Australian Autism Alliance

Submission to the Inclusive Communities Fund consultation

Social, Community and Civic Participation Supports are Essential Enablers and Safeguards for Autistic Australians

31st August 2026

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1. Introduction

The Australian Autism Alliance ('the Alliance') welcomes the opportunity to respond to the Department of Health, Disability and Ageing consultation on the design of the Inclusive Communities Fund.

The Alliance is a funded national peak body and Disability Representative Organisation (DRO), providing a strong unifying voice for autism and authoritative policy expertise on autism. We work with Australian governments at all levels to strengthen policy and service systems affecting Autistic Australians. Our membership is a national network of organisations with diverse roles in autism, including organisations led by Autistic people, advocacy organisations, peak bodies, service providers and researchers.

Autistic people are the largest primary disability cohort in the NDIS, representing approximately 44 per cent of all active NDIS participants as at 31 March 2026. This submission draws on longstanding evidence gathered through the Senate Select Committee on Autism, National Autism Strategy consultations, the NDIS Review, the Disability Royal Commission and other Alliance lived-experience engagement, together with the evidence and principles developed by the Alliance in considering recent reforms to social, community and civic participation supports.

Following passage of the legislation, the Alliance's focus is now on implementation and ensuring that reform delivers improved inclusion, safety and life outcomes for Autistic people.

2. Overall Position

The Alliance supports the intent of the Fund. Building the capability of community organisations so that Autistic people and other people with disability can genuinely take part in social, recreational, arts, sporting, cultural and community life is consistent with Australia's Disability Strategy 2021 to 2031 and with the National Autism Strategy's recognition that community inclusion reduces social isolation.

The Fund should build lasting inclusion in mainstream community life, not create new segregated programs or short-term activity that ends when grant funding stops. **Whatever the broader policy context, the submission's focus is on ensuring Autistic people have access to meaningful, evidence-informed opportunities for inclusion, connection and participation.**

Building more inclusive communities is complementary to, and cannot be assumed to replace, the individual enabling supports some people with disability require to access and participate in those communities.

The Alliance has attached a short Autism Community Evidence Summary drawing together relevant evidence directly applicable to the Fund's design and consultation questions (Attachment A).

Summary of recommendations

The Alliance's recommendations are summarised here and developed through the paper.

Recommendation 1: Adopt an outcomes-based definition of inclusion, co-designed with people with disability, including Autistic people and their representative organisations, measuring meaningful access, communication, participation, choice and control, relationships, belonging, contribution, safety and equity. The definition and associated outcome measures should recognise diversity across and within disability cohorts, including the diversity of support, communication and participation needs within the Autistic community.

Recommendation 2: Design the Fund as a complement to individual supports, never a substitute or proxy for readiness, with clear responsibilities across the NDIS, the Fund, community organisations and other government systems, and clear connections to complementary programs that provide individual preparation and participation support

Recommendation 3: Design for invisible disability: fund sensory, communication, predictability and attitudinal capability, with accessibility supports that are consistent and recognisable across settings.

Recommendation 4: Test Fund design and evaluation against Autistic people with very high support and dependency needs and people with complex communication needs, including people who cannot leave home, travel, communicate or participate safely without substantial individual support, and recognise that meaningful participation may take different forms for different Autistic people.

Recommendation 5: Invest in practical capability: expert advice and training led by disability-led organisations and organisations with demonstrated autism expertise, end-to-end improvement pathways rather than standalone training, a co-designed national capability framework and free resource hub, and quality requirements for funded advice.

Recommendation 6: Enable disability-led and specialist disability organisations to lead partnerships and be directly fundable and make the strength and substance of disability expertise and partnership a grant assessment criterion, with proportionate engagement requirements where formal partnership is not practicable, and no exclusion of autism organisations with relevant expertise solely because they also deliver NDIS services.

Recommendation 7: Use local governments as connectors and enablers, while retaining direct pathways for community organisations, with minimum requirements or set-asides so priority, underserved and intersecting communities are deliberately reached, including First Nations people, culturally and linguistically diverse communities, LGBTQIA+ people, regional, rural and remote communities, and people experiencing socioeconomic disadvantage.

Recommendation 8: Build Fund-level measurement, accountability, corrective action and sustainability into the design from the outset: establish baselines and disaggregated outcome measures for priority, underserved and intersecting cohorts; monitor unmet need, safeguarding, impacts on families, cost transfer and unintended consequences; publish results and provide predefined mechanisms for corrective action where outcomes deteriorate. Require funded initiatives to demonstrate that successful inclusive practice is embedded in ordinary operations, independently evaluated where proportionate, and capable of being sustained beyond the grant period. Support sustainability through continuation

3. The Three Framing Points that Shape this Submission

a. The Fund should complement, and cannot substitute for, individual supports.

The Fund provides $200 million over three years to build organisational capability in the context of legislated changes to individual funding for social, community and civic participation supports, about which the disability community has expressed strong concerns that the consultation paper itself acknowledges. Making community organisations more inclusive does not assist a person who no longer has the individual support they need to leave the house. This should be a design principle for the Fund, not only a caveat: the Fund should be explicit about the different but complementary functions of community capability and individual enabling support, because making a community setting accessible is not the same as enabling an individual to access, navigate, communicate and participate within it. An autism capable community centre, workplace, library or sporting organisation does not of itself provide transport, communication assistance, regulation support, decision making support or individual assistance. Genuine participation depends on both an inclusive community setting and appropriate support for the individual, so the Fund should connect clearly with complementary programs that provide individual preparation and participation support where these are needed.

The Alliance's participation in this consultation should not be read as endorsement of those broader funding changes, and the Fund's design and reporting should not treat capability building as offsetting reductions in individual supports. The question is not merely whether community alternatives are being funded, but whether they are demonstrably available, accessible, capable and effective before existing supports are reduced. To prevent responsibility shifting between systems, the department should publish a transparent statement of responsibilities, in a simple table, setting out which supports are funded through a person's NDIS plan, which the Fund and community organisations are expected to provide, and which sit with other government services. Without it, the Alliance anticipates inconsistent and vague interpretations in which each system treats participation support as someone else's responsibility. Transport is a case in point: an accessible venue is of little value if neither the person's plan nor the community organisation is clearly responsible for getting the person there and back. Transport should therefore be treated as an explicit accessibility/readiness dependency, and applicants should identify how people can practically and safely get to and from the activity.

The Alliance's 'Systems That Work' framework provides a practical readiness test: before an existing support is reduced, are the alternative systems, supports and capabilities upon which people will rely demonstrably available and ready? We support investment in inclusive communities, and we want the Fund to succeed, but the Fund's existence cannot itself be evidence that alternative community capability exists, and Fund expenditure cannot be used as a proxy for readiness. Government should demonstrate actual accessibility, participation and outcomes before relying on community capability as part of any transition away from individual supports.

b. The Fund should also be designed for invisible disability.

Autism is largely invisible, and inclusion initiatives default to what is visible: ramps, hoists and accessible toilets. For Autistic people, the barriers are more often sensory environments, unpredictability, communication and attitudes. A fund that measures inclusion only through physical access will leave Autistic people behind.

Predictability also requires consistency: accessibility supports should be recognisable, consistently named and consistently delivered across settings, so that Autistic people know what to expect wherever they go. Quiet and sensory spaces, for example, are currently provided and described differently from venue to venue, which undermines their value for the people who rely on them.

c. The Fund should work for Autistic people with very high support and dependency needs and people with complex communication needs.

For some people, participation requires sustained individual assistance, supported communication, familiar relationships, predictable routines and assistance navigating environments. Without deliberate design, the Fund could inadvertently be built around relatively independent people who need only an environmental adjustment or staff awareness training. For Autistic people with the most severe or profound social, communication or behavioural impairment, inclusion cannot be assumed to mean independent social participation: some people cannot leave their home, travel or move about safely in public without individual support, and conventional disability access standards do not of themselves give them access to community settings, so the Fund should be explicit about what inclusion means for this part of the spectrum.

The Fund should also respect that some Autistic people prefer to participate in less social ways or from home and make substantial contributions to their communities while remaining socially isolated by preference. Participation on a person's own terms is a legitimate outcome, and not a failure of inclusion as it should not be judged against conventional expectations of sociability.

This concern has also been identified through consultation with families and carers undertaken in the development of the National Autism Strategy. Families and carers emphasised that social inclusion needs to reflect the diversity of Autistic people and that what meaningful inclusion looks like may differ substantially across the spectrum, particularly for people with very high support and dependency needs and people with complex communication needs. Fund design should therefore deliberately test whether initiatives are accessible and meaningful for these groups, rather than assuming that approaches designed around independent attendance, conventional communication or conventional forms of social participation will work for all Autistic people. Further relevant community evidence is summarised at Attachment A.

Recommendation 1 (headline recommendation): The Fund should adopt an outcomes-based definition of inclusion, co-designed with people with disability, including Autistic people and their representative organisations, which goes beyond physical presence or service availability and measures whether people can meaningfully access, communicate, participate, exercise choice and control, develop relationships and belonging, contribute to and shape community life, and participate safely and equitably. The definition and associated measures should recognise diversity across and within disability cohorts, including the diversity of support, communication and participation needs within the Autistic community.

4. Consultation Questions

No.	Consultation question	Traceability in this Submission
1	What support, resources or changes would help organisations become more inclusive and accessible for people with disability?	Section 4(a)
2	How could community organisations partner with disability-led organisations to achieve this?	Section 4(b)
3	What community activities would you like the Fund to support?	Section 4(c)
4	Are there any good examples of community activities you have participated in or know about?	Section 4(c)(i)–(iv)
5	Have you faced barriers to participating in organisations in your community? If so, what could help you take part in the future?	Sections 3(a)–(c), 4(a), and Attachment A sections 2–3 and 6–7
6	What role could local governments play in supporting community inclusion?	Section 4(d)
7	What is the best way for community organisations to build meaningful and lasting inclusion?	Section 4(e)
8	How can we make sure the benefits of the Fund continue after the three-year funding period?	Section 4(f)
9	How can we make sure the Fund works well for all people with disability, including priority and intersecting cohorts?	Recommendation 1 and 4; Sections 3(c), 4(d)–(e); Attachment A sections 6–7

a. What support, resources or changes would help organisations become more inclusive and accessible for people with disability?

The most effective capability investments for Autistic people are practical and behavioural rather than structural:

i. Expert advice and training delivered by disability-led organisations and organisations with demonstrated autism expertise, covering sensory environments, communication accessibility, predictability and routine, and attitudinal barriers, not disability awareness in the abstract.

ii. An end-to-end improvement pathway rather than standalone training. The strongest capability model links an initial review of barriers across the whole participant experience, practical implementation support and coaching, training tied to the organisation's actual activities, and feedback from people with disability to refine practice over time. Training should not be funded in isolation from identified barriers and follow up.

iii. Funding national bodies to lift whole networks of local clubs and groups at once, rather than relying on patchwork local grants.

iv. A co-designed national inclusion capability framework and free resource hub as a national enabling component alongside competitive grants, including shared principles and outcomes, a consistent framework of accommodations so that people with disability know what to expect across settings, plain language self-assessment tools, sector specific templates, accessible training resources, a case study library and communities of practice.

This would give small, regional and volunteer led organisations a reliable starting point, reduce duplication across hundreds of individual grants, and spread effective practice nationally.

v. Quality requirements for funded advice. Where applicants engage external providers, those providers should demonstrate relevant qualifications or specialist expertise, experience working with people with disability, evidence informed approaches and credible examples of effective practice, so that public funds are not spent on unsuitable or ineffective advice.

b. How could community organisations partner with disability-led organisations to achieve this?

i. **Partnerships in which the disability led organisation leads.** Co-design should run through the whole project, from design to delivery to evaluation, not appear only at application and acquittal. The Fund should adopt a clear definition of disability led, and disability led organisations should be directly fundable, including as lead applicants, rather than being confined to a junior partner role. Partnerships should also draw on the full ecosystem: diverse Autistic people, families, community organisations, disability led organisations, specialist providers and mainstream services, rather than relying on the perspectives of a small number of individuals or organisations to represent the breadth of Autistic experiences. The voices of Autistic people who cannot self-represent, and of their families, guardians and supporters, should be included alongside those of self-advocates, whose interests and priorities will not always be the same.

ii. **Make the strength of disability expertise and partnership a grant assessment criterion.** For larger grants, applicants should be required to demonstrate how disability-led organisations and relevant disability-specific organisations and subject-matter experts will participate in the design, leadership, delivery and evaluation of the initiative. Assessment weighting should recognise the strength and substance of that participation, with higher ratings where disability organisations are lead or co-lead partners, have genuine decision-making authority, receive an appropriate share of project funding, and remain involved through implementation and evaluation rather than being engaged only for consultation or at the application stage. Partnerships should also demonstrate how they will build the capability and sustainability of disability-led and specialist disability organisations, including smaller organisations, rather than simply drawing on their expertise to build the capability of the mainstream organisation.

iii. **For autism-related initiatives, assessment should similarly recognise substantive involvement of organisations with demonstrated autism expertise**, including Autistic-led organisations and autism organisations with established lived, professional and practice expertise. This is particularly important given the diversity within the Autistic community: applicants should demonstrate that the expertise informing an initiative is capable of addressing different communication, sensory and support needs, including those of Autistic people with very high support and dependency needs and complex communication needs.

iv. **Proportionate engagement requirements where a formal partnership is not practicable**. Not every council, club or volunteer run group will be able to partner with a disability led organisation, and requiring a formal partnership for every grant would exclude many of the smallest community organisations. Where there is no partnership, applicants should still be required to show, briefly and in proportion to the size of the grant, what barriers people with disability have identified, what practical changes the grant will enable,

and how people with disability will be involved in reviewing whether those changes have worked, with lived experience expertise appropriately paid.

v. **Eligibility settings that do not exclude autism organisations because they also deliver NDIS services.** Many of the organisations with the deepest autism inclusion expertise are both representative bodies and providers; they should remain able to lead or partner in capability projects in their expert capacity. Autism specific providers are a significant asset within this ecosystem: many employ Autistic staff and have Autistic leadership embedded throughout their workforce, and they bring decades of professional expertise, evidence informed practice, established community relationships and service delivery capability. They should be recognised as partners that contribute alongside disability led organisations. Nor should funding create silo style boundaries: organisations supporting Autistic people should be able to deliver both NDIS and non-NDIS services and supports.

c. What activities should the Fund support, given that it will not pay for service delivery?

Within the Fund's capability building scope, the Alliance recommends support for:

i. **Embedding autism friendly practice into ongoing operations,** for example autism friendly sessions and adjustments in sports clubs, theatres, libraries and community venues. Programs such as Aspect's autism friendly work in New South Wales and Autism SA's partnerships with cricket and football clubs, where clubs are equipped and trained to include Autistic children, show what lasting change looks like. Aspect's Autism Friendly team has worked for almost a decade across transport, retail, cultural, local government, sporting and major venue settings, with services co-designed and co-delivered with Autistic professionals, spanning environmental assessments, staff training, sensory and quiet space design and ongoing review. These examples demonstrate that effective capability building is not a one-off awareness activity: it combines autism expertise, environmental change, workforce capability, practical adjustments and ongoing review, and embeds these across the organisation or community setting.

ii. **Accessibility auditing and co-designed inclusion tools that lift whole sectors.** Autism Queensland's Access and Inclusion team, combining inclusion consultants, occupational therapists and professionals with Autistic lived experience, developed the award-winning Physical Accessibility Audit Tool in partnership with the Australian Government, and led the Accommodate Us project with the Queensland Department of Tourism, Industry and Sport, producing a nationally applicable toolkit for accessible visitor experiences. Its advice also spans public spaces, transport and community infrastructure, including work with Cairns Regional Council, Brisbane Airport and the Queensland Train Manufacturing Program Accessibility Working Group. This demonstrates the value of investing not only in individual organisations, but in co-designed tools and specialist capability that can be applied across sectors and settings, allowing public investment in inclusion to be scaled and replicated.

iii. **Whole of venue inclusion partnerships.** The Autism Association of Western Australia's Creating Inclusive Communities program has worked with venues, organisations and businesses, including Perth Airport, WA Museum Boola Bardip, RAC Arena and the Art Gallery of Western Australia, providing autism specific staff training, advice on accommodations, sensory events and pre visit resources, while its Autism in Cricket program champions inclusion at community sporting clubs.

The program is a live illustration of the sustainability challenge this submission raises: it is not currently running because its funding came to an end.

Fund could provide an avenue for continuity of proven capability-building approaches of this kind, while requiring a pathway for successful practice and capability to be sustained beyond the grant period.

iv. **Sensory audits and low-cost sensory adjustments**, including quiet hours and low sensory sessions. Amaze's partnerships with Museums Victoria, where Melbourne Museum runs monthly low sensory sessions and publishes visual stories to help visitors plan their visit, and with Parks Victoria, which draws on Amaze's expertise to design more inclusive parks and develop social scripts, show how large public institutions can embed these adjustments. These examples demonstrate how specialist autism expertise can be translated into practical changes within mainstream public institutions. Quiet hours and designated sessions are valuable entry points but should not be treated as the primary measure of inclusion: the goal is environments, infrastructure, services and practices that are accessible and welcoming at all times, not only during allocated periods.

v. Communication accessibility: communication boards, awareness of augmentative and alternative communication, plain language and visual supports.

vi. Pre-visit information and simpler entry points: visual guides, sensory maps and plain language information about what will happen, and simplified registration, so that Autistic people know what to expect before they arrive.

vii. Modest accessibility purchases and digital accessibility improvements needed to put an inclusion plan into practice, such as communication aids, captioning, signage, sensory resources, portable quiet space resources and accessible registration and information systems.

viii. Recognition that inclusion is broader than physical spaces, including online communities where many Autistic people first build connection and confidence. Fund design should be led by where and how people with disability say they want to participate, rather than assuming that inclusion means bringing people into a predetermined set of community activities or settings.

ix. Training that addresses attitudinal barriers, which members consistently identify as the hardest and most important barrier to shift.

x. Preparing the whole community setting, not only staff and volunteers. A sporting club may improve its facilities and train its coaches, and an Autistic person's experience can still be undermined by the responses of members, spectators and families. The Fund should support inclusion messaging in inductions, codes of conduct and registration materials, practical guidance on welcoming behaviour, and awareness activities involving people with disability, so that adjustments are understood and respected across the whole setting.

d. What role could local governments play in supporting community inclusion?

i. Local governments are natural partners because they operate the libraries, community centres, pools and public programs where everyday participation happens, and the Local Government Disability Inclusion Guide gives the Fund an existing platform to build on. If a separate local government stream is created, the bulk of the Fund should remain with partnerships between community organisations and disability led organisations.

ii. Councils should act as connectors and enablers rather than gatekeepers: a direct application pathway for community organisations should remain open alongside any council or regional stream.

    Councils can connect mainstream community organisations with disability-led and autism organisations, independent disability advocacy and other trusted local organisations that already have relationships with people with disability, helping capability building reach people where they live and engage and identify barriers to participation earlier. Councils can also embed practical inclusion expectations in their own grants, leases, venue hire and event agreements, and share advisers, training and equipment across neighbouring organisations.

iii. The Fund should also adopt minimum requirements or set asides to ensure priority and underserved communities are reached, including First Nations people, culturally and linguistically diverse communities, LGBTQIA+ people, younger and older people, people experiencing socioeconomic disadvantage, and people in regional, rural and remote communities. More broadly, grant design, assessment and Fund-level monitoring should recognise that these characteristics can intersect with disability and with each other, creating compounding barriers to participation, and should not assume that a generally accessible initiative will work equally well for all communities.

iv. Regional, rural and remote will also need practical provision for travel, outreach and shared specialist support, recognising that capability may need to be built across a region rather than organisation by organisation. Applicants should be allowed additional costs and longer lead times, with remote or hybrid specialist advice permitted where local expertise is unavailable. The Fund's own application and reporting processes should model accessibility through plain English, Easy Read and captioned information and phone and video options.

e. What is the best way for community organisations to build meaningful and lasting inclusion?

Meaningful inclusion should be measured by what changes for people with disability, not simply by activities delivered or attendance achieved. The Alliance recommends:

i. An outcomes framework with named priority cohorts, including Autistic people as an invisible disability cohort, measuring increased participation, reduced exclusion, sustained involvement, and qualitative outcomes such as confidence and wellbeing, applying the outcomes-based definition of inclusion set out above: meaningful access, participation, communication, choice and control, relationships, belonging, contribution, safety and equity, with the individual support required. Success should be measured by whether people feel welcome and safe, participate in ways that work for them, build relationships and choose to return, not by attendance counts alone.

ii. Inclusion should also not be understood only as being welcomed into an activity designed by others. People with disability are not only participants in community life; they are contributors, volunteers, leaders, creators, members and community-builders. Fund outcomes should therefore consider whether people are able not only to attend and participate, but to belong, contribute and shape community life. For Autistic people, this should recognise the diversity of what meaningful participation and contribution may look like, rather than measuring inclusion against a single model of social participation.

iii. Safeguarding should be treated as a core outcome of the Fund, not a peripheral benefit. Consistent with the Disability Royal Commission's findings, community visibility, trusted relationships, informal networks, access to independent people and opportunities to communicate concerns, form part of the safeguarding environment for people with disability.

Properly designed community connection contributes to natural safeguards, which gives government a further reason to invest in community capability. Outcome measures should therefore include community visibility, trusted relationships, informal networks, access to independent people, and opportunities to communicate concerns.

iv. Fund design and evaluation should test whether funded initiatives are genuinely inclusive of Autistic people with very high support and dependency needs and people with complex communication needs, rather than measuring inclusion only among people able to access community settings with minimal individual support.

v. Requiring applicants to state how they will measure outcomes, and building evaluation, including independent evaluation, into grant assessment, as in the recent ILC grant round. Applicant level measurement is not sufficient on its own: the department should establish baseline data for the Fund at the outset and measure and report outcomes across the Fund as part of its own oversight, so the Fund's contribution is demonstrable rather than assumed.

vi. Department-level monitoring should also include disaggregated outcomes, unmet support need, evidence about people who remain excluded or unable to participate, impacts on families and informal supports, cost transfer to other systems, and predefined corrective action where outcomes deteriorate. Evaluation should identify and publish not only successful approaches, but approaches that did not produce meaningful inclusion, why they did not work and what should be changed, so that ineffective models are not repeatedly funded or replicated.

vii. For larger grants, evaluation should also identify what elements are transferable or scalable to other organisations, sectors or communities.

viii. Assessment settings that do not fund only organisations with an existing track record. Smaller and emerging organisations may simply have lacked capacity, and demonstrated commitment, such as employing people with disability, should count.

ix. Assessment panels that include appropriately paid people with disability and members who understand the realities of small, volunteer led and regional organisations.

f. How can we make sure the benefits of the Fund continue after the 3-year funding period ends?

i. **Sustainability should mean embedded practice, not simply an undertaking to continue.** Applicants should demonstrate a credible pathway to sustainability, having regard to organisational capability, track record and viability, and show how successful inclusive practice will become part of ordinary operations, including through policies, budgets, workforce and volunteer induction, governance, service delivery and future planning, rather than remaining dependent on a time-limited project or individual champion.

ii. **For larger grants, independent evaluation should form part of this sustainability test** and occur sufficiently before the end of the funding period to assess participant experience and outcomes, whether inclusive practices have become embedded in ordinary operations, and whether there is a credible pathway for those outcomes to continue after funding ends.

Government should also retain the ability to undertake a proportionate post-funding review, for example 12 months after funding ends, to test whether funded capability, inclusive practice and outcomes have been maintained.

iii. **Proportionate application and reporting requirements** matched to the size of the grant, with simple continuation plans showing who will maintain each change, how it will be funded and how knowledge will survive staff and volunteer turnover, and with capability built across several people rather than resting with a single champion. Reporting should not require small organisations to collect diagnostic or other sensitive personal information about participants.

iv. **Staged or repeated grant rounds rather than a single competitive round**, so that smaller and volunteer led organisations have time to prepare, learn from earlier projects and seek assistance. Separate small grant and place-based, or consortium streams would help, and grant periods should be long enough for co-design, testing and implementation, since very short grant periods encourage one off activity. Grant duration should also allow sufficient time for funded changes to operate in practice before final evaluation, so that sustainability is assessed on demonstrated implementation rather than intention.

v. **Embed inclusion into existing government and community accountability mechanisms so that it becomes part of ordinary business rather than remaining dependent on time-limited grant funding.** Governments should use the Fund to identify and demonstrate effective inclusion practices and, where appropriate, incorporate those practices into existing funding agreements, grant criteria, procurement requirements, accreditation and quality frameworks, and local government grants, leases, venue hire and event agreements. This would allow successful approaches developed through the Fund to become part of the ongoing expectations applying to publicly funded or supported organisations, rather than disappearing when individual grants end. For Autistic people, this should include embedding sensory, communication, predictability and attitudinal accessibility into ordinary organisational practice, rather than treating these as special adjustments available only through a particular funded project or designated session. Any representation that an organisation is disability inclusive should be supported by demonstrated and maintained practice, rather than participation in or completion of a funded project alone. Where possible, ongoing assurance should be incorporated into existing audit, accreditation, quality or funding review processes, rather than creating new compliance systems, so that continued inclusion is tested as part of the ordinary accountability arrangements applying to the organisation.

vi. **Build an accessible mechanism for people with disability to identify and provide feedback on inclusive community organisations and experiences.** Government should explore an independent, accessible platform through which organisations can describe the accessibility, and inclusion measures they provide and people with disability can provide structured feedback on their experience, including where an accessibility barrier prevented them from participating at all. This should recognise different dimensions of accessibility, including physical, sensory, communication, cognitive and attitudinal accessibility, rather than reducing inclusion to a single generic rating. For Autistic people, information available before participation — including sensory conditions, communication options, predictability, quiet spaces and available adjustments — would itself improve accessibility by enabling people to make informed choices about whether and how to participate.

vii. Aggregated feedback could also inform Fund evaluation, identify emerging good practice and areas requiring improvement, and provide an additional source of evidence about whether claimed inclusion capability is being experienced in practice.

5. Conclusion

The Alliance supports the intent of the Inclusive Communities Fund and would welcome the opportunity to discuss this submission and to contribute to its co-design, including through the department's continuing targeted engagement. Several Alliance member organisations are also lodging their own submissions drawing on direct experience delivering inclusion and capability programs, and the Alliance commends that detailed, practice-based advice to the Department.

Community participation is fundamental to the safety, wellbeing and life outcomes of Autistic people. The opportunity presented by the Fund is not simply to fund more inclusive activities, but to build lasting capability so that inclusion becomes part of ordinary community life. This requires recognition of the diversity within the Autistic community, including people with very high support and dependency needs and people with complex communication needs, and a focus on meaningful access, participation, belonging and contribution rather than attendance alone.

The Fund will be most successful if it builds community capability without confusing that capability with the individual support some people will continue to need; embeds disability and autism expertise throughout design, delivery and evaluation; and measures whether meaningful, safe and sustainable inclusion is actually experienced by people with disability.

The Alliance looks forward to working with the Australian Government to help ensure the Fund delivers meaningful, measurable and lasting inclusion for Autistic people and the broader disability community.

Please do not hesitate to contact us with any queries or requests for further information.

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Attachment A – What Autistic Australians Have Told Us About Community Inclusion

The Australian Autism Alliance's recommendations are informed by a substantial body of Australian autism community evidence gathered over several years, including its national consultation of more than 3,800 Autistic people, families and carers undertaken by Australian Catholic University for the Senate Select Committee on Autism; subsequent lived-experience work undertaken for the NDIS Review; and consultation with families and carers during development of the National Autism Strategy. This evidence predates the Inclusive Communities Fund and demonstrates that many of the barriers the Fund seeks to address are longstanding.

This Attachment summarises the evidence most relevant to the design, implementation and evaluation of the Fund.

1. Scale and relevance

Autistic people are the largest primary disability cohort within the NDIS. As at 31 March 2026, 338,099 active NDIS participants had autism recorded as their primary disability, representing approximately 44 per cent of active participants.[1]

Primary disability data do not capture the full intersection between autism and other disability cohorts. The scale and diversity of the Autistic population therefore warrant an explicit autism lens in the design and evaluation of initiatives intended to improve community inclusion.

2. What Autistic Australians have told us about community inclusion

There is strong Australian evidence that social connection and participation are already areas of significant disadvantage for Autistic Australians.

The Australian Autism Alliance commissioned a national consultation undertaken by Australian Catholic University to inform the Senate Select Committee on Autism, receiving more than 3,800 responses. The Senate Committee subsequently reported that:

- 67.5% of Autistic adults and 73.4% of parents/carers reported feeling socially isolated;
- 61.2% of Autistic adults had lost friends because of the way others responded to their autism;
- 47.5% of Autistic adults sometimes felt unable to leave home because of fear of negative reactions;
- 41.4% of Autistic adults reported experiencing discrimination or stigma; and
- 34% of Autistic NDIS participants aged 15–24 and 41% aged over 25 had no friends other than family or paid staff.[4]

The Committee identified contributors to poor social inclusion including limited opportunities to participate and build social connections, lack of community understanding of autism, inaccessible environments, reduced community mobility and low levels of independent living.[4]

These concerns have remained consistent in subsequent Alliance engagement and policy work, including the National Autism Strategy process.[5]

The relevant opportunity is not necessarily the creation of more disability-specific or autism-specific activities. Autistic people should have access to **ordinary community life on their own terms** — including sport, arts and recreation, libraries, museums and parks, volunteering, cultural and faith communities, education, employment-related activities, civic life and online communities.

3. What meaningful participation requires

Participation should not be equated with physical presence.

The National Autism Strategy recognises that environments, structures and practices can themselves create barriers for Autistic people and that support needs can vary according to circumstances and environments.[3] International evidence similarly identifies multiple environmental, social and individual barriers and facilitators affecting community participation.[6]

For some Autistic people, meaningful participation may depend upon:

- sensory accessibility and appropriate pacing;
- accessible and supported communication;
- predictable environments and routines;
- trusted relationships;
- transport;
- decision-making support;
- assistance navigating social environments; and
- individualised support.[3],[4],[6]

An Autistic person being physically present in a community setting does not necessarily mean they are included, connected or able to participate on an equal basis. The relevant outcomes are whether people can exercise choice and control, communicate, develop relationships and belonging, contribute to and shape community life, and participate safely and equitably.

Autistic people also differ significantly in their preferred forms and levels of social connection. For some people, meaningful participation may involve less socially intensive forms of engagement, participation from home or online, independent activity, or contributing to community life without conventional group-based social participation. Success should therefore not be measured by conformity with neurotypical expectations of sociability, increased attendance or frequency of social interaction where these do not reflect the person's own preferences and goals. The relevant outcome is chosen, meaningful and adequately supported participation, connection and contribution on the person's own terms.[3],[7]

4. Community inclusion is also a safeguarding issue

Community inclusion has implications beyond social participation.

The Disability Royal Commission identified social isolation as a risk factor associated with violence, abuse, neglect and exploitation. It also identified trusted people, community participation and employment as important elements of natural safeguards and highlighted risks associated with social isolation and the absence of friends and family.[8],[9]

Where community participation enables wider relationships, community visibility and opportunities to communicate with people outside paid disability services, it can contribute to a broader safeguarding environment. Relevant indicators include:

- community visibility;
- trusted relationships;
- informal networks;
- opportunities to communicate concerns;
- access to independent people; and
- the number and diversity of people who know and interact with the person.

These issues can be particularly important for people who require substantial support and for people living in Supported Independent Living, group homes or other settings where opportunities for independent community contact may already be limited.

5. Participation can support broader life outcomes and prevention

Community participation does not operate separately from other areas of a person's life.

For some Autistic people, participation and the supports that enable it can sustain routines, relationships, independence, employment, mental health and community connection. These factors may help prevent deterioration, crisis or escalation into more intensive forms of support.[3],[6],[7]

Community participation can also enable access to employment, volunteering, education and training, health and community services, civic participation, relationships and networks, and opportunities that build skills and independence.[3],[4],[6]

The evidence therefore supports looking beyond the immediate activity or program when evaluating outcomes.

It also supports consideration of consequences across systems. A reduction in expenditure in one system should not automatically be assumed to represent an equivalent saving overall if unmet need is instead transferred to health and mental health services, housing, income support, families and unpaid carers or other government systems.[10] This does not establish that every dollar spent on participation creates an equivalent downstream saving, but supports examining transferred, deferred or increased costs.

6. Diversity and intersectionality matter

Autistic Australians are not a homogeneous population.

The National Autism Strategy recognises that intersecting identities and circumstances can create additional and compounding barriers. Priority cohorts include First Nations Autistic people; culturally and linguistically diverse and culturally and racially marginalised communities; women, girls and gender-diverse people; LGBTQIA+ people; regional and remote communities; and people with very high support needs.[3]

Autistic people may also have intellectual disability, psychosocial disability, communication disability, physical disability and other co-occurring conditions. Australian and international evidence identifies substantial rates and diversity of co-occurring conditions among Autistic people, including mental health conditions.[2],[11],[12],[13]

Support needs should also not be treated as static or determined solely by diagnostic category. An Autistic person's support needs and capacity to participate may vary substantially according to their circumstances and environment, including communication demands, sensory conditions, predictability and the supports available.[3]

These cohorts are not mutually exclusive. Autistic people may experience multiple and intersecting sources of support need, and the cumulative effect of co-occurring disability, identity, circumstances and environment may create different or additional barriers to participation. Fund design and evaluation should therefore avoid treating disability or priority cohorts as discrete categories. An initiative that appears accessible when outcomes are considered at population level may produce very different experiences for particular groups.[2],[3],[11],[12],[13]

Fund evaluation should consequently examine disaggregated outcomes, rather than relying solely on population averages.

7. Very high support and dependency needs and complex communication needs

Particular attention is required to ensure community inclusion initiatives work for Autistic people with very high support and dependency needs and people with complex communication needs.

The National Autism Strategy recognises Autistic people with very high support needs as a priority cohort and acknowledges that terminology used to describe this population varies. Terms used within the Autistic community, by families, researchers and organisations include **"profound autism", "severe and profound autism", "high support needs" and "high dependency needs".**[3] These terms and the populations they seek to describe may overlap but should not be assumed to be synonymous.

The Alliance acknowledges this range of terminology so that people and families who use different terms can see their experiences represented, while focusing the Fund's design on people's actual support, communication, participation and safeguarding needs rather than on terminology alone.

Some Autistic people have very substantial and lifelong support and dependency needs arising primarily from autism itself, with or without co-occurring disability or health conditions. These needs may extend across personal care and daily living, communication, decision-making, safety and community participation. Some people also have complex communication needs and may use augmentative and alternative communication (AAC), or may be non-speaking or minimally speaking.[3],[14] Importantly, these categories should not themselves be treated as synonymous: very high support and dependency needs, complex communication needs, intellectual disability and other co-occurring conditions may occur separately or together.[2],[3],[14]

For this diverse cohort, meaningful community participation may require sustained individual assistance, supported communication, familiar relationships, predictable routines and support to navigate environments. Inclusion should therefore not be assessed on an assumption that people can attend independently, communicate conventionally or participate without substantial individual support.

For people with complex communication needs in particular, community participation can have an important safeguarding function by increasing the number and diversity of people who know the person, understand their communication and can recognise changes in wellbeing, distress or risk.[8],[9] This can be particularly important for people whose opportunities for independent community contact may otherwise be limited.

A useful practical test for Fund design and grant assessment is therefore:

> ***Would this initiative still be accessible and meaningful for an Autistic person who is non-speaking or minimally speaking and may use AAC, cannot travel independently, requires a familiar supporter, and cannot tolerate an unpredictable or highly sensory environment?***

This provides a practical way of testing whether an initiative is genuinely inclusive rather than accessible primarily to people who can participate relatively independently.

8. Community capability and individual enabling supports are complementary

The evidence supports investment in more accessible and autism-capable mainstream communities.

However, there is an important distinction between **making somewhere accessible** and **enabling an individual to access and participate in it**.

An autism-capable community centre, workplace, library or sporting organisation does not itself provide transport, communication assistance, sensory and emotional regulation support, decision-making support or the individual assistance that some Autistic people may require to participate.[3],[4],[6]

Community capability and individual enabling support therefore perform different but complementary functions.

This distinction is particularly important when considering what successful investment through the Inclusive Communities Fund should demonstrate. Improved organisational capability should increase the range of environments in which people can participate successfully; it should not be assumed, without evidence, to eliminate the individual supports some people require to reach, access and participate in those environments.

Implications for Inclusive Communities Fund design and evaluation

Taken together, the evidence suggests four questions should sit across Fund design, grant assessment and evaluation:

Outcomes — Are belonging, relationships, autonomy, participation, contribution, employment, education, wellbeing and quality of life improving?

Safeguarding — Are community visibility, trusted relationships, informal networks and access to independent people increasing, and are people better able to communicate concerns?

Equity — Are outcomes being examined separately for priority cohorts, people with co-occurring conditions, people with very high support and dependency needs, and people with complex communication needs?

Accountability — Are baseline measures established; are outcomes disaggregated; are unmet needs, impacts on families and other systems and unintended consequences monitored; and is there a mechanism to respond where outcomes deteriorate?

The Fund should ultimately be able to demonstrate not simply that organisations received funding or implemented activities, but that **people with disability experienced more meaningful, safe and sustainable inclusion in ordinary community life**.

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Attachment B – Implementation and Accountability Tests for the Inclusive Communities Fund and Related SCCP Reform

The Systems That Work™ Framework provides a practical way of testing whether the Fund and the broader reforms with which it interacts are producing the intended outcomes for Autistic people. The framework should be applied across the diversity of the Autistic community, including people with very high support and dependency needs and people with complex communication needs.

Five lenses are particularly relevant.

Lens	Implementation question
Outcomes	Are belonging, relationships, autonomy, participation, contribution, employment, education, independence, wellbeing and quality of life improving or deteriorating?
Safeguarding	Are community visibility, trusted relationships, informal networks and access to independent people being strengthened or weakened?
Equity	Are some groups of Autistic people experiencing disproportionate consequences?
Learning, Accountability & Correction	Are baseline measures established, and outcomes regularly and transparently monitored and reported, including participation, wellbeing, safety and safeguarding, choice and control, unmet support need, impacts on families and informal supports, and cost transfer to other systems? Are outcomes disaggregated wherever reliable data allow to identify disproportionate impacts on different groups of Autistic people, and are there defined triggers and mechanisms for corrective action where evidence demonstrates harm or deteriorating outcomes?
Inclusion	Has inclusion been defined with people with disability, including Autistic people, in terms of meaningful access, participation, communication, choice and control, relationships, belonging, contribution, safety and equity — including access to the individual support required to achieve those outcomes?

This should be supported by a further readiness test:

Before an existing support is reduced, are the alternative systems, supports and capabilities upon which people will rely demonstrably available and ready?

The purpose is not to prevent reform.

It is to ensure reform is evidence-based, appropriately sequenced, monitored against outcomes and capable of correction.

The ultimate test should therefore be:

Did implementation leave Autistic people safer, more included and better able to participate in the lives they choose — and did they retain the individual enabling supports required to make that inclusion real?