

Autism Tasmania Incorporated

## **RE: Disability Services Act 2011 Review – Response to Consultation**

Thank you for the opportunity to submit advice to inform the review of the Disability Services ACT 2011, on behalf of the Tasmanian Autistic community.

Autism Tasmania provides the following six points for due considerations, together with additional comments under the seven consultation topics.

### **SUMMARY COMMENTS**

1. **Statewide consistency** – the DSA rules should apply regardless of which provider funds or delivers the services and supports; and regardless of whether a provider is mainstream, community-based, or disability specialised.
2. **Removing the gaps** – in recognition that both the number of NDIS participants and the value of their plans will decrease; demand for local services and supports will increase. Autism is disproportionately impacted and individual advocacy is the link to ensure people do not fall through the cracks between the state and national services.
3. **Recognising an increased demand for individual advocacy** – neurodiversity represents a unique individual advocacy role that relies on specific subject matter knowledge and highly tailored capacity building of both the neurodiverse and neurotypical communities. Without expertise in this area, the impact on economic and social inclusion will be reduced. It is unfair to require generic advocacy services to be experts in autism.
4. **Linking national programs with local services** – requiring nationally funded programs to link *fully* with local services prior to deploying in Tasmania. Our community must have access to fully wrapped around services and supports that they can choose from rather than having to join the dots themselves.
5. **Aim for prevention before regulation** – in regard to educating businesses in neurodiversity; staff should have access to training proactively as part of their induction, rather than reactively e.g. in response to an incident or complaint.
6. **Mandate accredited training for all front line service delivery and HR staff** – people in these roles should be able to demonstrate competency in neurodiversity appropriate practice and environment inclusion.

### **CONSULTATION TOPICS:**

#### **Topic 1 – Inclusion, Accessibility and Leadership**

The DSA should formally link with the *Tasmanian Accessible Island Strategy* as this is the mechanism for government priorities and investment in inclusion.

In this next decade the Tasmanian Government has the opportunity to lead the development of strategies that improve inclusion that actually work to acquire the benefits of economic and social participation for all Tasmanians with invisible disabilities and

neurodiversity. This leadership includes responsibility for mandatory training in robust inclusive practices for all front line government employees and HR managers.

## **Topic 2 – Principles which support the rights of people with disability**

Tasmanian people with disability have lost access to both systemic advocacy services and individual advocacy services that match their unique needs. This is a consequence of new funding arrangements

Both forms of advocacy services are essential for people with disability to have their rights realised.

Without systemic advocacy – how can the voice of the community inform reviews such as this?

In the past systemic advocacy was delivered by the not-for-profit peak body sector. Funding sources are ended for this sector as by necessity these organisations have been required to take on service provision roles. This inherently has resulted in conflicts of interest and hence obliteration of any systemic advocacy.

Similarly, individual advocacy is conducted by generic disability services. The DSA must embed local subject-matter-expert individual advocacy and systemic advocacy as a safety net for people falling between the service funding gaps. Disability specific (subject matter) expertise is key here. It is time for Autism-specific individual advocacy because without this skill the service solutions will continue to be suboptimal.

The DSA should correct this deficit.

## **Topic 3 – The DSA NDIS and other national disability programs**

The DSA sets out how individuals with disability, disability service providers and researchers are funded.

There has been radical changes to funding arrangements since the introduction of the national NDIS and ILC grant arrangements.

These new funding arrangements have:

- generated many positive impacts for many – but not all – **Tasmanian individuals with disability**. As a result many Tasmanians are experiencing different gaps and unintended negative consequences in choice and control. The new DSA must recognise that the national funded programs will increasingly reduce both the number of Tasmanians who are eligible for NDIS funding AND the size of funding allocated to them. The new DSA must set out clear mechanisms for service provisions that is seamlessly supports individuals with disability as they access services from NDIS, mainstream and non-NDIS funded streams.
- unsuccessfully implemented market-driven service delivery for **Tasmanian Service Providers**. As a service providers The new NDA must

The ILC Grant program strives to fund nationally consistent capacity building across Australia. This national funding must be used for maximum impact in Tasmania.

Autism Tasmania supports these overarching principles and objectives.

However, at present these programs are not required to link in with, leverage and build on existing Tasmanian capacity – local knowledge, skills and cost efficiency networks.

In many cases, the execution of these programs are currently wasting valuable resources on replicating what already exists and critically undermining local services capability.

Importantly the model for the delivery of these programs is resulting in extremely cost inefficient and non-sustainable outcomes. For example, a recent national program working to train schools and parents in Autism spent an estimated \$20K to deliver 4 hour training to

15 families. The delivery involved trainers imported from Western Australian and the Northern Territory. Much of this investment will not yield or sustain the necessary benefits for families in need.

The new DSA needs to carefully consider the reality of new gaps and anticipate that they will widen over time. Continual NDS reforms will reduce both the number of people with plans how much they are worth. This will impact disproportionality on the Autism community as this cohort is the largest and growing NDIS cohort in all age groups.

The new DSA must set Tasmania up with different and complimentary responsibility for disability services and supports. It need to ensure precious national funding is well targeted, leverages local, is effective and sustainable.

#### **Topic 4 – Quality and Safeguards**

Autism Tasmania supports regulatory processes that require all disability to adhere to a single compliance framework without regard to their funding sources. This is critical to the seamless experience for people with disability and recognises their use of multiple services and supports. Any other regulatory framework will generate dangerous loopholes and expose the most vulnerable persons in our community to quality and safety risks; and/or unacceptable burdens to remedy these risk. Not also that in the absence of experience individual and system advocacy (as noted above), this exposure is increased and unfair.

#### **Topic 5 - Regulation of Providers**

As per Topic 4.

#### **Topic 6 – Creating a Tasmania Disability Commissioner**

Autism Tasmania supports the creating of a Tasmanian Disability Commissioner. This scope for this role should include monitoring of an agreed service standard that both the regulation of Providers, and the effectiveness/cost-effectiveness and local sustainability of national program funding.

#### **Topic 7 – Supported decision making and consultation**

As per response to Topic 2.