *labour force participation* for people with ASD rose from 34% in 2009 (see [ABS report](#)) to 42% in 2012 (see [ABS report](#)). Reasons for the substantial improvement in labour force participation are unknown (with the right data, the Government might be able to estimate the effect of fraudulent claims from disability employment service providers on labour force participation rates).

Note that labour force participation and employment rates for people with ASD remains well below the rate for people with disability generally (given as 54% in 2009, 53% in 2012).

This evidence supports the conclusion that there are no other services that are effective in assisting people with ASD to find and remain in a job.

There is considerable scope to improve disability employment outcomes in Australia. We expect (we do not have evidence) that moving employment services to an individualised funding model would be substantially more effective than current practice. And that a model of individualised funding will be more effective if it pays service providers:

1. specifically for the effort made for an individual client;
2. a bonus for success, that is getting a person into a job; and
3. appropriately for effort expended keeping a person with a disability in ongoing employment.

Care is needed that the system rewards long-term employment better than placing people with disability in a series of short-term jobs.

Employment services in context

How can elements of the disability support system better link with employment support to improve employment outcomes for people with disability?

Are there other contextual factors of the jobseeker that should be considered?

The NDIS is meant to help people with disability achieve their personal goals; it “supports people with a permanent and significant disability that affects their ability to take part in everyday activities”. The NDIS is the biggest change to disability support system. NDIS trials have started; progress in being made.

The NDIS supports are meant to be distinct from employment, education, health and welfare. However, from personal experience, separating personal goals into distinct compartments is at least difficult, if not impossible. Separating goals and supports in such a manner may be counter productive.

The NDIS has a factsheet on [*Supports the NDIS will Fund in Relation to Employment*](#) which also explains what it doesn't fund. For example:

Employment services are responsible for assisting participants to build skills to participate in work and to assist them to maintain employment, including on-going support where required. This includes the services offered by DES and JSA.

Frankly, it would make a lot of sense for a person with a disability to create a single unified personal plan with all relevant agencies. Then the agencies could go away and decide among themselves who is funding what parts of the plan. Someone would need to be responsible for ensuring all elements of the plan are funded ... and that the plan as a whole is realised.



Disability Employment Services (DES)

How can DES providers better assist people with disability to prepare for and find a job?

How can DES providers better support people with disability in the workplace?

How can DES providers better support employers?

How can the employment service model be improved to help providers deliver better support?

Does DES need to be redesigned to operate in an NDIS environment?

Data provided above shows labour force participation of people with ASD is below 50%, so the first point is that providing any assist at all would be an improvement.

Basically, they just need to do their job. Previous reports (links given above) show that they are not doing what they are supposed to do.

These questions above don't ask the key question. The answer is that the Government regulators are failing in their role.

The key message is that better measurement and reporting on matters like this usually results in improved outcomes. Of course, the challenge is to collect data without imposing “red tape” and/or sacrificing privacy. Note that an accounting system that supports individualised funding and service performance reporting would have the relevant data.

And “yes”, DES does need to be redesigned to work in the NDIS context ... to even work at all.

A4 cannot speak for employers. We can suggest that funding disability advocacy, including advocacy for specific disability groups, to work with employer groups could be productive.



Job Services Australia (JSA)

How can JSA providers better assist people with disability to prepare for and find a job?

How can JSA providers better support people with disability in the workplace?

How can JSA providers better support employers and respond to employer needs?

How do you think the proposed changes will improve the JSA model and employment outcomes for people with disability?

A4 is not aware of any ASD-related outcome due specifically to JSA. Based on the description of JSA in the Issues Paper, there should be considerable potential for improving employment outcomes for people with ASD ... but we are not aware of any.

Frankly, it is hard to imagine that a JSA provider could be effective in improving or sustaining employment for people with ASD without specific knowledge of and strategies for ASD.

Australian Disability Enterprises (ADEs)

Can we improve support for people moving out of ADEs into open employment?

How can ADEs operate as viable businesses?

The Issues Paper says:

ADEs are transitioning to the National Disability Insurance Scheme.

The reality is that governments in Australia, with encouragement from vocal sections of the disability sector and recent decision in the legal system, are closing ADEs and moving their existing clients to “open employment”.

The ASD community has diverse views on ADEs. Some families see ADEs as the only prospect that their adult child has of having a job, hence participating in the community. The employment data above clearly shows that an effective alternative does not exist for people with ASD.

But conventional ADEs do not work well for people with ASD either.

Interestingly, a Danish enterprise, Specialisterne, created a model for employing people with ASD for specific tasks. The approach is spreading around the world, including here in Australia (media releases [here](#) and [here](#)). This approach will suit some people with ASD, but not all of them.

Support for Employers

Are employers aware of these supports?
How can supports help achieve long-term employment for people with disability?
Are the support needs of large employers different to the support needs of small employers?
How can we encourage more engagement between employers and people with disability?
What other supports or approaches could increase employment participation of people with disability?

A4 is in the initial stages of building a relationship with employers. Simply, we cannot answer these questions ... at this time.

What we can say is that the first stage involves finding employers who want to employ people with ASD. Some of these are starting to emerge.

National Disability Insurance Scheme (NDIS)

- In what way do you think the NDIS can support employment outcomes for people with disability?
- What do you think we can learn from the NDIS to improve job services for people with disability?

The NDIS has a fact sheet (see [*Supports the NDIS will Fund in Relation to Employment*](#)) describing its supports relating to employment of people with disability.

Previously, we suggested that individualised planning for employment services and support is likely to improve outcomes. Even better would be having a unified plan for an individual with the NDIS and employment deciding how they will fund that each plan.

Personal Helpers and Mentors (PHaMs)

What more can be done to assist people with mental illness to find a job?
What more can be done to support people with mental illness in the workplace?

A4 is aware of some success with mentoring people with ASD.

While ASD is described/defined in the DSM-5 beside disorders regarded as “mental illness”, government officials, many people with ASD and others, say ASD

is not “mental illness”. Others ask, if ASD isn't a mental disorder then which part of the body does it affect?

Many teenagers and adults experience mental illness that is comorbid with ASD.

Care must be taken to ensure people with mental illness receive evidence-based treatment for their mental illness ... and that PHaMs do not replace proper treatment and rehabilitation.

Life-course and Diversity

Are there particular milestones which have a positive impact on employment prospects for people with disability?

What issues need to be considered in relation to specific groups of people with disability?

What approaches work with the different groups and these different issues?

People generally recognise education milestones as having “a positive impact on employment prospects”. Previously, we presented data showing people with ASD have poor education outcomes and poor employment outcomes. We expect that there is a causal link. This means that improving education outcomes for people with ASD is likely to improve employment prospects and outcomes.

Improving on the poor outcomes in existing education and employment for people with ASD in particular will depend on everyone recognising the distinct and diverse nature of ASD.

Autism presents on a wide spectrum. Some people with autism achieve substantial academic success but none-the-less need support in social and domestic settings. Other experience clinical levels anxiety and/or depression that is complicated by their ASD.

The success of [Specialisterne](#) around the world (see above) shows that people with ASD can be better in some roles than others ... if their differences are reasonably accommodated.

People with ASD often present with different behaviour. For many of them, their behaviour is their primary means of communication: once their behaviour is recognised as communication, understood (which may not be easy) and respected experience shows there are usually good prospects for positive employment outcomes.

Additional Remarks

The Government says that high personal tax rates are a disincentive for people to earn more, especially in relation to people with high incomes. At the same time, people receiving DSP, some of the poorest people in the land, experience the biggest imposition on their income, an apparent tax. The Government could review this substantial disincentive and inequity.

In the submission above, we focus on employment for people with ASD. But ASD affects whole families.

The impact of ASD on employment for other family members is substantial ... and also needs attention. If DSS is interested in improving outcomes for families and carers of people with ASD, A4 suggests that there be further engagement specifically with ASD-related stakeholders.

Government has yet to catch up with the scale of the challenge due to ASD. Government need to formally recognise that ASD is a substantial element in the disability sector, that people with ASD have particular needs and ensure that those needs are met.

For example, the latest (second) [NDIS Annual Report 2014-15](#) mentions various efforts and engagements with stakeholders relating to people with Intellectual Disability. But the only reference to autism/ASD is the premature announcement of as yet incomplete secret discussions relating to early intervention (which relates mostly to children under 7 years of age).

Despite the substantial impact of ASD on the community, governments fail/refuse to support systemic advocacy or engage ASD-related stakeholders in relevant policy discussion and development. Policy development without the involvement of relevant stakeholders is rarely effective.

Current employment patterns show that, with a few notable exceptions, employers are largely disinterested in employing people with disability ... and particularly disinterested in employing people with ASD.





Conclusions

There exists enormous potential for improving employment outcomes for people with ASD.

Employment outcomes depend on education outcomes. Improving education outcomes for people with ASD will improve their employment outcomes.

Currently, employment outcomes for the growing number of people with ASD are abysmal – substantially behind outcomes for people with other disability and other marginalised population subgroups (which are also a national disgrace). Job outcomes for people with ASD are especially poor/inequitable when compared to employment rates for people without disability.

There is little prospect that existing programs and plans will improve employment outcomes for people with ASD. A4 suggests that government needs to

- recognise people with ASD have distinct needs that are not being addressed, let alone met; and
- engage specifically with ASD-related stakeholders.



Annex A. ASD prevalence

The position of Governments in relation to the number of people with autism/ASD is unclear.

In 2011, the Department of Health and Ageing advised the Senate Community Affairs Committee(see [Question: E11-184 Mental Health, Autism](#)):

The Department [of Health and Ageing] does not collect data on autism prevalence. The Department is not aware of any evidence of any major shifts in prevalence of autism in Australia.

On the other hand, the Australian Bureau of Statistics (ABS) reported on data it collected for it's Survey of Disability Ageing and Carers (SDAC) in 2009 and [2012](#). It's report on 2009 data says:

The 2009 SDAC showed an estimated 64,600 Australians had autism. This is an increase of 34,200 from the 2003 SDAC, or more than double the prevalence identified in 2003.

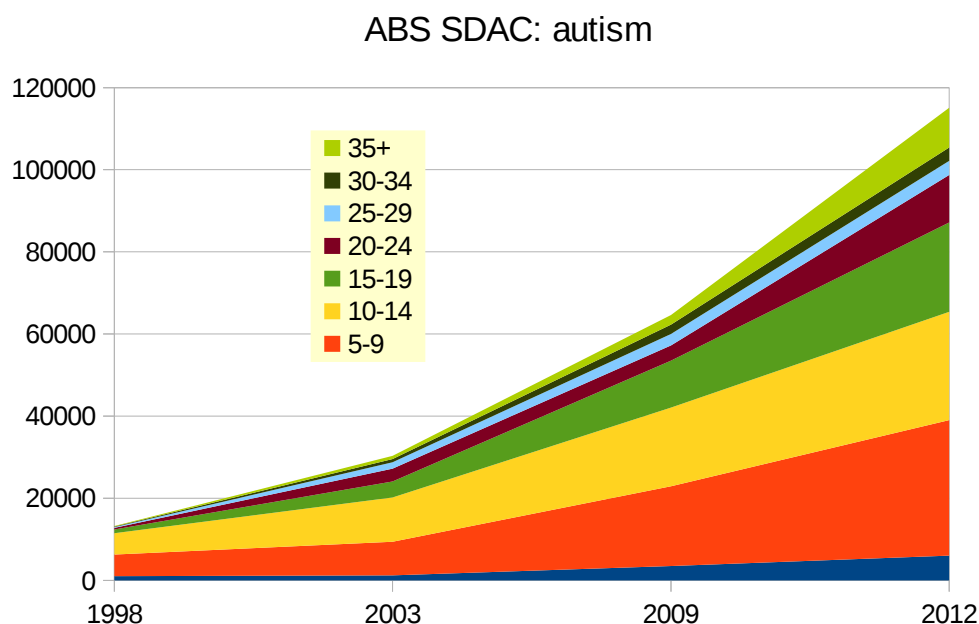
It's report on 2012 data says:

The 2012 SDAC showed an estimated 115,400 Australians (0.5%) had autism. This was an 79% increase on the 64,400 people estimated to have the condition in 2009.

...

It is unlikely however, that people are being diagnosed with other conditions instead of autism as there is no correlating increase in other conditions in the SDAC data that would suggest alternative diagnoses (e.g. other developmental disorders, mental retardation/intellectual disability) in these late teenage years.

Following is a graph of people reporting autism as their primary disability from the ABS SDAC data from 1998, 2003, 2009 and 2012 (we apologise that we don't have



software that scales the X-axis properly ... proper scaling would put 2009 closer to 2012, and the increase between 2009 and 2012 would appear steeper).

Reports of severe or profound disability for people whose primary disability is autism are:

| | 2003 | 2009 | 2012 |
|-------------------------------|------|------|------|
| Severe or profound disability | 87% | 74% | 73% |
| Reporting agency | AIHW | ABS | ABS |

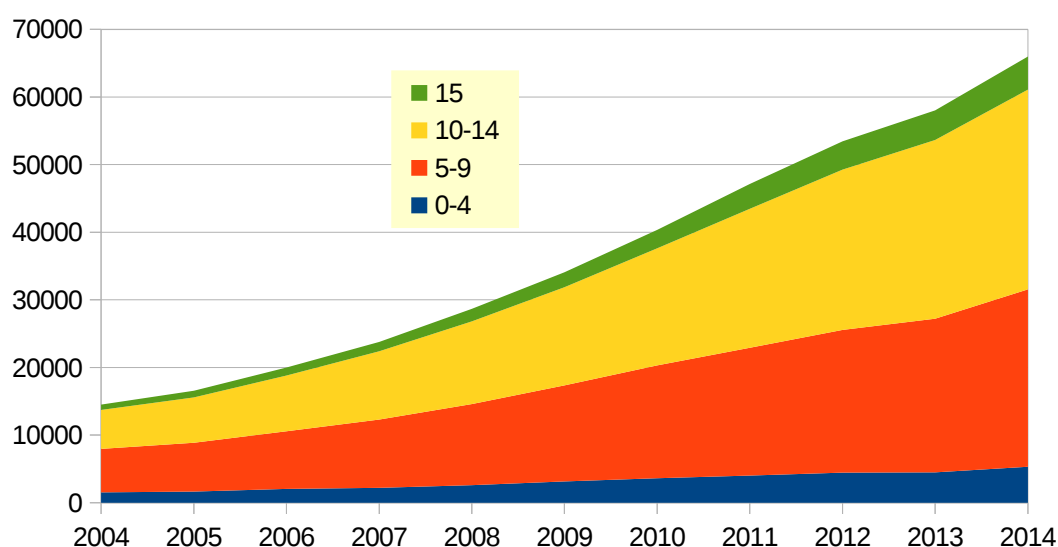
While there has been enormous growth in the number of diagnoses, the majority of the of that measured growth is people with severe or profound disability. These data indicate growth in autism diagnoses is not due mostly to milder cases of autism ... contrary to the unsupported claims from bureaucrats, health administrators and some academics.

These data are consistent with the number of children qualifying for the *Helping Children with Autism* package and other sources. The exception is data from the National Disability Agreement (NDA – formerly the CSTDA). The NDA/CSTDA accounts for most disability services funding from state and federal governments. These data showed that most people with autism received no services for their severe or profound disability.

While the number of adults with autism are relatively small at this stage, adults show the fastest growth rates. Note that there is no such thing as “adult onset autism”; these are adults being diagnosed with severe disability who were not diagnosed as children with autism.

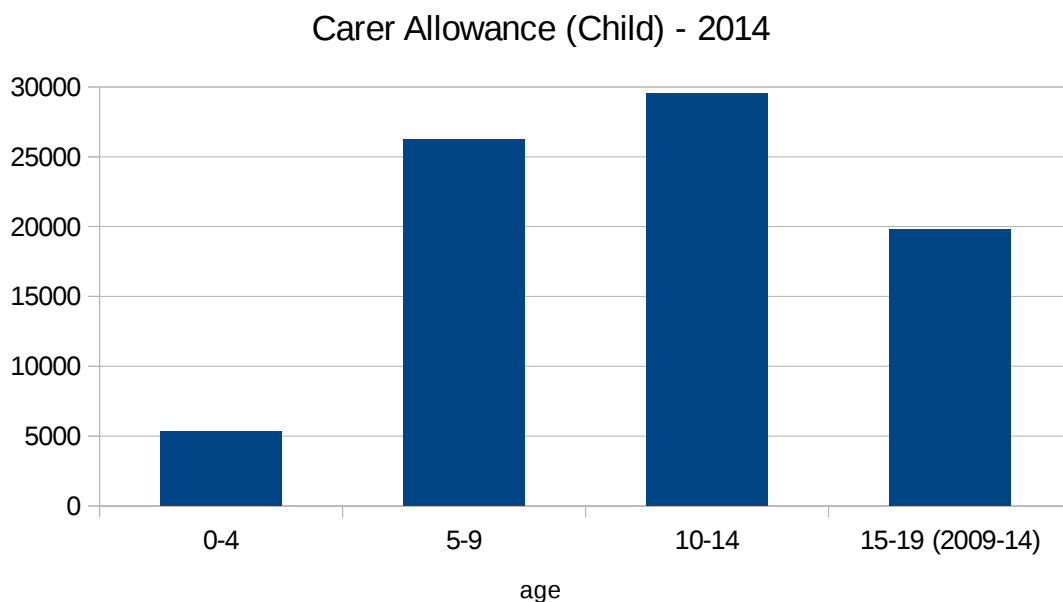
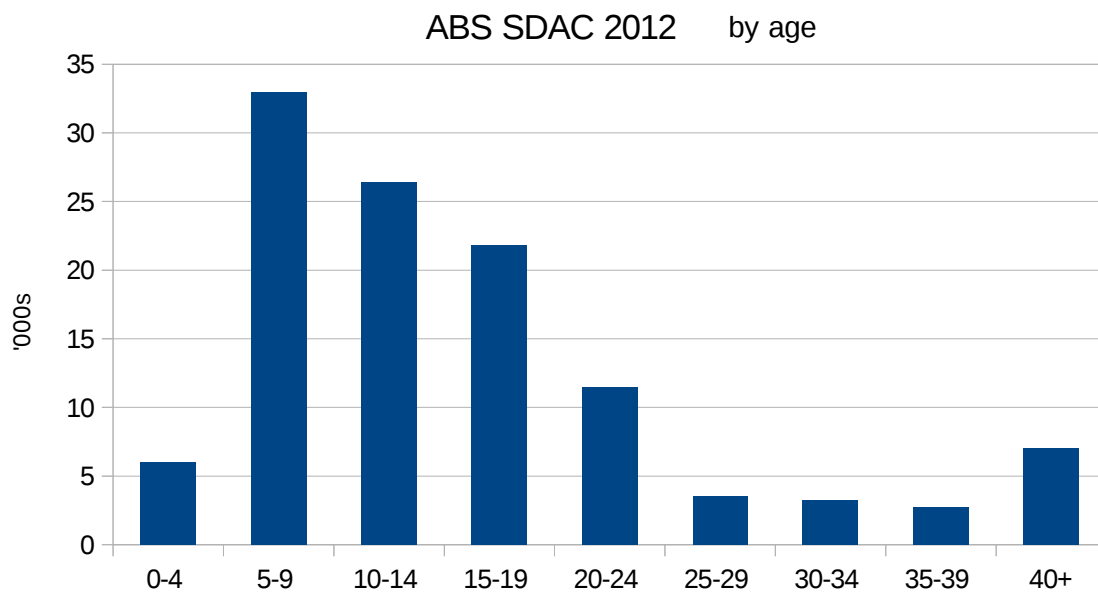
Carer Allowance (child)

Autistic & Asperger's disorders



Data obtained annually from DSS (formerly FaCS and FaHCSIA) show a similar pattern. These data show the number of children with Autistic and Asperger's disorder aged 0 to 15 years whose health professionals signed off individually for their family to receive Carer Allowance (child).

The age distribution of people with ASD shows more younger people are diagnosed with ASD than older people. The data from both the ABS and Centrelink show the number of people with ASD peaking in the 5-14 year age range.



The number of children reported in the ABS SDAC with severe or profound disability due to autism/ASD is similar to those getting Carer Allowance (child). Carer Allowance (child) data omits children with Pervasive Developmental

Disorder – Not Otherwise Specified (PDD-NOS) which is another disorder on the autism spectrum.

The latest two Quarterly Reports from the NDIS show 30% of NDIS participants list “autism and related disorders” as their primary disability. This is the biggest distinct disability type in the NDIS and exceeds a combined “intellectual disability” category.

Growth in the number of people diagnosed with autism is not unique to Australia, it is observed in other countries too: for example, see <http://www.cdc.gov/ncbddd/autism/data.html> or <http://www.cdc.gov/media/releases/2014/p0327-autism-spectrum-disorder.html>.

In both Australia and the USA, autism diagnosis rates vary between states. In Australia, there are very low diagnosis rates in the Northern Territory ... and the ACT is falling behind the national average.

