

Brief on shaping the NDIS Data and Insights Website

A4 appreciates that currently, [the NDIS data website](#) provides data it describes as relating to:

- [participant location, goals, outcomes and more](#)
- [providers](#)
- [budgets and plan management and plan utilisation](#)
- [payments](#)
- [support line items](#)
- [market concentration](#).

The “explore data” section of the website also provides data on plan budget utilisation.

A4 believes that autistic NDIS participants would be better understood, and have better NDIS Plans and outcomes were the NDIA to collect better data. We understand that improved data collection is needed in relation to:

Initial diagnosis. The NDIA should capture the *full* information from a DSM-5 ASD diagnosis. The DSM-5 says [an ASD diagnosis](#) should specify:

- Part A – severity level – based on social communication impairments and restricted, repetitive patterns of behavior
- Part B – severity level – based on social communication impairments and restricted, repetitive patterns of behavior
- Notes for parts C-E
- The following items:
 - **With or without accompanying intellectual impairment**
 - **With or without accompanying language impairment**
 - **Associated with a known medical or genetic condition or environmental factor**
 - **Associated with another neurodevelopmental, mental, or behavioral disorder**
 - **With catatonia**

Planned and delivered therapy and early intervention

A4 and others in the autism community suggests that we’d also like to see data made available that describes:

- Autism when it is recorded as a secondary/additional disability for a participant – as well as data about autism when it’s recorded as the “primary disability type”
- Co-morbid conditions for NDIS participants with autism as their primary disability type
- The range of support funding- at least 10th, 25th, 50th, 75th, and 90th percentiles by age, state, etc.
- Reporting based on gender, changing of plans, accommodation options and uptake, employment, therapy/intervention outcomes.
- Transitions from developmental delay (and global developmental delay) to ASD (or other diagnoses)
- Eligibility and plan reviews (internal, AAT and others) and their outcomes