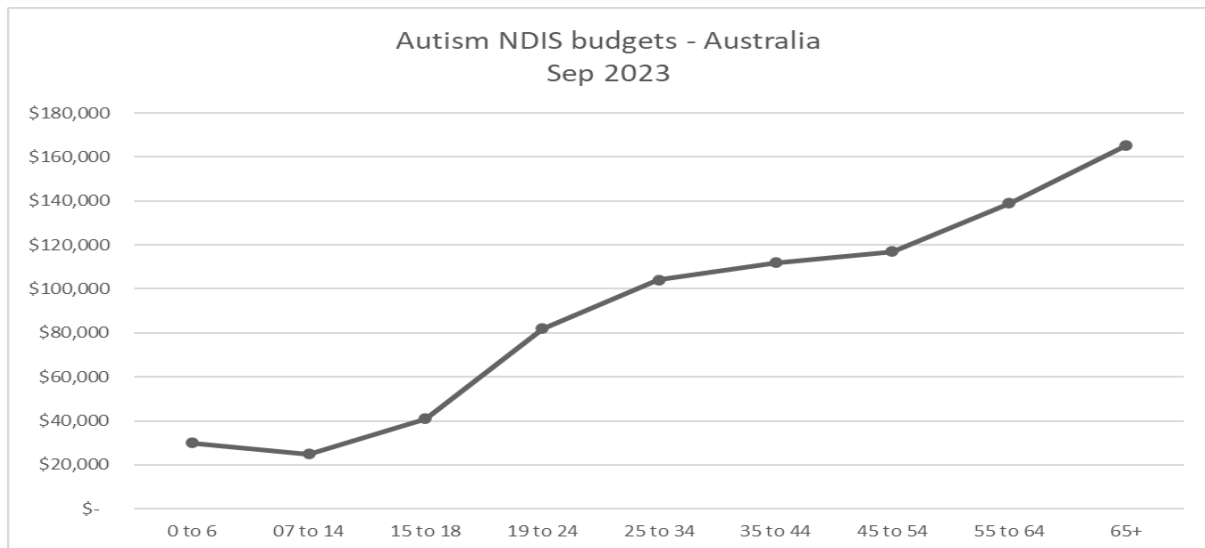


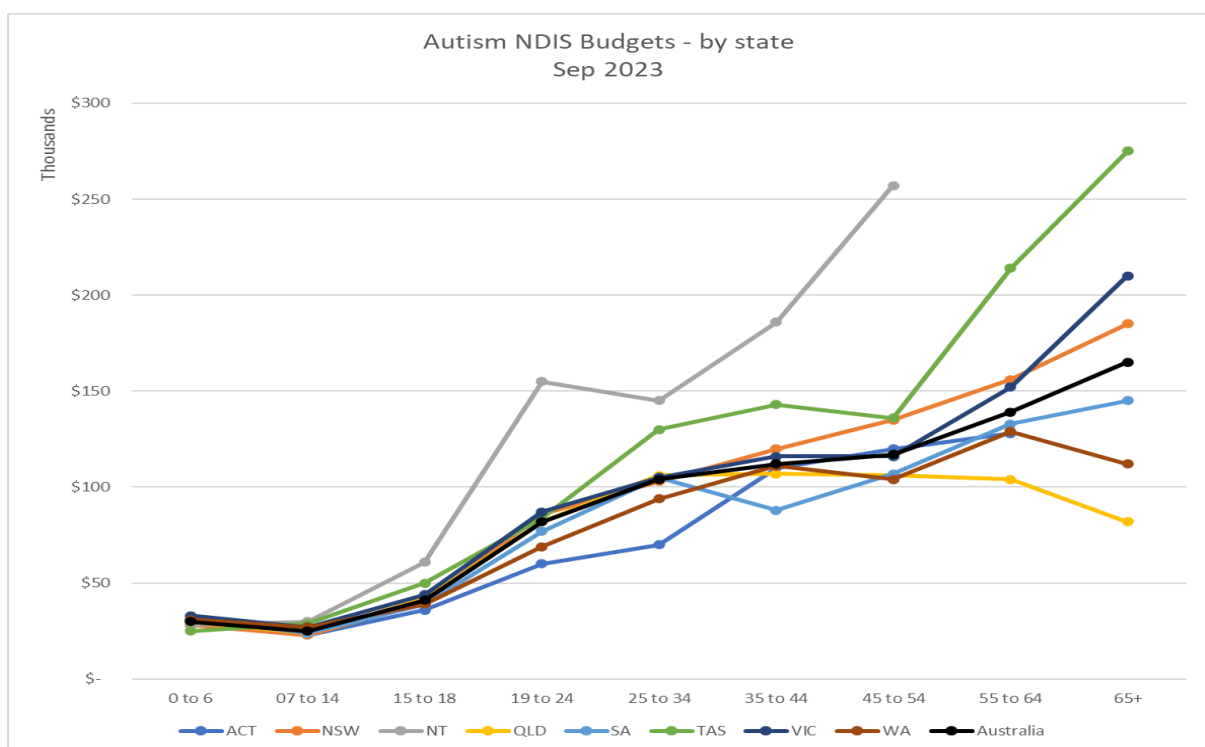
Autism in the NDIS

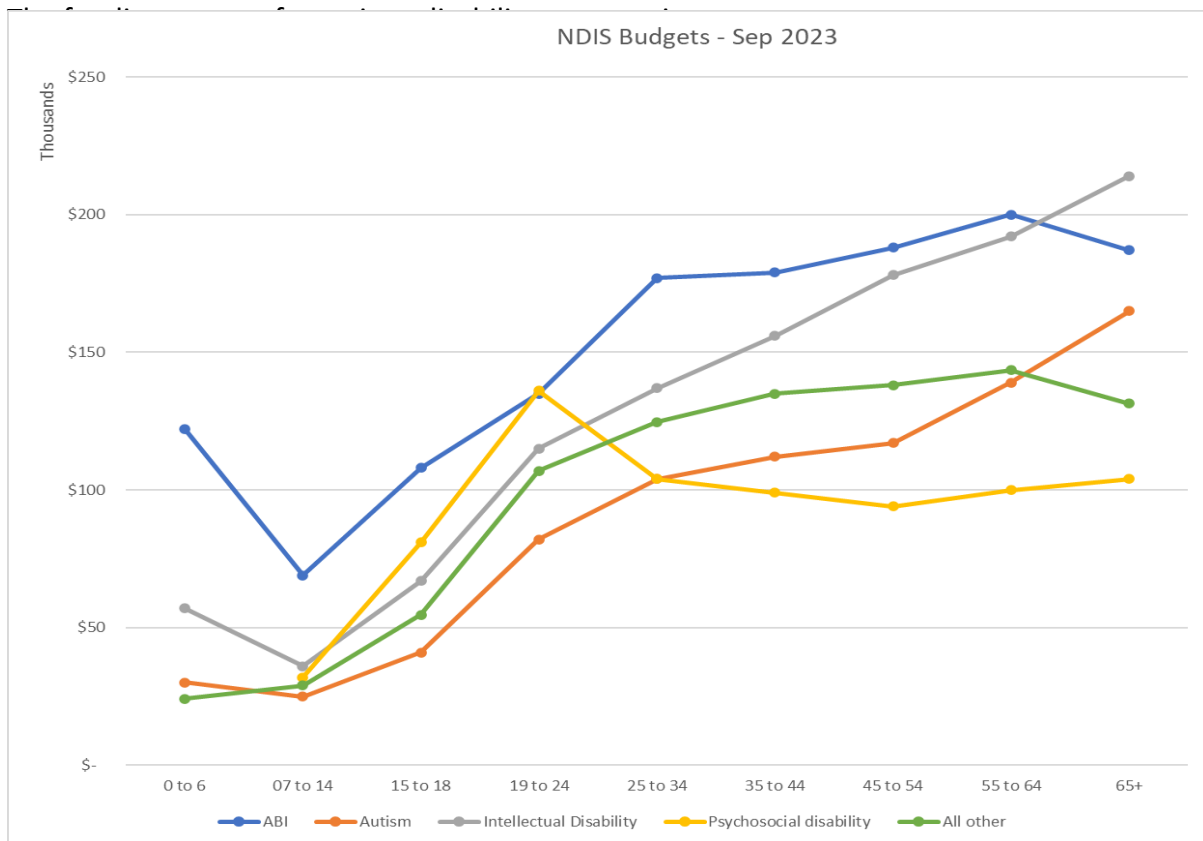
Most of the following analysis is based on data downloaded from the NDIS. The latest data, at time of writing, was Sep 2023.

Following is the average annual budget for autistic NDIS participants by age group.



As well as the variation by age, there is substantial variation between states and territories in how autistic NDIS participants are funded. The following shows the average NDIS plan budget by state/territory for Autistic NDIS participants at that time.





The NDIS has not indicated why, when the DSMs (-IV and -5) regard autism or Autism Spectrum Disorder (ASD) as primary disability type and co-occurring Intellectual Disability as ASD with ID, NDIS participants with Intellectual Disability as their primary disability type have more support funded. The Taylor Fry report suggested that this occurs across all severity levels in the NDIS.

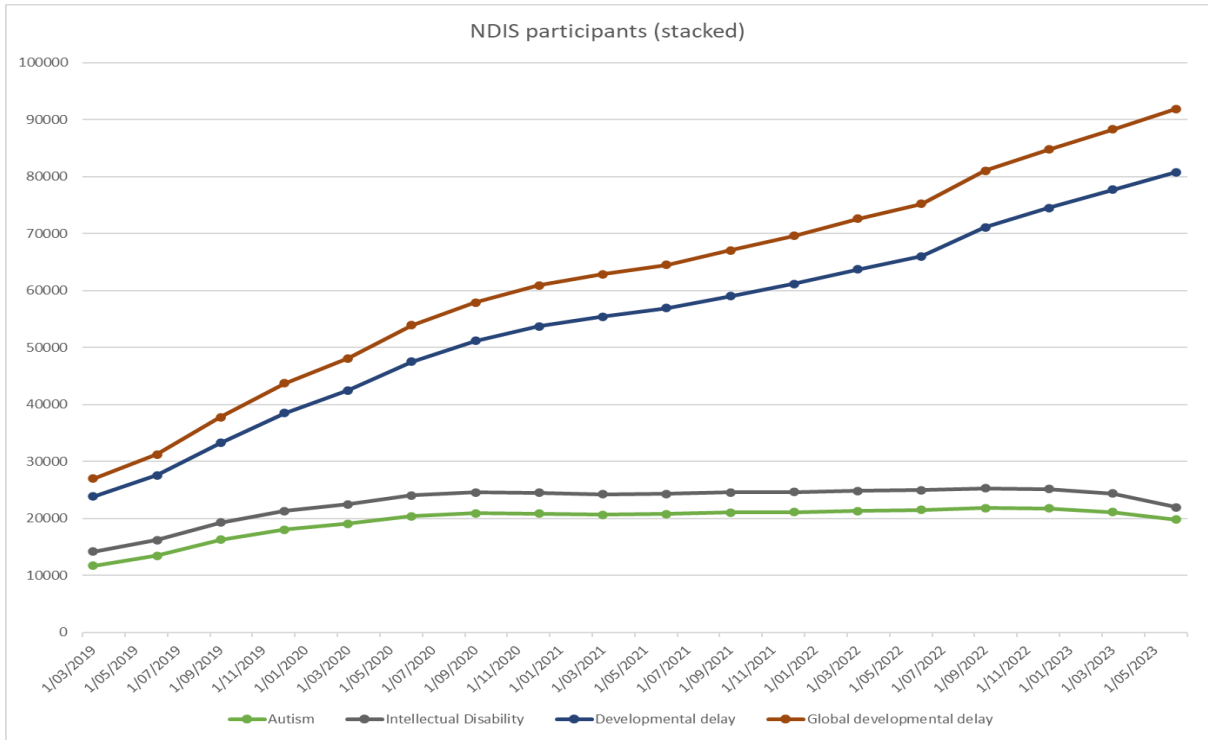
The data provided does not allow us to easily see whether higher funding for ID is due to more independent living ... which would mean Informal Supports for Autistic NDIS participants contribute quite substantially to overall support.

The available data does not even show whether Autistic NDIS participants with similar “functional assessments” to NDIS participants with ID get comparable support for their ID.

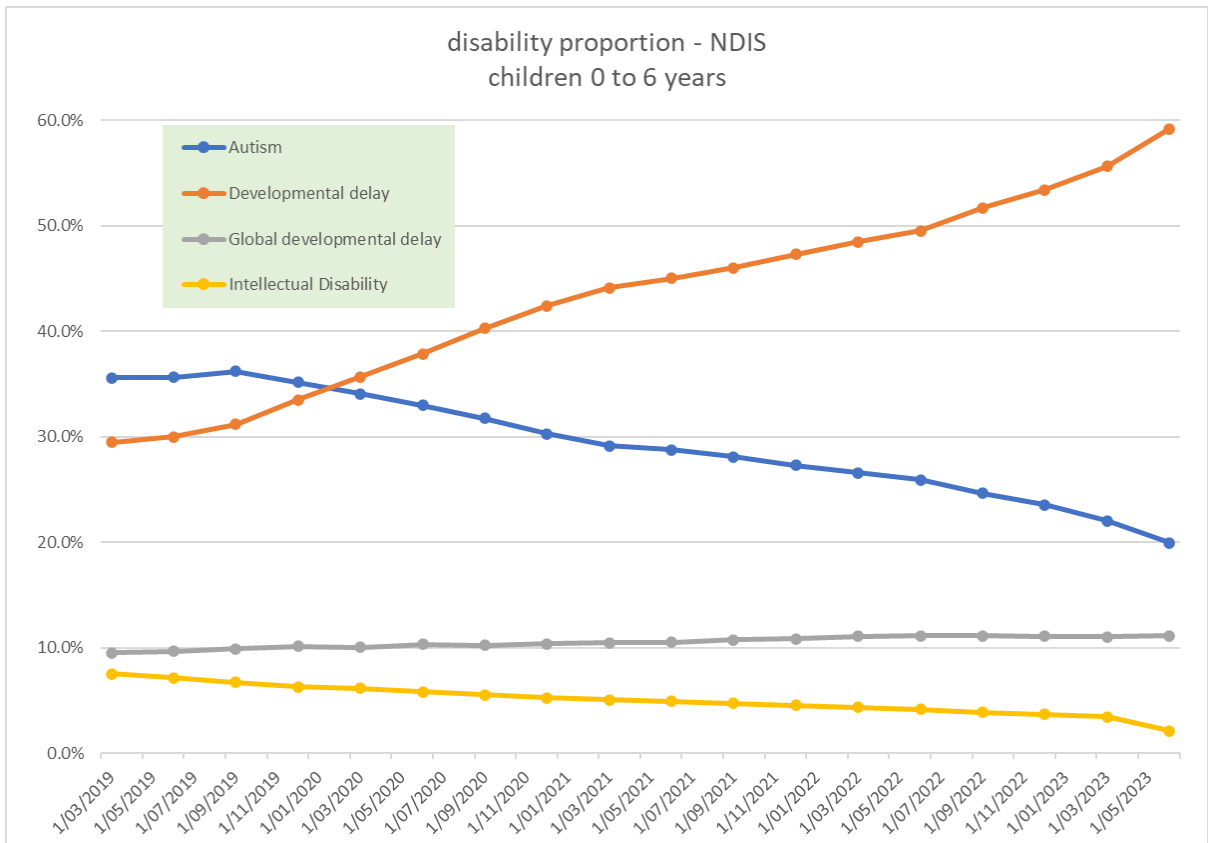
Early childhood - autism decline

While the rogue NDIS actuary runs around claiming the NDIS has increased autism diagnosis, the data says the opposite.

The following figure shows the number of autistic children 0 to 6 in the NDIS pretty much stabilised mid-2020 has decreased slightly since full NDIS roll-out.



In relative terms, where the numbers are expressed as a percentage of all participants, autism rates have declined significantly (see below).



Notice that DD is defined in the NDIS Act. It relates to children 0 to 6 years of age. I understand that every child who is diagnosed with ASD also meets the criteria for DD,

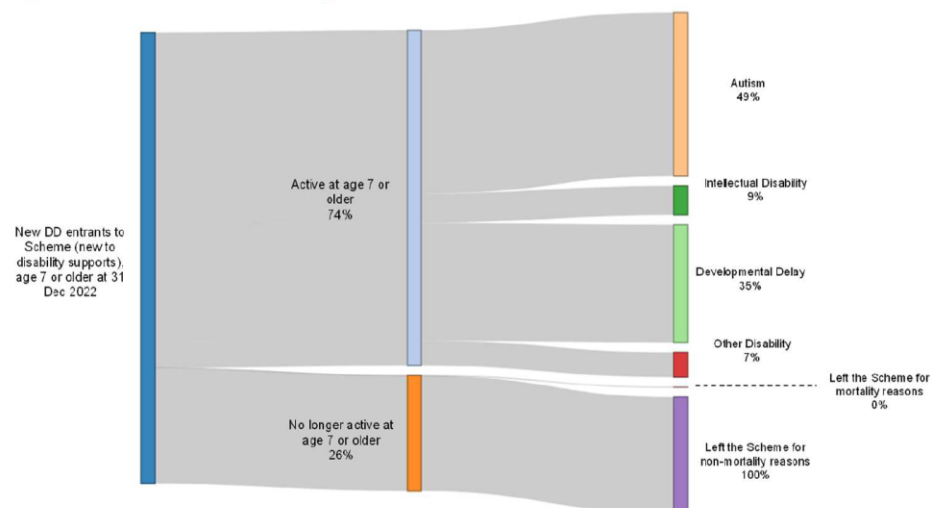
including children diagnosed with the so-called ASD Level 1 (a proper diagnosis provides two severity ratings, not one).

It seems that children are being described initially as having DD instead of ASD. This is a concern if it means that they get a later ASD diagnosis and miss out on earlier ASD-specific early intervention.

Data from the Scheme Actuary indicate that more children transition from DD (and GDD?) to ASD than any other disability type.

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Pathways in the Scheme for participants with developmental delay



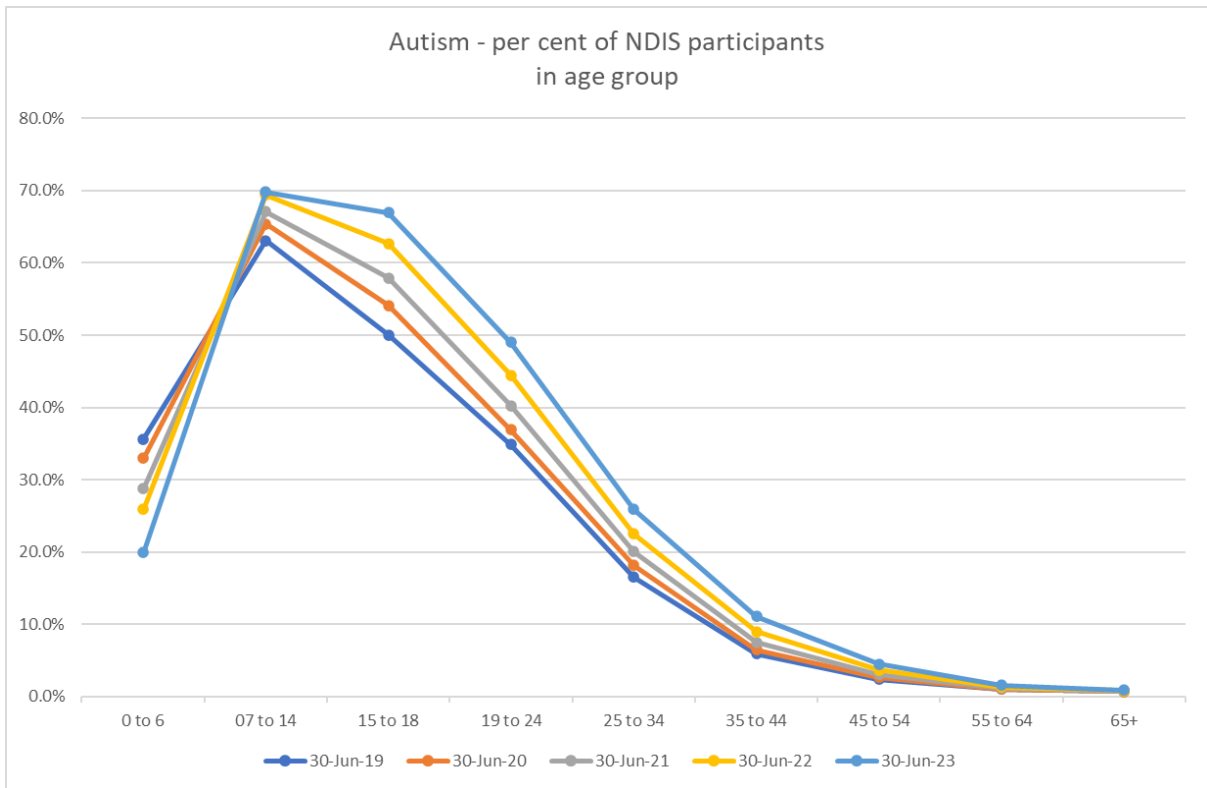
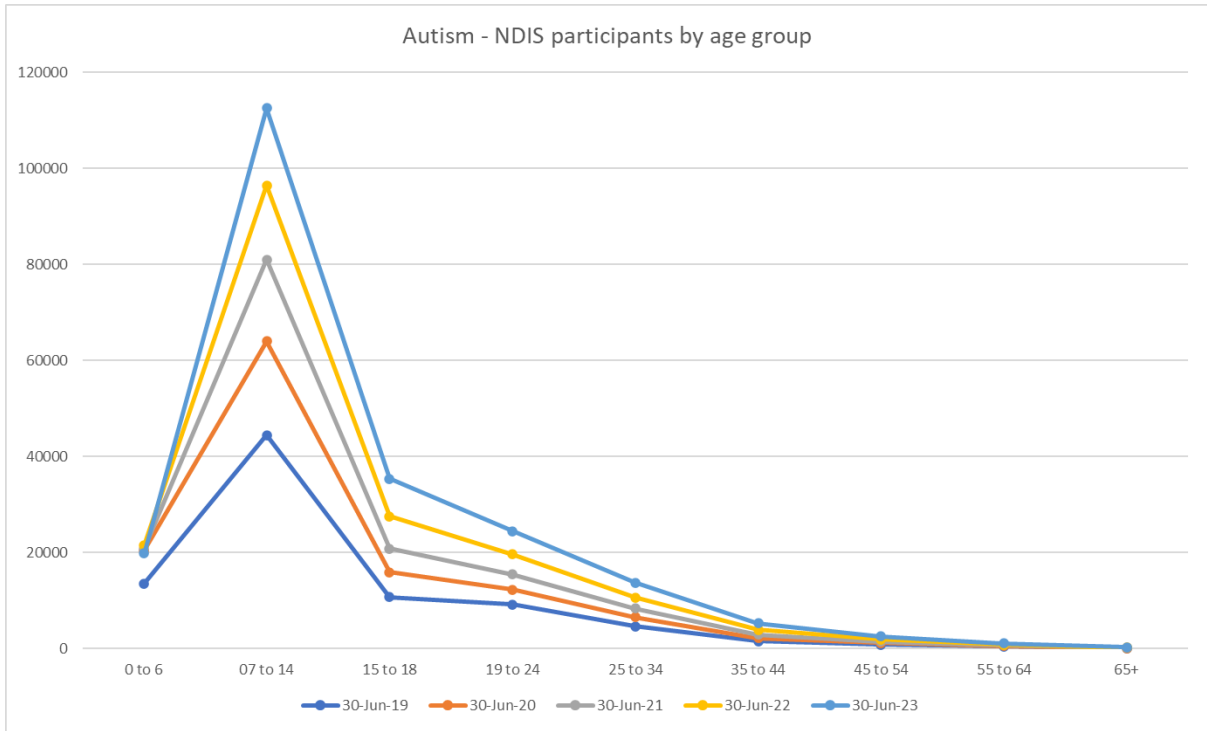
- 74% of new entrants to the Scheme with DD continued as NDIS participants after age 6. Of these:
 - 49% have a primary disability of Autism;
 - 35% remained under Developmental Delay (i.e. may not have been reassessed);
 - 9% have a primary disability of Intellectual Disability; and
 - 7% have another primary disability type.



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Autism Growth by age

Autism as a primary disability grew from 85,184 (29.8%) of NDIS participants in June 2019 to 214,880 (35.2%) by June 2023.



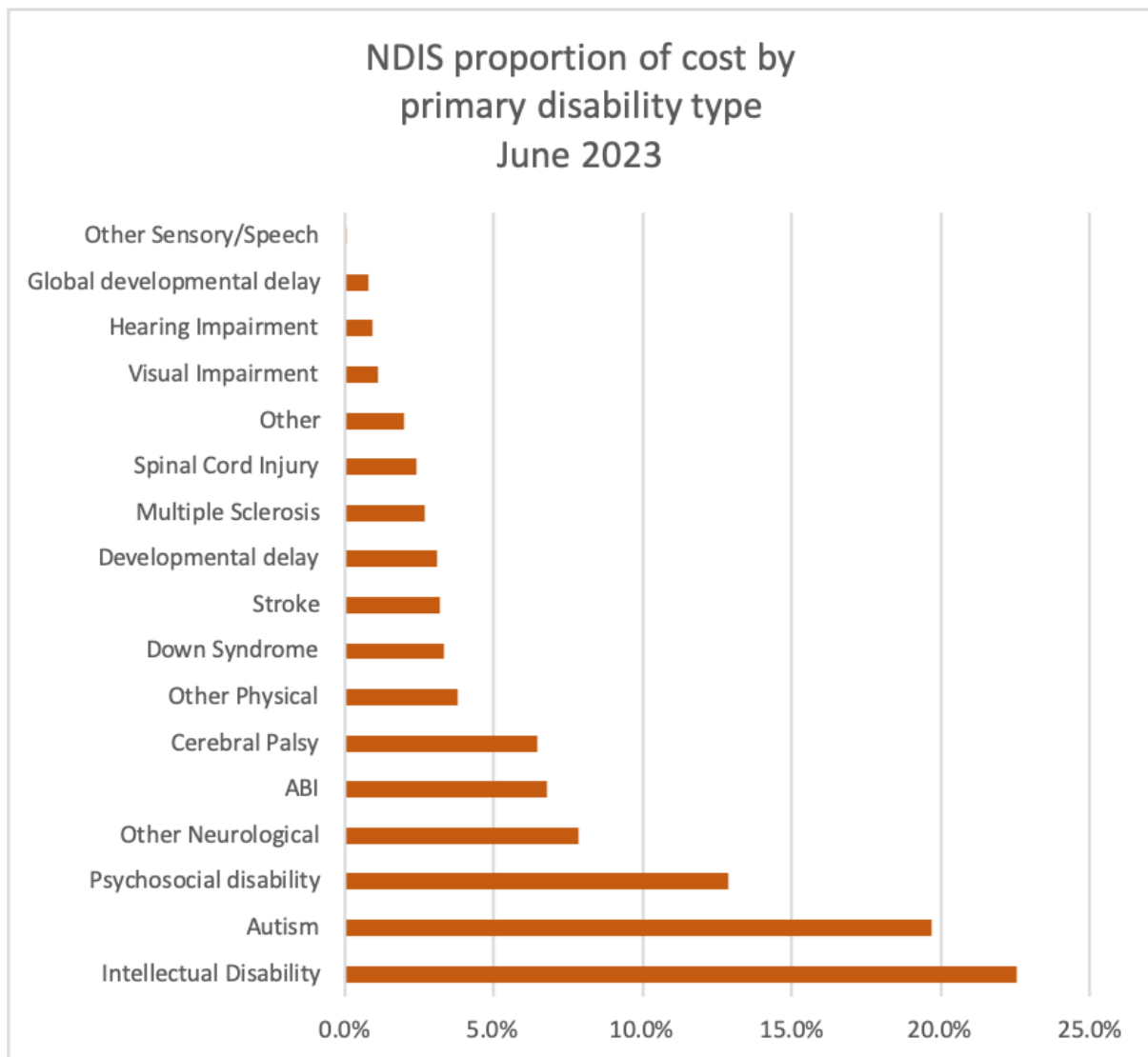
The biggest increases in autism growth (after the age range 65+ years) were in the age ranges 35 to 44 years (3.39 times) and 15 to 18 years (3.30 times). The least growth was in the 0 to 6 year age range, followed by the 7 to 14 years age range.

The autism “peak” will keep getting wider, and autistic adults will continue to grow as part in the NDIS. It is not clear how much of that growth will be associated with declining ID as a

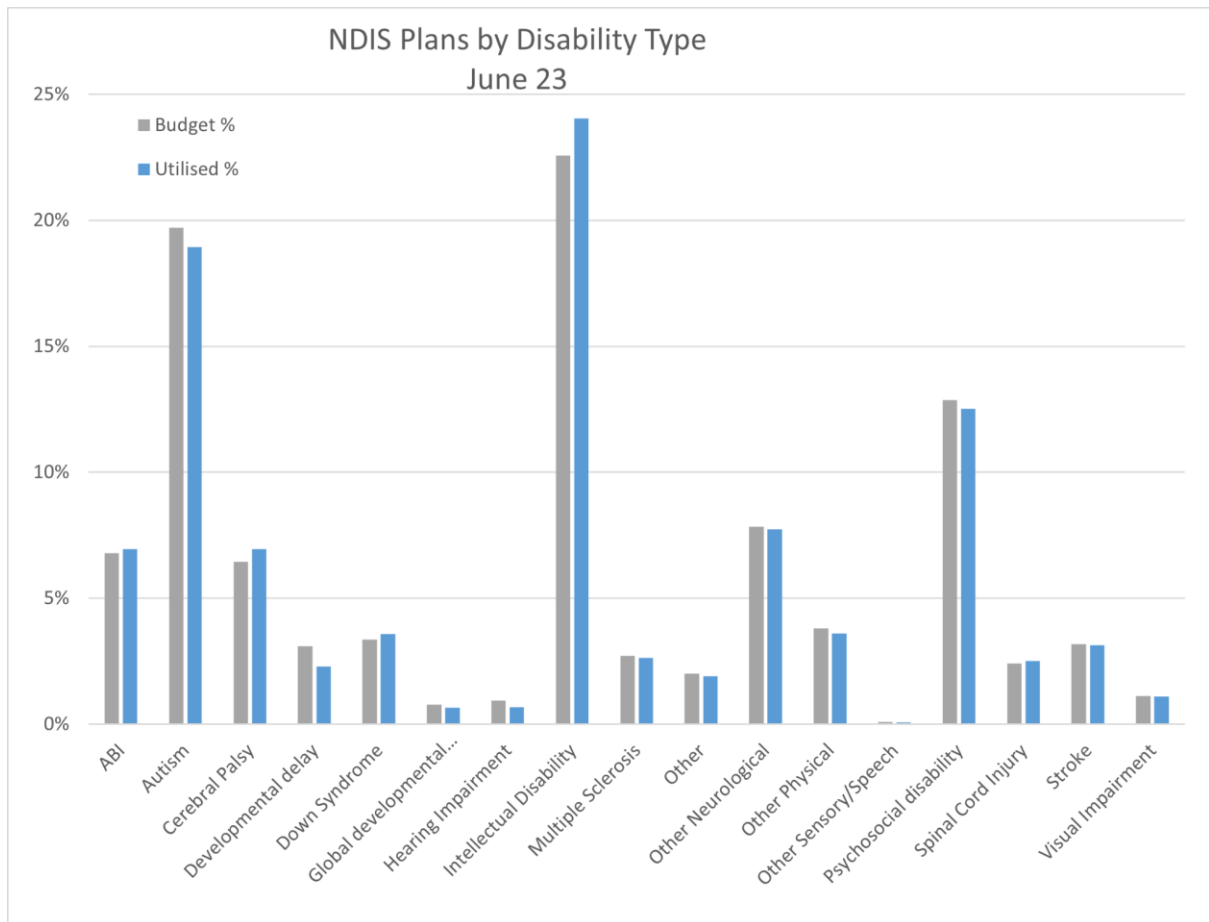
primary disability type (despite the proportion of people with ID being constant ... by definition).

Actual costs

People seem to assume that because there are more autistic NDIS participants than any other disability type, then autism costs the most. Not so. The following figure shows the proportion of the budget.



The following figure compares plan budgets vs expenditure. Autistic NDIS participants spend less of their budget ... presumably because they cannot access the supports they need.



Conclusion

It is wrong to assume that because ASD has the biggest numbers, it is the most expensive disability type.

The data is much more complex that we see from the usual presentations.