

We sincerely thank Westpac Foundation and Minter Ellison for funding the NDIS parent advocacy pack.



Glossary

AAT Administrative Appeals Tribunal

ABA Applied Behaviour Analysis

ASD Autism Spectrum Disorder

BCBA Board Certified Behaviour Analyst

ECP Early Childhood Planner

ECEI Early Childhood Early Intervention

EIBI Early Intensive Behavioural Intervention

FaHCSIA Department of Families, Housing, Community Services, & Indigenous Affairs

Fol Freedom of Information

LAC Local Area Coordinator

NDIA National Disability Insurance Agency

NDIS National Disability Insurance Scheme

NDIS Act National Disability Insurance Scheme Act 2013 (Cth)

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Accessing Early Intervention

Introduction:

This information kit is for parents and families trying to access or intending to access best-practice early intervention for a young child with autism.

What Is Best Practice Early Intervention?

The Australian Government has published a series of reports and booklets with advice about best-practice and evidence-based early intervention for children with autism. The two booklets indicated below are the easiest place to start reading.

- Early Intervention for Children with Autism Spectrum Disorders: 'Guidelines for Good Practice'
- Autism Spectrum Disorder: Evidence-based/evidence-informed good practice for supports provided to preschool children, their families and carers, National Disability Insurance Agency.



<u>Download -</u> Guidelines for Good Practice



<u>Download -</u> <u>Autism Spectrum Disorder</u>

Professor Margot Prior (The University of Melbourne) and Professor Jacqueline Roberts (Griffith University) state that early intervention for children with autism should be comprehensive, intensive, individualised and ASD-specific. Table 1 below illustrates.

The goal of early intervention for ASD children is to help them learn how to learn. It's about helping them develop functional skills that have a meaningful impact in their everyday life.

ABA Therapy is not one type of intervention for autism, but a framework (or professional practice) for delivering effective and individualised supports to individuals with a variety of needs, which are empirically proven and evidenced-based.



Table 1. Early Intervention Framework

Comprehensive means addressing all the ASD child's support needs which include, by definition: aspects of communication, social skills, and dysfunctional behaviour.

Many children with autism also have atypical sensitivities.

Intensive means number of hours of treatment per week. To be successful early intervention needs to be extensive and intensive. A minimum of 20 hours per week over two or more years is essential for young children to make major gains.

Individualised means that a child's program meets the specific needs of each child. There is no set program for children with autism. Each child learns different skills in a different order. Clinicians use a repertoire of educational and therapeutic approaches, designing and adapting each child's curriculum to their emerging knowledge and skills.

ASD-specific means the program uses methods that have been shown to be effective for children with autism.

* It's important for everyone to understand that functioning effectively is not the same as normal functioning. Individuals with autism often have different ways of functioning effectively in their world, and this should be recognised, embraced, and encouraged.

How To Become An NDIS Participant?

The National Disability and Insurance Scheme (NDIS) has been created to help fund supports and services that help eligible persons with their everyday life and help them participate in their community and reach their goals.

The NDIS aims to facilitate the provision of support to a person, either a child or an adult, as early as possible, to reduce the impacts of disability or developmental delay and to build their skills and independence over their lifetime.

To begin this process of securing NDIS funding support, you must first become an NDIS participant. If you visit the <u>am I eligible page</u>, you will find an NDIS checklist you can read to see if you are eligible.

There are two pathways to access the NDIS depending on the age of the participant:

Note: You become a participant of the NDIS. The NDIA is an independent government agency responsible for running and implementing the scheme. Community-based organisations (LACs and ECPs) work with the NDIA to deliver the NDIS.



Over 7 Years

- If you or your child is over the age of 7, access to the NDIS is via the <u>NDIS</u> <u>Pathway.</u>
- If you meet the eligibility criteria and you would like to become a participant, you need to first complete an Access Request:
 - call the NDIS on 1800 800 110 and ask to make an Access Request;
 - complete and submit the <u>Access</u>
 <u>Request Form</u> and send by email to <u>NAT@ndis.gov.au</u> or post to GPO Box 700, Canberra, ACT 2601; or,
 - contact your Local Area Coordinator (LAC) or NDIA office

0-6 Years

- If your child is aged 0 6 years, they will access the NDIS via the **Early Childhood Early Intervention (ECEI) pathway.**
- The NDIS has released a pack about Early Childhood Early Intervention (ECEI) with information you need to know about children 0 to 6 years. It can be found here: <u>Information packs page.</u>
- If you are applying on behalf of a child under 7, your local Early Childhood Partner (ECP) is your first point of contact. You can find them here: https://www.ndis.gov.au/contact/locations
- An ECP will help you to request NDIS
 access if your child requires long-term
 intervention supports. The ECP will then
 work with you to develop your NDIS plan
 once you become a participant.
- * Please be aware some of the ECP offices are temporarily closed owing to COVID-19. If you live in an area where there is no ECP, you'll need to call the NDIA on 1800 800 110 to connect with your local NDIA office.

The NDIS web site has additional information on **eligibility**, **access and planning**. The rest of this document provides some information on each with some tips and tricks, however, we encourage you to visit the website for additional information.

More information can be found at: https://www.ndis.gov.au/applying-access-ndis/how-apply. The table on the following page (taken from page 8 of the Understanding NDIS Planning Booklet 1)*, might help to understand the application process further.

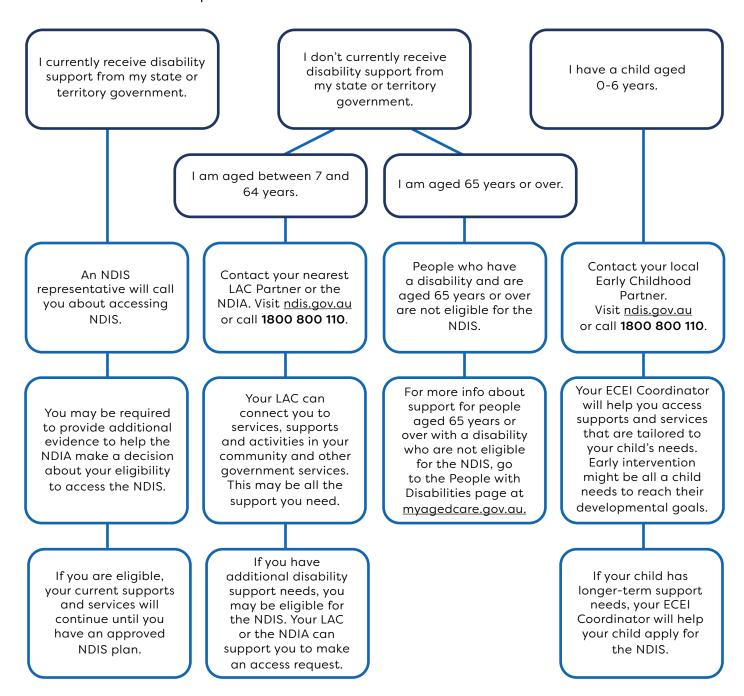
* https://www.ndis.gov.au/about-us/publications/booklets-and-factsheets#participant-booklets



Applying For The NDIS

Accessing The NDIS:

After you have answered the questions on page 8, use the diagram below to help you understand the NDIS process.



Source: Page 8, Understanding NDIS Planning Booklet 1

https://www.ndis.gov.au/about-us/publications/booklets-and-factsheets#participant-booklets



Preparing For A Planning Meeting:

Once your child has been accepted as an NDIS participant the planning process begins. You will be contacted to arrange a planning meeting with your ECEI Coordinator, LAC or NDIA planner to discuss support and funding needs.. Your planning meeting may be over the phone or face to face.

It is important you bring:

- Your participant booklet
- Any letters from the NDIA
- · Your bank account details
- · Your myGov login and password details

You can also bring along a family member, friend, advocate or anyone else to your meeting. If you want help to arrange an advocate to attend with you, contact your ECEI Coordinator, Local Area Coordinator (LAC) or NDIA planner.

* Before your NDIA planning meeting please make sure to complete Booklet 2 - Planning. This can be found: https://www.ndis.gov.au/about-us/publications/booklets-and-factsheets

The NDIS strongly recommends working through this booklet and filling in your responses to the questions.

You can fill it in on your own or with someone's help. If you have someone who acts on your behalf, such as a nominee or third party decision maker, they can fill out this booklet for you.

There are three keys things to gather or prepare:

- 1. reports from the professionals working with your child recommending Early Intensive Behavioural Intervention (EIBI) along with any supporting evidence for the reasonable and necessary criteria as outlined in the NDIS Act (discussed in more detail on pages 21-25);
- 2. your Carers Impact Statement; and,
- **3.** a list of SMART goals to be included in your child's plan. Your child's NDIS plan should provide supports to enable your child to reach these goals.

1. Request Reports From Your Professionals:

It is important you request a report from all professionals working with your child/family. These documents should:

SMART goals are:

S - Specific; M - Measurable; A - Attainable; R - Relevant; and T - Timebound.



- demonstrate the professionals supporting your child are consistent in their recommendation for intensive services;
- show therapy to be reasonable and necessary;
- demonstrate the extent to which your child's disability is impacting their daily life;
- show evidence that your child's disability is significantly limiting participation in community and mainstream settings;
- outline whether early intervention intensive supports have been provided already, what the outcomes have been to date (significant, positive functional outcomes), and the recommendations for on-going services; and,
- provide information on the outcomes of other lower-intensity services, if you have tried these.

Your provider must also detail:

- · the expected developmental and functional outcomes of the recommended supports;
- the developmental and functional skills to be targeted during the next plan period;
- how the recommended supports will increase your child's independence and social participation;
- ensure that recommended services focus on meeting your child's NDIS Plan goals;
- the focus on capacity building (your child and family), and that services being requested or utilised are family-centred. The expected outcomes of this capacity-building should be discussed in the report.
- * Your provider must discuss how their services will lead to a reduction in support over time. Objective information such as standardised assessments and skill acquisition data can be very helpful in proving progress.

It's really important that reports describe progress in a way that is understandable to people who have no prior ABA experience.

2. Writing Your First Career Impact Statement:

Your Carer Impact Statement gives you the chance to tell your story. It's an opportunity to illustrate just how autism affects your child, you and your loved ones. As your ECEI Coordinator, LAC or NDIA planner may have spent only a short amount of time with your child, they will be interested to know:

- your child's likes and dislikes; their personality; the important people in their life;
- what a typical day looks like (night and day time);
- your early experiences of your child's development;
- how you became aware your child's development might be different from other children's;



- how the needs and challenges of supporting your child have impacted your relationships, work and how you spend your time;
- how has intervention built your understanding of how you can support your child's learning and development; and,
- what is working well for you in supporting your child's development/ongoing challenges.

There are issues that many ASD parents find challenging. These can include:

- not knowing how to keep your child engaged;
- not knowing how to play with your child (this can impact on how connected a parent feels with their child);
- not knowing how to discipline or manage behaviours of concern (normal parenting techniques often don't work because your ASD child may not understand them);
- not knowing what to do when your child is upset;
- not knowing how to take your child on an outing (the child may abscond, have multiple meltdowns, or engage in unsafe behaviours); and,
- not knowing how to meet your child's need for constant supervision or constant entertainment (many parents are also struggling to balance the needs of multiple children, housework, and paid work).
- * When writing your statement, highlight how intensive therapy could help *increase your* confidence and ability to parent your child. A picture tells a thousand words, so include some photos of your child going about daily life.

Think carefully about every day and describe areas where your child and family need help. Key areas to consider are:

- daily living activities
- home communication
- health and well-being
- lifelong learning
- work/employment
- social and community participation
- relationships
- life choice and control
- life transitions

The NDIS-developed template for a Carer Impact Statement can be found in Appendix B. Include only relevant information. More details on each of these are provided below to assist with compiling your statement. Your ECEI Coordinator, LAC or NDIA planner can also assist you.



Table 2. Carer Impact Statement

Daily Living Activities

Home Communication

Health & Well-being (Eating)

How might intensive therapy help your child participate in normal daily activities?

Consider whether behaviours or developmental delays prevent your child from doing activities that other children their age do.

Areas to consider include: family routines, going to the park or beach, going shopping, completing routine errands, play group, play-dates with other children, playing with toys, occupying themselves while you get other tasks done, playing with siblings, coping with unavoidable changes to routine.

How might your child communicate their wants and needs? Do they express vocally or use gestures, pictures, or speech generating devices?

How does your child's communication impact home life and their relationships with parents, and siblings?

Do other people know what your child is trying to communicate?

Children with communication issues often engage in challenging behaviour. Consider how communication impacts daily life.

Does your child eat a (relatively) nutritionally balanced and varied diet?

Does your child have sensory issues associated with food?

Can your child feed themselves in an age-appropriate manner? Are mealtimes a battleground?

Can you eat at a relative's house or go out for dinner?

Clarify how eating behaviours can affect your child and the whole family.

Social & Community Participation (Social skills)

Life choice & control (Self-Care)

Work/employment (Gross & Fine Motor skills)

Highlight the difficulties your child may have in the areas of:

- anxiety
- frustration (tolerance, sharing, turn-taking)
- participating in social routines
- understanding social norms
- making and keeping friends

Does your child engage in behaviours that make it difficult to: go to school, play with other children, care for your child or other children, get through daily routines.

Does your child engage in: self-injury, aggression to others, absconding, tantrums or meltdowns, or other risky/challenging behaviours.

Is your child as independent as other children their age?

Does your child display oppositional behaviours during every day self-care tasks?

Areas to consider are toileting, dressing, bathing, cleaning teeth, brushing hair.

Although this may not be directly relevant in a pre-school aged child accessing early intervention, think about how communication difficulties, fine and gross motor deficits, behaviours, anxiety, and poor relationships could impact your child's future employment and work opportunities.

Areas to consider: dressing and undressing, colouring-in and other age-appropriate craft activities, opening a lunch box or drink bottle, riding a bike, kicking a ball, throwing/catching a ball, using play equipment.



Lifelong learning (Behaviour)

Relationships (Siblings)

Life Transitions

How will your child's communication impact their lifelong learning?

Can your child build relationships with peers that facilitate knowledge sharing?

Does your child have a good relationship with their siblings? Could therapy help? Would working on rigidity, play skills and tolerance help?

How has your child's diagnosis impacted other relationships in the home, e.g. your relationship with your partner?

Life transitions such as starting preschool or school are a common concern for ASD parents (and difficult for ASD children).

Is your child able to:

- follow basic routines/ schedules
- follow group instructions
- complete less-preferred tasks
- transition between tasks
- finish tasks
- try new things
- tolerate making mistakes
- show resilience

3. Writing Your Child's First Goals:

Once your child has been accepted as an NDIS participant the planning process begins. You will be contacted to arrange a planning meeting with your ECEI Coordinator, LAC or NDIA planner to discuss support and funding needs.. Your planning meeting may be over the phone or face to face.

An NDIS plan will incorporate the goals for your child. These are important because:

- you and your child decide these goals; and,
- the plan must help your child work toward their goals.

Importantly, your goals are not set in stone. You can change them as you learn more about your child and their ASD; and about how the NDIS can help.



Here Is An Example Of How To Write Your Own Goal:

Please feel free to use the template below to create short, medium, and long term goals, adapting them to meet the needs of your child.

<parents names> would like John to be able to sustain attention in a range of environments independently, and with peers, to allow him to participate and contribute meaningfully.

How will I (John) achieve the goal?

John will, for example, be able to:

- Follow group instructions
- Get started on a task without needing external prompting
- Be able to respond appropriately when peers display a bid for attention such as physical (putting their hand out), verbal (requests for items, calling his name, asking questions or making statements) thus facilitating friendships

John will, for example, begin to:

- Remember instructions even after distractions or time delays
- Pay attention to his environment to ensure safety (e.g. learning to look both directions when crossing a road with an adult)
- Sustain attention in a task to allow for collaborative play between peers (e.g. building a lego model together)

Short-Term Goals (pre-school)

<name>'s immediate goals are:

- 1. To catch-up with functional and effective use of receptive and expressive language, and non-verbal communication, achieved through evidence-based (as the Government advised) early intervention for ASD that sets the foundation for <his/her> medium and long term goals.
- 2. Reliable, resilient and effective social behaviour and participation developed through evidence-based (as the Government advised) early intervention for ASD that sets the foundation for <his/her> medium and long term goals.
- 3. Continuous progress on fully documented and maintained immediate goals in a comprehensive intensive individualised program of intervention for <name>'s ASD.
- 4. Readiness for effective, appropriate and inclusive education in a mainstream education setting, including reliable learning behaviour in a mainstream classroom setting.
- 5. Appropriate functioning in normal activities like mealtime & eating, toileting & personal hygiene, sleeping, haircuts, visiting a dentist/doctor.

Medium-Term Goals (school-age)

In the medium term, <name> will:

- 1. Receive an appropriate and effective education.
- 2. Engage socially and in leisure activities with his/hers peers if appropriate. If it turns out that peer engagement for <name> is limited, he/she will also engage socially with adults in appropriate activities that prepare him/her for life as an adult.
- 3. Live comfortably with his/her family and participate in family activities.

Long-Terms Goals (adulthood)

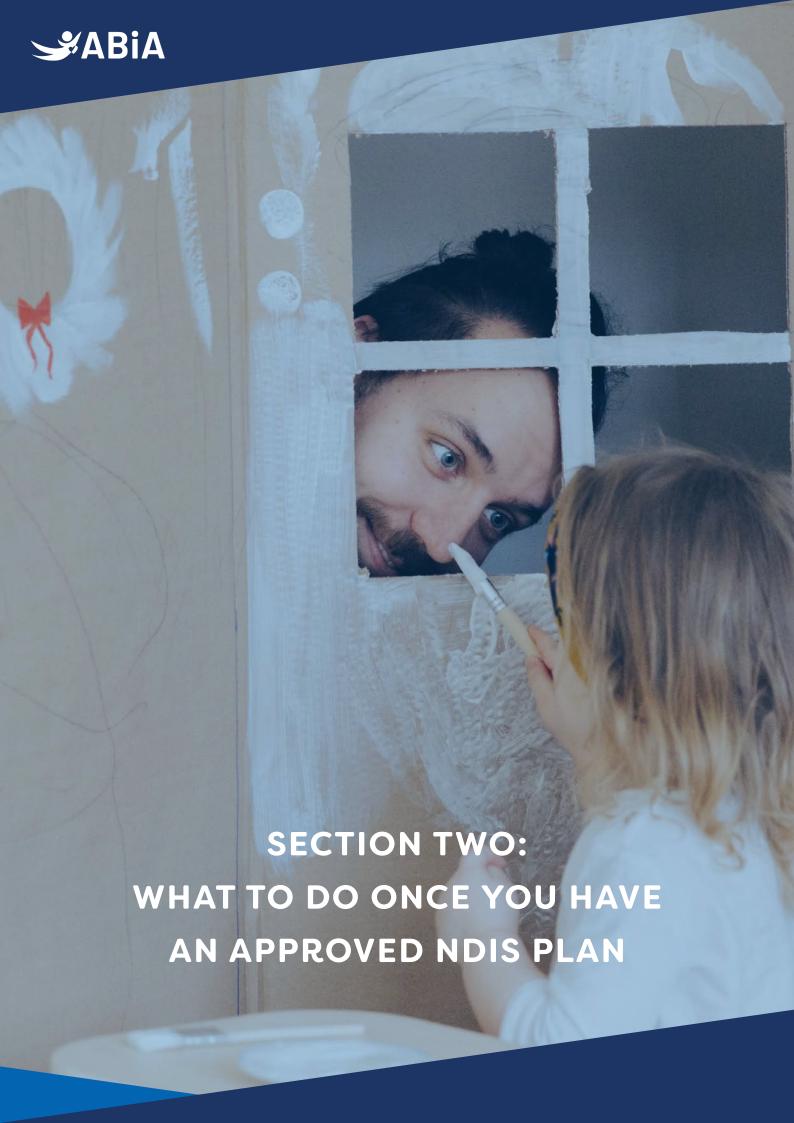
Our goals for <name> as an adult are that <name> will:

- 1. Live as independently as possible in his/her own home, which is a safe setting where he/she is comfortable.
- 2. Engage socially with friends and peers at the level he/she finds appropriate.
- 3. Be employed in a role he/she is comfortable with and finds satisfying and rewarding.

Key Supporting Material:

- Ensure you have a diagnosis report with detail on your child's presentations and unique challenges.
- Ensure your child's therapy needs relate specifically to facilitating social inclusion (e.g., inclusive education, community, recreational activities, and/or family events).
- If you have not yet commenced therapy, request an early intensive plan from your ECEI Coordinator, LAC or NDIA planner. Some NDIS participants may be eligible for a 3-month program of funded intensive therapy to determine if this will be effective in managing your child's needs.
- State clearly what you are asking for and provide funding letters from your providers as estimates.
- * Be aware that the NDIS will fund therapies based on what is reasonable and necessary. You also need to consider whether your proposed provider may be charging a higher fee for services than what the NDIS will pay, eg providers cannot charge more than the rates set out in the NDIS Price Guide if your NDIS funding will be managed by the NDIA.
- Ask for funding for all costs associated with therapy. This will include report writing, team meetings, parent training, school observation visits, social skills programs, among others.





What To Do Once You Have An Approved Plan

Managing Your Funds:

Congratulations on getting your NDIS plan.

There are three options for managing your child's funding.

* The NDIS website states, you can also choose a combination of options. You may choose to self-manage one part of your plan and have the remainder managed by the NDIA.

Plan Managed

NDIA Managed

Self Managed

- The NDIA provides funding within your plan to pay for a Plan Manager (ask for this during your planning meeting to ensure funds are allocated).
- The Plan Manager pays your providers for you, helps you keep track of funds, and takes care of financial reporting on your behalf.
- You can use non-NDIS registered providers (although the Plan Manager must be a NDIS-registered provider).

- NDIA pays your providers on your behalf.
- You must use NDISregistered providers; this may be a problem for those wishing to access ABA services because not all ABA Service Providers are NDIAregistered.
- NDIA provides you with funding so you can access the supports that will best help your loved one achieve their goals.

The NDIS has created a Guide to Self-Management. We recommend reading this. It can be downloaded at: https://www.ndis.gov.au/participants/using-your-plan/self-management.

Self-managed funds are accessible through the NDIS portal. This is accessed by establishing a <u>myGov account.</u>

- When using the NDIS portal it's important to select the "acting as <child's name>" option from the drop-down menu*. This will allow you to make a claim. Making a claim is quick and easy, and requires entering the date the service was received, along with the amount being claimed. Payment will generally be made into your allocated account within one to two working days.
 - * You will find this option in the right-hand corner of the screen.



The NDIS allows you choice and control in regard to service providers. If your child's needs change during your plan, depending on the terms of the NDIS plan, you may elect to spend more of the allocated funds on a particular (different) service. For example, if during the course of the plan, you realise your child will benefit from increasing the frequency of occupational therapy and speech pathology from fortnightly to weekly, you may be able to allocate funds accordingly.

What To Do If Funds Run Out:

Running out of funds is stressful and can result in interruptions to therapy. To try and avoid this situation, make sure you regularly review available funds left in your plan and submit a review request well in advance of when you anticipate your funds will run out.

* Be aware that there can be very long wait times for reviews and there are time frames related to each review request.

If you receive a plan outcome which you know will not cover the costs for 12 months of service it is worth requesting a review of this decision.

- You have 3 months from your plan start date to do this.
- If you are within three months of your plan end date you may request an early review of your plan.
- If you are neither 3 months from the start of your plan, or three months from the end of your plan, you may consider requesting a change of circumstance review as discussed below.

Finding An ABA Service Provider:

Finding a provider can be daunting. Some providers falsely claim they are providing ABA services. Some provide watered-down ABA. Prior to the COVID-19 outbreak, all Australian ABA providers had long wait-lists.

- * It's important to initiate the process of finding a provider as soon as possible. It's a good idea to do this while simultaneously preparing and submitting your application for NDIS funding. Some tips to help you select a reputable provider include:
- examine provider websites carefully. If the ABA provider has a BCBA or psychologist with demonstrated expertise overseeing their programs or service offerings, they are most likely providing best-practice ABA;
- consult with peak bodies such as our organisation. Our website also has a therapist finder called ABA Connect. This regularly updated list will connect you with reputable and known Australian ABA providers;
- talk to other autism parents and families about their experiences with particular service providers; and
- use social media forums such as Facebook or Whatsapp groups.



* It is a good idea to meet with several providers before choosing one. Use this time to discuss strategies, get a cost breakdown, and understand program structure. This will assist with making an informed decision.

ABA programs are intensive, so remember to consider:

- travel time (yours and your therapist's);
- whether the provider offers flexibility (home and/or centre-based programs);
- the number and level of therapeutic hours (number of hours you will get with junior versus senior therapists); and,
- whether the provider offers other services (i.e., speech pathology or occupational therapy).

A typical best-practice ABA program may include:

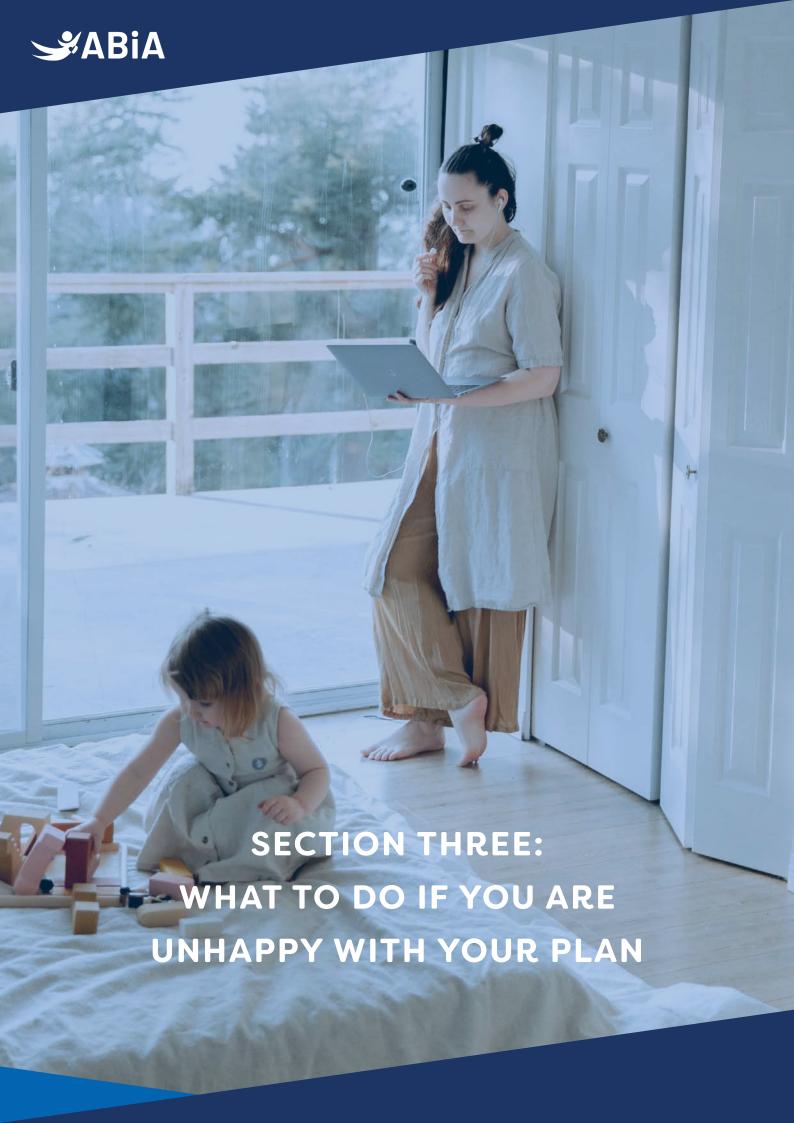
- initial and ongoing assessment of your child;
- parent training in ABA;
- several hours of weekly therapy with a junior and senior ABA therapist;
- several hours of monthly supervision by a Behavioural Consultant to develop your child's individualised learning program; and,
- fortnightly or monthly team meetings with all parties to review the child's progress.

Changing Providers:

It's important to consider changing your service provider if you are unhappy. Common issues may be your child is not receiving enough hours of therapy, or your child is not making progress. Sometimes a change in circumstance, such as moving interstate, may necessitate a change in service provider. It is possible a new/different provider will require you to once again complete an assessment and undertake parent training. Make sure you ask your previous provider to provide assessment reports, progress reports and/or treatment summaries either to you or to the new provider.

- * 1. If you are self-managing your NDIS funds, you can continue to access your funds using the NDIS portal in the steps described above.
- * 2. If you are using plan-managed NDIS funds, you need to notify your plan manager and inform them of your change in provider. They will need the name of the new service, end date of previous service and start date of new service.
- * 3. If you are using NDIA-managed funds, your new provider will claim directly from the service provider portal set up by the NDIA.





What To Do If You Are Unhappy With Your Plan

Requesting A Review Of Your Plan:

You may request a review of your child's plan under the NDIS Act as follows:

- Change your Child's Goals: Section 47 allows for a change to your child's goals.
- **Review of a Plan:** Section 48 allows for a 'Review of a participant's plan'. For example, this could occur as a result of a change to your child's recommendations, types of supports, or an external factor, such as the impacts of COVID-19.

1. Requesting To Change Your Child's Goals:

Your child's goals are crucial in NDIS planning. The changing of their goals could be relevant to their short term, medium term, or long term goals. Ensure your child's plan includes something for each horizon.

If these three types of goals are not contained in your child's NDIS plan, write and ask the NDIS to include them immediately.

* Each child requires goals relating specifically to their needs and circumstances.

2. Review Of Participant's Plan:

You can request a review of your child's plan at any time. Often, this type of review is known as a 'Change of Circumstance Review'. Frequently, this process is commenced by completing and forwarding the change or circumstance review form found here: https://www.ndis.gov.au/participants/using-your-plan/changing-your-plan/change-circumstances.

If you would like your plan to be reviewed due to a change in circumstance, for instance, your current plan no longer meets your child's needs and you required increased level of supports, you should request a plan review. Where the NDIA decides to review your plan at your request, a process referred to as an **unscheduled plan review** will take place. This is outlined in Section 48(4) of the NDIS Act.

If the NDIA decides to conduct an unscheduled plan review, then a new plan will be developed for your child that reflects your current goals and needs. You will repeat the original planning process.

If the representative who receives your unscheduled plan review request decides not to review your plan, you have three months to request an **internal review** (this is called a **review of a reviewable decision** and is discussed further below).



You should provide clear evidence of your change of circumstances (such as a letter from your new provider or an assessment demonstrating the need for an increased level of supports). The NDIA will also be looking for evidence that the supports you are seeking for your child are reasonable and necessary. Following your request for an unscheduled plan review, the NDIA has 14 days to decide whether or not to conduct the review. If the NDIA does not make a decision within that period, they are taken to have decided not to conduct the review.

* Anecdotally, we are aware of parents who have had success in requesting an early review if they are within three months of their plan end date. There is no guarantee that your new plan will start earlier. Your ECEI Coordinator, LAC or NDIA planner will advise you.

What To Do If You Are Unhappy About A Decision:

If you are unhappy with a decision made by the NDIA, including a decision regarding your plan, the NDIS Act allows for certain decisions to be reviewed:

- Internal Review: Section 100 allows for a 'Review of a Reviewable Decision', such as the decision not to reassess a participant's plan . A full list of reviewable decisions is set out in Section 99.
- External Review: Section 103 allows for you to appeal the outcome of a review of a reviewable decision (an "Internal Review"), to an independent external body called the Administrative Appeals Tribunal.

1. Internal Review Of A Decision:

If you think certain decisions the NDIA has made about you is wrong, eg a decision not to reassess your plan, you can request an internal review of the decision. Other decisions you may ask to be reviewed are set out in Section 99 of the NDIS Act. You can request a review of a decision (Section 100 of the NDIS Act) by emailing enquiries@ndis.gov.au.

Your email should at least include:

- the type of decision you seeking a review of under Section 100 of the NDIS Act, for example, your child's planning decision;
- explain why you think the decision was wrong and what outcome you are seeking;
- provide PDF files or links to government information about early interventions for ASD which are evidenced-based; and.
- provide links to relevant successful AAT matters. For example, NDIS participants were granted funding for an intensive intervention program in FRCT and National Disability Insurance Agency [2019] AATA 1478 (24 June 2019); and WKZQ and National Disability Insurance Agency [2019] AATA 1480 (24 June 2019). The links to these cases are found on page 29.



* This is an example.

"In <month and year> my child <name> was approved for an NDIS plan.

I am requesting a s100 review of the decision that was made at this time.

The plan approved is not consistent with the recommendations of the professionals working with my child, and does not allow for the provision of the services these professionals recommended. Indeed, nor does it reflect the evidence used in recommending these services or <her/his> individual lived experience. I do not feel the approved plan in its current format will give my <daughter/son> the best opportunity to reach <her/his> goals.

I'm requesting a review of the evidence I have submitted <along with additional information attached>, and the development of a new plan that is in line with both the professional recommendations made for my <daughter/son>, as an individual with specific needs, and which is also in line with current evidence based practice."

In relation to a **review of a plan**, an internal review will automatically begin if the NDIA has not made a decision to review your plan within 14 days. This is called a **review (reconsideration) of a reviewable decision.**

An internal review occurs when an independent NDIS representative, who was not involved in developing your initial plan, conducts a review of the relevant decision. The reviewer is able to take into consideration the facts, law, and NDIS policy aspects of the decision, as well as any new information that has come to light.

Under Section 100(6) of the NDIS Act, the independent reviewer must, as soon as reasonably practicable, determine what the correct and preferable decision is. Possible outcomes of the **review of a reviewable decision** include:

- 1. the decision is reviewed and you are happy with the new planning decision;
- 2. the decision is reviewed, there is a new planning decision (increased funds) but the funding may continue to be insufficient; or,
- 3. the reviewer decides the original decision was correct and there is no change to your plan.
- * In the event that you experience outcome b or c, you can choose to take the decision to the AAT.



2. External Review:

If you are dissatisfied with the outcome of the internal review, you can request an Administrative Appeals Tribunal (AAT) **external review** (Section 103 of the Act). The AAT offers independent merits review of administrative decisions.

An application for an external review must be lodged within 28 days after receipt of the internal review decision. You can apply in writing to the AAT for an extension of time to lodge your application, but you must include reasons why your application is late.

* You may still use your existing approved funding while your internal review and/or requested unscheduled plan review is taking place.

Administrative Appeals Tribunal Review of Decision Application and Process:

The letter you receive from the NDIA will provide details on how to lodge an application for a review of the decision to the AAT (also known as an appeal). This involves providing the AAT with a copy of the internal review decision and completing an online application form. The AAT will acknowledge receipt of your request and will notify the NDIA it has received the application.

The NDIA is then required to provide a bundle of information called "T-Docs" or "Tribunal Documents" within 28 days of being notified that you have lodged an application. The T-Docs contain all the information, documents, and relevant legislation the NDIA have used in arriving at their funding decision.

* Your "T-Docs" can be very long! You can ask the NDIA to provide them to you electronically or in hard copy.

While the NDIA prepares the T-Docs, you should contact **advocacy agencies** in your State or Territory. The following website provides a list of organisations specifically funded to support you through the appeals process (these are also found at Appendix C): https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-appeals

The usual first step in the AAT process is a *case conference*. These are informal, private meetings arranged by the AAT to talk about your case with the NDIA.

One or more conciliation sessions can follow. Generally, the AAT will try to encourage you and the NDIA to resolve the matter by agreement. Conciliation is an informal, private meeting to help you and the NDIA consider possible options to reach an agreement.

The NDIA will often seek a lot of extra information. Some of this can be very personal. It may include weekly timetables for every member of your household, plus additional reports from service providers and medical professionals.

* This action can also get expensive, but if the NDIA requests the documents they must provide funding for that report.



If you and the NDIA come to an agreement, the terms of the agreement must be put in writing, signed by all parties and sent to the AAT. The AAT can then make a decision based on the agreement that has been reached, if they think it is appropriate to make the decision, and it is a type of decision they are able to make. If the AAT makes the decision, it is called a consent decision.

If the matter cannot be resolved between you and the NDIA, the matter will proceed to a hearing before the AAT. After that hearing, the AAT will make a decision about your application.

Provide as much information as possible to help the AAT understand best-practice and evidence-based early intervention for ASD. In addition, provide information about *service costs, benefits of evidence-based early intervention for ASD*, and information about the consequences, if this has not already been completed.

- You can provide the list of publications included in Appendix A of this kit which may assist in providing evidence of the need for intensive early intervention. Providing a written lived experience statement detailing the day-to-day impact of ASD on your child and the family can be very effective (see 'How to write a Carer Impact Statement' in Section 1 of this document).
- * If your existing NDIS funding is going to run-out while this process is occurring, you should discuss this with the NDIA. Anecdotally, we are aware of parents who have been successful in reaching an interim arrangement with the NDIA whilst the process is ongoing.

Historically, the NDIA has been more open to negotiations as the hearing date approaches. Initially they settled matters in the 24 hours before hearing commencement. More recently they've begun settling them earlier.

ABIA can also help put you in contact with people who can help you prepare your case, collect evidence and expert witnesses.

It's helpful to read through previous AAT decisions in similar cases in the lead-up to your hearing. Some are listed on pages 26-27. Many families have received favourable decisions in the lead-up to AAT hearing, so persisting can be worth it.

Preparing For A Plan Review:

You will once again need:

- 1. reports from the professionals working with your child recommending EIBI, along with any evidence supporting reasonable and necessary criteria;
- 2. your Carer Impact Statement; and,
- 3. list of goals included in your child's plan, with the outline of the supports identified to enable your child to reach these goals.

 Please refer to Section 1 of this report for detail on each of these components.



Special Note: Updating Your Family/Carer Impact Statement:

You should spend a bit of time updating your Carer Impact Statement, in preparation for your plan review. In your updated statement:

- describe how the skills your child is learning in therapy sessions are applicable to everyday life:
- describe how your child's skill development is positively impacting your child, you, and your family;
- discuss how the therapy supports have helped improve your child and family's quality of life: and.
- describe how your child's goals and aspirations have changed, and how the new plan will help address these updated goals and aspirations.
- * The NDIS Appeals Flow Chart prepared by the Disability Advocacy Resource Unit (DARU) which follows, is a good visual representation of the information we have discussed so far.



Navigating The Appeals Process

National Disability Insurance Scheme (NDIS) Internal Review (Review of a reviewable decision) and NDIS Appeals Flow Chart

NDIS Eligibility and Planning

- · Person with disability contacts National Disability Insurance Agency (NDIA) to apply for NDIS support
- · Person's eligibility is assessed on functional capacity according to NDIA access criteria
- · If not eligible, person will be notified within 21 days

If eligible, person is accepted as NDIS participant

- · NDIS participant meets with planner to develop a plan
- · Plan is implemented
- If the NDIS participant is unhappy with the plan, an 'Application for a review of a reviewable decision' form must be lodged within three months. This can be completed by the participant online, or by an NDIA officer over the phone, or in person
- · NDIA initiates an internal review process

If not eligible, person is not accepted as an NDIS participant

 If more information can be accessed to prove eligibility, submit a new NDIS access request form (There is no limit to the amount of times you can apply)

- If all information has been supplied and you think there is an error in the decision participant can submit
 an internal review
- · NDIA initiates an internal review process

Internal Review

- · NDIA internal review staff member makes a decision to confirm, vary or set aside earlier decision
- NDIS participant is notified of decision
- If the NDIS participant remains dissatisfied with the decision, an application for review by the Administrative Appeals Tribunal (AAT) is lodged – this must be done within 28 days

NB: The NDIS has to make a decision in a reasonable and practicable timeframe. There is not set amount of time that a decision has to be made.



Administrative Appeals Tribunal (AAT)

If applying to AAT without an Appeals Officer

- AAT contact officer makes contact within three days of receiving application to review NDIA decision
- · AAT contact officer notifies NDIA of application
- NDIA provides relevant documents to AAT and to participant (Tribunal Documents)
- AAT organises a teleconference to determine what needs to be done and creates a case plan
- · If agreement cannot be made the AAT will:
- AAT organises conciliation to determine if case can be resolved by agreement
- If not resolved, AAT will conduct a hearing

Note: The NDIS participant can access an NDIS Appeals Support Officer to assist them to go through the AAT process and to apply for funding for a legal aid lawyer, or they can work with an advocate, family member, support person, or legal representative



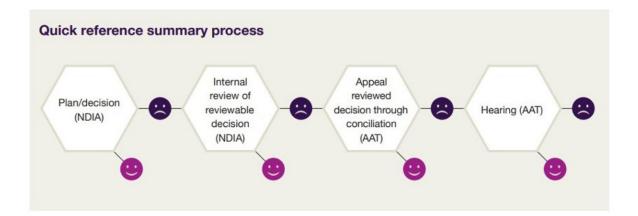
Accessing a NDIS Appeals Officer

- NDIS participant contacts NDIS Appeals agency https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/
- NDIS participant will need to go through an intake process with their chosen NDIS Appeals agency who will allocate an NDIS Appeals Officer when one is available
- · NDIS Appeals Officer meets with NDIS participant
- · NDIS Appeals Officer applies to Victoria Legal Aid (VLA) for funding for a legal aid lawyer
- · NDIS Appeals Officer supports NDIS participant through the AAT process



Victoria Legal Aid

- · If funding for legal support is approved participant is notified in writing
- · A VLA lawyer will be allocated you case
- · Victoria Legal Aid lawyer meets with NDIS participant to receive instructions and work through case
- · VLA lawyer will receive Tribunal Documents



References

NDIS Act: https://www.comlaw.gov.au/Details/C2013A00020 (List of reviewable decisions – Chapter 3, Part 6, Section 99)

"Internal review of a decision" fact sheet: http://www.ndis.gov.au/participants/reason-able-and-necessary-supports/decision-review

"Review of National Disability Insurance Scheme decisions" fact sheet: http://www.aat.gov.au/applying-for-a-review/national-disability-insurance-scheme-applicants

"External Merits Review Support (EMRS)" fact sheet: http://www.riac.org.au/training.php

Central Assessment Provider (CAP) guidelines: https://www.dss.gov.au/sites/default/files/documents/10_2015/central_assessment_provider_guidelines_.pdf



Contact DARU

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NDIS Legislation And Best-Practice Early Intervention:

If you receive a letter of review or denial of funding in respect of EIBI, the following information may help with your appeal.

The NDIS provides funding for services which are deemed to be 'reasonable and necessary', represent 'value for money', are effective and beneficial, and do not include daily living expenses. However, what is considered reasonable and necessary is likely to vary from child-to-child, depending on the functional impact of the child's disability.

Within the legislation there are a few key points to note. According to the NDIS Act, NDIS plans should, so far as reasonably practicable:

- a. be individualised;
- **b.** be directed by the participant;
- **c.** where relevant, consider and respect the role of family, carers and other persons who are significant in the life of the participant;
- **d.** where possible, strengthen and build capacity of families and carers to support participants who are children;
 - **da.** if the participant and the participant's carers agree—strengthen and build the capacity of families and carers to support the participant in adult life;
- **e.** consider the availability to the participant of informal support and other support services generally available to any person in the community;
- f. support communities to respond to the individual goals and needs of participants;
- g. be underpinned by the right of the participant to exercise control over his or her own life;
- **h.** advance the inclusion and participation in the community of the participant with the aim of achieving his or her individual aspirations;
- i. maximise the choice and independence of the participant;
- **j.** facilitate tailored and flexible responses to the individual goals and needs of the participant; and,
- **k.** provide the context for the provision of disability services to the participant and, where appropriate, coordinate the delivery of disability services where there is more than one disability service provider.

The NDIS Act and its Rules outline the concepts of 'reasonable and necessary' and 'value for money'. An online version of the Act can be found at:_ https://www.legislation.gov.au/Details/C2013A00020.



There are 6 criteria that must be met for a support to be reasonable and necessary:

(a): the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations;

This means that the supports proposed must help your child to reach their goals. If you are already accessing Early Intensive Behavioural Intervention (EIBI) services, your provider can help you to provide evidence of this. It is also helpful for other professionals who see your child, such as your Paediatrician to comment on changes they have seen in your child since they commenced EIBI.

If you and your family are not yet accessing EIBI services a professional can provide a supporting letter describing why they believe EIBI will help your child meet their goals.

* This may include some evidence that lower intensity supports have not helped your child to build their skills in a significant way.

(b): the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation;

This is where you must show that EIBI is increasing your child's independence and increasing their ability to access mainstream services.

This could be things like increasing your child's independent communication to reduce their reliance on a formal support person throughout the day. It may be skills that improve their independence and ability to participate in mainstream early learning (pre-school, primary school). The professionals working with your child should provide examples of this in their reports.

(c): the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support;

To represent value for money it must be shown that the same outcomes cannot be achieved with lower cost intervention. Cost-benefit analyses of EIBI repeatedly determine that the cost-savings substantially exceeds the early intensive treatment cost for young children with ASD (you can find examples of these articles in Appendix A of this document).

(d): the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;

EIBI interventions have been endorsed internationally as safe and effective for helping young children with autism learn new skills and become more independent.

* Research evidence in Appendix A of this document supports the effectiveness of interventions for young children with autism.

For example, in their 2016 report prepared for the NDIS (Autism spectrum disorder: Evidence-based/evidence-informed good practice for supports provided to preschool children, their families and carers), Roberts and Williams concluded that children with an autism diagnosis should receive a minimum of 20 hours per week of autism-specific early intervention.



Intensity of intervention is a critical factor and has shown to facilitate positive outcomes in young children with ASD. Your provider should provide an example of how their service is delivered in line with current good practice.

* An important element to evidence is how EIBI is building both your child's skills and also your capacity as a family.

(e): the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide;

Parents, family members, carers, and teachers are an integral part of a child's therapy team and will receive training on the therapy program. It is helpful if the recommendations from the professional seeing your child indicate that this intervention should be delivered by specialist EIBI professionals, and that this is in addition to the general care provided by you as a family.

(f): the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered as part of a universal service obligation or in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability:

The NDIS will fund reasonable and necessary supports that are directly related to an individual's disability. While the NDIS is not solely responsible for the funding of early childhood intervention supports, generally you do not need to provide supporting information for this criterion.

In Favour Tribunal Rulings:

Recent rulings of the Australian Administrative Appeals Tribunal (AAT) support the assertion that early intensive behavioural intervention and ABA-based therapy should be funded by the NDIS as capacity building supports. These rulings include:

- 1. ESDM or ABA? Either may be a reasonable and necessary support: XXWC v NDIA [2020] AATA 923 (3 May 2020)
 - **a.** would have found ABA to be the reasonable and necessary support, because it was significantly less expensive than ESDM
- 2. XXWC by his mother and National Disability Insurance Agency [2020] AATA 923 (23 March 2020)
 - **a.** The family's request for 20 hours of EIBI per week, plus funding required to cover the cost of program supervision, was approved.
- 3. WKZQ and National Disability Insurance Agency [2019] AATA 1480 (24 June 2019)
 - **a.** The family's request for 18 hours of Applied Behaviour Analysis (ABA) therapy per week over a period of 12 months and 2 hours of speech therapy per week over a period of 12 months was approved.
- 4. FRCT and National Disability Insurance Agency [2019] AATA 1478 (24 June 2019)
 - **a.** The family's request for 18 hours of Applied Behaviour Analysis (ABA) therapy per week over a period of 12 months and 2 hours of speech therapy per week over a period of 12 months was approved.

Summary Tips For Managing The Application & Appeals Process:

In our experience, the following can be helpful.

- Be prepared for a potentially long process. Be persistent.
- Keep a paper-trail of all communications with the NDIA. Get everything in writing.
- Request your child's file, primary diagnosis, and all other relevant information through Freedom of Information.
- Send requested material through both email and registered post to ensure you meet legislative time frames in review and appeal.
- Clearly state your query or request at the start of each email to avoid any confusion.
- Focus on your child's needs. Every child will have unique needs and it is important not to make comparisons in your application. The NDIA considers each application in its own merit.
- Be clear about the outcome you want from the review and appeal processes. Itemise in a spreadsheet. You may want to include budget line numbers and the duration of the requested plan. It is possible to request a plan longer than 12 months.
- If you wish to accept an NDIA offer during the conciliation process make sure the offer is a written consent order signed by both parties. This is a legally binding agreement, endorsed by the AAT.
- Sometimes the NDIA may make a verbal offer. Ensure you get any offer in writing, and talk to other people who've been through the process before making a decision.





Understanding Autism Therapies, What Works?

Autism therapies come in two types: (i) evidence-based, and (ii), non-evidence based.

- Evidence-based means supported by science. We generally refer to these as empirically-supported interventions.
- Non-evidence based means unsupported by science. In addition, many of the nonevidence based interventions have been shown to be ineffective (as per NICE guidelines 2013; NAC 2015 report; and NDIS commissioned report 2016: Griffiths et al).

Empirically supported interventions are provided in this section to aid your decision-making. * The capital letters following each intervention are either an initialism or acronym for the endorsing body. The table below provides the full name of the endorsing body.

This list is not comprehensive, and there may be other interventions not listed here that are evidence-based.

* ABA Therapy is not one type of intervention for autism, but a framework (or professional practice) for delivering effective and individualised supports to individuals with a variety of needs.

Empirically-Supported Autism Interventions:

- Applied Behaviour Analysis (HCWA; ASAT)
- Antecedent-Based Interventions (NAC; Autism PDC)
- Behavioural Interventions (NAC)
- Cognitive Behavioural Intervention Package (NAC; Autism PDC)
- Comprehensive Behavioural Treatment for Young Children (NAC)
- Differential Reinforcement (Autism PDC)
- Discrete Trial Teaching (Autism PDC; RCN)
- Early Intensive Behavioural Intervention (HCWA; ASAT)
- Exercise (Autism PDC)
- Extinction (Autism PDC)
- Functional Behaviour Assessment (Autism PDC)
- Functional Communication Training (Autism PDC)
- Joint Attention Intervention (NAC)
- Language Training (NAC)
- Modelling (NAC; Autism PDC)
- Naturalistic Teaching Strategies/Incidental Teaching (NAC; Autism PDC; RCN)
- Parent Mediated Interventions (Autism PDC)
- Peer Mediated Interventions (NAC; Autism PDC)



- Pivotal Response Treatment (NAC; Autism PDC; RCN)
- Positive Behaviour Support (RCN)
- Prompting (Autism PDC)
- Reinforcement (Autism PDC)
- Response Interruption and Redirection (Autism PDC)
- Scripts (Autism PDC)
- Schedules (NAC)
- Self-Management (NAC; Autism PDC)
- Social Narratives (Autism PDC)
- Social Skills Training (Autism PDC)
- Story-Based Intervention Package (NAC)
- Structured Playgroups (Autism PDC)
- Task Analysis (Autism PDC)
- Technology-Aided Instruction and Intervention (Autism PDC)
- Time Delay (Autism PDC)
- Video Modelling (Autism PDC) / Visual Supports (Autism PDC)
- * The capital letters following each intervention are either an initialism or acronym for the endorsing body. The table below provides the full name of the endorsing body.

Coding / Name

ASAT - Association for Science in Autism Treatment

Autism PDC - National Professional Development Centre on Autism Spectrum Disorders [USA]

HCWA - Helping Children With Autism

NAC - National Autism Centre [USA]

RCN - Raising Children Network

There are a number of other therapies in the market which claim to treat autism. A number of them are not evidence-based. We strongly recommend investigating the evidence behind the intervention, talking to your GP and therapist before commencing any program.



Common Misunderstanding Of Evidence-Based Interventions

There are some common misperceptions of ABA. Being aware of these may be helpful when advocating for your child to receive funding for EIBI.

Misunderstanding #1: ABA Is Synonymous With Discrete Trial Teaching (Adult-Directed Massed Trial Instruction).

- ABA is not one type of intervention for autism, but a framework (or professional practice) for delivering effective and individualised supports to individuals with a variety of needs. A list of empirically supported interventions is included on page 28.
- Your service provider will use a variety of interventions to teach new skills, depending on the strengths, needs, and preferences of your child, the setting in which therapy is taking place, and the specific skill that is being taught.
- Discrete Trial Teaching is one method used to teach new skills to children with ASD. It involves breaking skills down to their most basic parts and teaching those skills to children, step by step.
- Pages 10-11 of the Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf describes ABA and its critical components in more detail.

Misunderstanding #2: ABA Interventions Are Only Delivered In A 1:1 (Therapist:Child) Ratio, And The Learnt Skills Do Not Generalise To Real-World Settings.

- ABA can be delivered anywhere! Some skills might be developed in structured 1:1 teaching sessions. This type of teaching is most likely to occur when the child needs lots of individualised support to learn important foundational skills, such as joint attention, matching, imitation, and receptive language.
- Once skills are learnt in structured teaching sessions, they are generalised across people, settings, and contexts. This might involve asking parents and teachers to practice the skill with the child, or practicing the skill with new materials (e.g., lots of different examples of items).
- Page 17 of the Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf describes the locations where intervention may be delivered in more detail.

Misunderstanding #3: Intensive Early Intervention Is Not Necessary. Low Intensity Community-Based Interventions Are Just As Effective.

• EIBI is an evidence-based, comprehensive intervention for young children with autism and related conditions, based on the principles of ABA. It has been shown to be associated with the most dramatic improvements in prognosis for children with ASD. Although the required number of hours of intervention may seem high, this is based on current research findings regarding the intensity required to produce good outcomes. Time spent away from therapy may have unwanted effects, such as the child falling further behind typical developmental trajectories, and become dependent on intensive, costly services across their life span.

Research has shown that:

- The second year of life is a dynamic period of brain growth, during which increases in brain
 volume and atypical connectivity associated with ASD first emerge. However, this is also a time
 of substantial neural plasticity which may allow for rapid skill acquisition and alteration of the
 child's developmental trajectory such that the child reaches age-appropriate developmental
 milestones.
- A proportion of children with ASD reportedly regress in the second year of life. However, intensive intervention during this period may counter the symptoms of regression and prevent ASD-related impairments before they fully manifest.
- Behavioural programs that are implemented as early as possible, in an intensive manner can produce significant improvements in cognitive, adaptive, and social- communicative functioning in young children with ASD.

Misunderstanding #4: Interventions Based On ABA Are Not Effective And Beneficial, And Are Counter To Current Good Practice.

- There are many purported therapies for autism, but the vast majority lack any scientific support. However, interventions derived from ABA (including EIBI) are now internationally endorsed as a safe and effective.
- In Australia, ABA-based interventions have also been endorsed. In 2011, Prior, Roberts, Rodger and Williams published their report: A Review of Research to Identify the Most Effective Models of Practice in Early Intervention for Children with Autism Spectrum Disorders. This report was funded by and prepared for the Australian Government of Families, Housing, Community Services and Indigenous affairs (FaCHSIA). ABA was classified as eligible for funding based on established research evidence.

Misunderstanding #5: Interventions Based On ABA Do Not Represent Value For Money.

- For individuals with ASD and a comorbid intellectual disability, the lifetime cost to society is believed to be in excess of \$1 million (Buescher, Cidav, Knapp, & Mandell, 2014). However, the quality-of-life cost to families is much greater. For example, families of a child with autism frequently must pay higher than average childcare costs (Rogge & Janssen, 2019), and one parent may be forced to give up work or reduce working hours due to providing care for the child with ASD.
- It is estimated that only 15% of adults with ASD are engaged in meaningful employment. In their review of cost-benefit analyses of EIBI, Cross, Coyne, Broberg, and Lubbers (2013) determined that cost-savings substantially exceed the early intensive treatment cost for a three-year-old child with ASD.
- Some reports have found a home-based program to be less expensive than alternative non-ABA based special school placements (Columbia Pacific Consulting, 1999). Synergies Economic Consulting also carried out a cost-benefit analysis of providing EIBI for children with ASD in Australia www.synergies.com.au, and estimated a cost-savings of \$0.75 million to \$1.3 million per child (for each child who accesses EIBI).



Misunderstanding #6: ABA Is Only Effective For Preschool-Aged Children.

- There are many different ways to individualise an ABA therapy program to help meet the needs of clients at any age.
- Pages 12-16 of the Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf describe the different models of ABA treatment delivery, and page 18 describes the important considerations for client age.
- More recently, Steinbrenner et al. (2020) conducted a comprehensive review of evidence-based interventions for children and young people with autism. The authors provided data on the ages of participants (n = 972) who were included in the reviewed research from 1990 to 2017. The studies included participants from birth to 22 years of age, with the majority of participants aged between 3 and 12 years.

Misunderstanding #7: Anyone Can Develop And Supervice ABA Interventions. There Is No Formal Credentialing.

- According to the Applied Behaviour Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf), "ABA is a specialized behavioral health treatment approach and most graduate or postgraduate training programs in psychology, counseling, social work, or other areas of clinical practice do not provide in-depth training in this discipline. The formal training of professionals certified by the Behaviour Analyst Certification Board© is similar to that of other medical and behavioral health professionals."
- Individuals who hold a professional credential as a BCBA have:
 - o completed a master's degree which includes over 250 hours of direct instruction in the science and professional practice of applied behaviour analysis, including ethics, carer and staff training, data collection and analysis, and data-based decision-making;
 - o successfully completed 1500 hours or more of supervised independent fieldwork, working under the close supervision of a more experienced BCBA; and
 - o successfully passed a certification examination administered under secured testing conditions that is professionally administered and scored.



Appendix A: Supporting Research

Research studies which you might find useful in your application are listed from most to least recent. These studies are sorted into five categories:

- 1. Cost-Benefit Analyses
- 2. Randomised Controlled Trials
- 3. Group Design Studies
- 4. Outcome Studies, and
- 5. Meta-Analyses: Professional Guidelines & Best Practice Recommendations.

Cost-Benefit Analyses:

- Rogge, N., & Janssen, J. (2019). The economic costs of autism spectrum disorder: a literature review. Journal of autism and developmental disorders, 49(7), 2873-2900.
- Bigby, C., Bould, E., & Beadle-Brown, J. (2017). Comparing costs and outcomes of supported living with group homes in Australia. Journal of Intellectual & Developmental Disability, 1-13.
- Cidav, Z., Munson, J., Estes, A., Dawson, G., Rogers, S., & Mandell, D. (2017). Cost offset associated with Early Start Denver Model for children with autism. Journal of the American Academy of Child & Adolescent Psychiatry, 56(9), 777-783.
- Christenson, J. D., Crane, D. R., Malloy, J., & Parker, S. (2016). The cost of oppositional defiant disorder and disruptive behavior: a review of the literature. Journal of Child and Family Studies, 25(9), 2649-2658.
- Buescher, A. V. S., Cidav, Z., Knapp, M., & Mandell, D. S. (2014). Costs of Autism Spectrum
 Disorders in the United Kingdom and the United States. JAMA Pediatrics, Jun 9. doi:10.1001/
 jamapediatrics.2014.210
- Cross, S., Coyne, P., Broberg, E., & Lubbers, J. (2012). The Adverse Effects and Societal Costs of Denying, Delaying, or Inadequately Providing EIBI for Children with Autism. Southern California Consortium for Behavior Analysis. Retrieved from https://static1.squarespace.com/static/53c42fc9e4b0f7bda7cf5456/t/55032ceee4b077402a3e4f40/1426271470010/Effects+and+costs+of+denying+ABA+treatment.pdf.
- Charles, J. M., Bywater, T. T., & Edwards, R. T. (2011). Parenting interventions: A systematic review of the economic evidence. Child: Care, Health and Development, 37(4), 462–474.
- Chasson, G. S., Harris, G. E., & Neely, W. J. (2007). Cost comparison of early intensive behavioral intervention and special education for children with autism. Journal of Child and Family Studies, 16(3), 401-413.



Randomised Controlled Trials:

- Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J., ... & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. Pediatrics, 125(1), e17-e23.
- Eikeseth, S., Smith, T., Jahr, E., & Eledevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between age four and seven: A comparison controlled study. BehaviorModification,31, 264–278.
- Eikeseth, S., Smith, T., Jahr, E., & Eledevik, S. (2002). Intensive behavioral treatment at school for 4–7-year-old children with autism: A 1-year comparison controlled study. Behavior Modification, 26, 49–68.

Group Design Studies:

- Ben Itzchak, B.E., Lahat, E., Burgin, R., & Zachor, A.D. (2008). Cognitive, behavior, and intervention outcome in young children with autism. Research in Developmental Disabilities, 29, 447-458.
- Cohen H., Amerine-Dickens M., Smith T. (2006). Early intensive behavioral treatment: replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27, 145–155.
- Birnbrauer, J.S., & Leach, D.J., (1993). The Murdoch early intervention program after 2 years. Behavior Change,10, 63-74.

Outcome Studies:

- Eikeseth, S., Klintwall, L., Jahr, E., & Karlsson, P. (2012). Outcome for children with autism receiving early and intensive behavioral intervention in mainstream preschool and kindergarten settings. Research in Autism Spectrum Disorders, 6(2), 829-835.
- Eikeseth, S. (2009). Outcome of comprehensive psycho-educational interventions for young children with autism. Research in developmental disabilities, 30(1), 158-178.
- Ben Itzchak, E. & Zachor, D.A. (2007). The effects of intellectual functioning and autism severity on outcome of early behavioral intervention for children with autism. Research in Developmental Disabilities, 28, 287-303.
- Butter, E.M., Mulick, J.A., & Metz, B. (2006). Eight case reports of learning recovery in children with pervasive developmental disorders after early intervention. Behavioral Interventions, 21, 227-243.
- Dillenburger, K., McElhinney, M., Keenan, M., & Gallagher, S. (2004). Parent education and home-based behaviour analytic intervention: An examination of parents' perceptions of outcome. Journal of Intellectual & Developmental Disability, 29, 113-124.
- Bibby, P., Eikeseth, S., Martin, N. T., Mudford, O. C., & Reeves, D. (2002). Progress and outcomes for children with autism receiving parent-managed intensive interventions. Research in developmental disabilities, 23(1), 81-104.



• Anderson, S. R., Avery, D. L., DiPietro, E. K., Edwards, G. L., & Christian, W. P. (1987). Intensive home-based early intervention with autistic children. Education and Treatment of Children, 10, 352-366.

Meta-Analyses: Professional Guidelines & Best-Practice Recommendations:

- Dillenberger (2016). The use of ABA interventions in the evidence-based management of autism spectrum disorders. Letter with parts taken from a chapter published M. Fitzgerald. Autism. Intech. SBN 97889538518412482. http://knospe-aba.com/cms/images/stories/pdf/1_Evidence_for_ABA-based_interventions.pdf
- Behavior Analyst Certification Board (2014). Applied behavior analysis treatment of autism spectrum disorder: Practice guidelines for healthcare funders and managers. Retrieved from http://bacb.com/asd-practice-document/
- American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th Ed.). Arlington, VA: American Psychiatric Publishing. 2013
- Dillenburger, K., & Keenan, M. (2009). None of the As in ABA stand for autism: Dispelling the myths. Journal of Intellectual and Developmental Disability, 34(2), 193-195.
- Bellg, A. J., Borrelli, B., Resnick, B., Hecht, J., Minicucci, D. S., Ory, M., & Czajkowski, S. (2004). Best practices and recommendations from the NIH behavior change consortium. Health Psychology, 23, 443–451.
- California Department of Education and Developmental Services (1997). Best Practices for Designing and Delivering Effective Programs for Individuals with Autistic Spectrum Disorders http://www.feat-fmc.org/assets/cabestprac.pdf)
- Eldevik, S., Hastings, R. P., Hughes, J. C., Jahr, E., Eikeseth, S., & Cross, S. (2009). Meta-analysis of early intensive behavioral intervention for children with autism. Journal of Clinical Child & Adolescent Psychology, 38(3), 439-450.
- Eldevik, S., Hastings, R. P., Jahr, E., & Hughes, J. C. (2012). Outcomes of behavioral intervention for children with autism in mainstream pre-school settings. Journal of autism and developmental disorders, 42(2), 210-220.
- Fein, D., Dixon, P., Paul, J., & Levin, H. (2005). Pervasive developmental disorder can evolve into ADHD: Case illustrations. Journal of Autism and Developmental Disorders, 35, 525-534.
- Fenske, E. C., Zalenski, S., Krantz, P. J., & McClannahan, L. E., 1985). Age at intervention and treatment outcome for autistic children in a comprehensive intervention program. Analysis and Intervention in Developmental Disabilities, 5, 49-58.
- Green, G., Brennan, L.C., & Fein, D. (2002). Intensive behavioral treatment for a toddler at high risk for autism. Behavior Modification, 26, 69-102.
- Green (2017). Applied Behavior Analysis: Medically Necessary Interventions for Autism Spectrum and Related Disorders. The Association for Professional Behavior Analysts.
- Granpeesheh, D., Tarbox, J., & Dixon, D. R. (2009). Applied behavior analytic interventions for children with autism: a description and review of treatment research. Ann Clin Psychiatry, 21(3), 162-173.
- Hamadneh, S., Alazzam, M., Kassab, M., & Barahmeh, S. (2019). Evaluation of Intervention Programs for Children with Autism. International Journal of Pediatrics, 7(4), 9341-9347.



- Harris, S.L., & Handleman, J.S. (2000). Age and IQ at intake as predictors of placement for young children with autism: A four-to-six-year follow-up. Journal of Autism and Developmental Disorders, 30, 137-142.
- Harris, S. L., Handleman, J. S., Gordon, R., Kristoff, B., & Fuentes, F. (1991). Changes in cognitive and language functioning of preschool children with autism. Journal of Autism and Developmental Disorders, 21(3), 281-290.
- Hayward, D., Eikeseth, S., Gale, C., & Morgan, S. (2009). Assessing progress during treatment for young children with autism receiving intensive behavioural interventions. Autism, 13(6), 613-633.
- Hayward, D. W., Gale, C. M., & Eikeseth, S. (2009). Intensive behavioural intervention for young children with autism: A research-based service model. Research in Autism Spectrum Disorders, 3(3), 571-580.
- *Howard, J. S., Sparkman, C. R., Cohen, H. G., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research inDevelopmental Disabilities, 26, 359–383.
- Jacobson, J.W. (2000). Early intensive behavioral intervention: Emergence of a consumer-driven service model. The Behavior Analyst, 23, 149-171.
- Jacobson, J., Mulick, J., & Green, G. (1998). Cost-benefit estimates for early intensive behavioral intervention for young children with autism—general model and single state case. Behavioral Interventions, 13, 201-226.
- Johnson, B. (2018). Autism Spectrum Disorder–Advances in Genomics and Impact of Early Behavioral Intervention. BMH Medical Journal-ISSN 2348–392X, 5(2), 57-62.
- Keenan, M., & Dillenburger, K. (2018). How 'Fake News' Affects Autism Policy. Societies, 8(2), 1-20.
- Keenan, M., Dillenburger, K., Röttgers, H. R., Dounavi, K., Jónsdóttir, S. L., Moderato, P., & Martin, N. (2015). Autism and ABA: the gulf between North America and Europe. Review Journal of Autism and Developmental Disorders, 2(2), 167-183.
- Kelley, E., Paul, J.J., Fein, D., & Nagles, L.R. (2006). Residual language deficits in optimal outcome children with a history of autism. Journal of Autism and Developmental Disorders, 36, 807-828.
- Klintwall, L., Eldevik, S., & Eikeseth, S. (2015). Narrowing the gap: Effects of intervention on developmental trajectories in autism. Autism, 19(1), 53-63.
- Larsson, E. V. Applied Behavior Analysis (ABA) for Autism: What is the Effective Age Range for Treatment? Eric V. Larsson, Ph.D., LP, BCBA-D. (2012). Journal of Autism and Developmental Disorders, 40, 149-166.
- Larsson, E. V. (2013). Is applied behavior analysis (ABA) and early intensive behavioral intervention (EIBI) an effective treatment for autism? A cumulative history of impartial independent reviews. Autism, 27, 168-179.
- Leaf, J. B., Ross, R. K., Cihon, J. H., & Weiss, M. J. (2018). Evaluating Kupferstein's claims of the relationship of behavioral intervention to PTSS for individuals with autism. Advances in autism, 4(3), 122-129.
- Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of consulting and clinical psychology, 55(1), 3.



- Luiselli, J.K., Cannon, B. O'M., Ellis, J.T., & Sisson R. W. (2000). Home-based behavioral intervention for young children with autism/pervasive developmental disorder. Autism, 4, 426-438.
- Makrygianni, M. K., Gena, A., Katoudi, S., & Galanis, P. (2018). The effectiveness of applied behavior analytic interventions for children with Autism Spectrum Disorder: A meta-analytic study. Research in Autism Spectrum Disorders, 51, 18-31.
- *McEachin, J.J., Smith, T., & Lovaas, O.I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 359-372.
- Mello, C., Rivard, M., Terroux, A., & Mercier, C. (2018). Differential Responses to Early Behavioural Intervention in Young Children With Autism Spectrum Disorders as a Function of Features of Intellectual Disability. Journal on Developmental Disabilities, 23(3), 5-17.
- Mudford, O.C., Martin, N.T., Eikeseth, S., & Bibby, P. (2001). Parent-managed behavioral treatment for preschool children with autism: Some characteristics of UK programs. Research in Developmental Disabilities, 22, 173-182.
- National Autism Center (NAC). (2009). The national standards project: Addressing the need for evidence based practice guidelines for autism spectrum disorders. Randolph, MA: National Autism Center.
- Odom, S. L., Hall, L. J., & Suhrheinrich, J. (2019). Implementation Science, Behavior Analysis, and Supporting Evidence-based Practices for Individuals with Autism. European Journal of Behavior Analysis, 1-19.
- Perry, R., Cohen, I, & DeCarlo, R. (1995). Case study: Deterioration, autism, and recovery in two siblings. Journal of the American Academy of Child and Adolescent Psychiatry, 34, 232-237.
- Peters-Scheffer, N., Didden, R., Korzilius, H., & Sturmey, P. (2011). A meta-analytic study on the effectiveness of comprehensive ABA-based early intervention programs for children with autism spectrum disorders. Research in Autism Spectrum Disorders, 5(1), 60-69.
- Reed, P., Osborne, L., & Corness, M. (2007a). The real-world effectiveness of early teaching interventions for children with autism spectrum disorder. Exceptional Children, 73, 1-18.
- Reed, P., Osborne, L., & Corness, M. (2007b). Relative effectiveness of different home-based behavioral approaches to early teaching intervention. Journal of Autism and Developmental Disorders, 37, 1815-1821.
- *Remington, B., Hastings, R.P., Kovshoff, H., degli Espinosa, F., Jahr, E., Brown, T., Alsford, P., Lemaic, M., & Ward, N. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438.
- Rogers, S. J., & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. Journal of Clinical Child & Adolescent Psychology, 37(1), 8-38.
- *Sallows, G.O. & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438.
- Smith, T., Buch, G.A., & Gamby, T.E. (2000). Parent-directed intensive early intervention for children with pervasive developmental disorder. Research in Developmental Disabilities, 21, 297-309.
- *Smith, T., Eikeseth, S., Klevstrand, M., & Lovaas, O.I. (1997). Intensive behavioral treatment for preschoolers with severe mental retardation and pervasive developmental disorder. American Journal on Mental Retardation, 102, 238-249.



- *Smith, T., Groen, A. D., & Wynn, J. W. (2000). Randomised trial of intensive early intervention for children with pervasive developmental disorder. American Journal on Mental Retardation, 105, 269 285.
- Smith, D. P., Hayward, D. W., Gale, C. M., Eikeseth, S., & Klintwall, L. (2019). Treatment Gains from Early and Intensive Behavioral Intervention (EIBI) are Maintained 10 Years Later. Behavior Modification, 0145445519882895.
- Smith, T., Klevstrand, M., & Lovaas, O.I. (1996). Behavioral treatment of Rett's Disorder: Ineffectiveness in three cases. American Journal on Mental Retardation, 100, 317-322.
- Smith, T., & Lovaas, O. I. (1998). Intensive and early behavioral intervention with autism: The UCLA young autism project. Infants and Young Children, 10, 67 78.
- Synergies (2013). Ecomomic Costs of Autism Spectrum Disorder in Australia. Retrieved from http://a4.org.au/sites/default/files/Synergies costsofautism FINAL 170511.pdf
- Synergies (2013). Cost–Benefit Analysis of Providing Early Intervention to Children with Autism. Retrieved from http://www.synergies.com.au/home/inner.asp?pageid=119&main=87&sub=94
- US Surgeon General (2000). Surgeon General's Report on Mental Health subsection on Autism. http://www.surgeongeneral.gov/
- Waters, C. F., Amerine Dickens, M., Thurston, S. W., Lu, X., & Smith, T. (2018). Sustainability of early intensive behavioral intervention for children with autism spectrum disorder in a community setting. Behavior modification, 0145445518786463
- Weiss, M.J. (1999). Differential rates of skill acquisition and outcomes of early intensive behavioral intervention for autism. Behavioral Interventions, 14, 3-22.
- Wolf, M.M., Risley, T.R., & Mees, H. (1964). Application of operant conditioning procedures to the behavior problems of an autistic child. Behavior Research and Therapy, 1, 305-312.
- Wolf, M.M., Risley, T.R., Johnston, M.K., Harris, F.R., & Allen, K.E. (1967). Application of operant conditioning procedures to the behavior problems of an autistic child: A follow up and extension. Behaviour Research and Therapy, 5, 103-111.
- Wong, C., Odom, S. L., Hume, K. A., Cox, A. W., Fettig, A., Kucharczyk, S., ... & Schultz, T. R. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. Journal of Autism and Developmental Disorders, 45(7), 1951-1966.
- *Zachor, D.A., Ben Itzchak, E., Rabinovich, A., & Lahat, E. (2007). Change in autism core symptoms with intervention. Research in Autism Spectrum Disorders, 1, 304-317.



Appendix B: Carer Impact Statement Template

Carer Impact Statement Template:

The purpose of the Carer Impact Statement is to inform the NDIS about the nature and volume of care you are regularly providing to a loved one or an individual in your care.

While the Carer Impact Statement is not compulsory, we strongly recommend you use it. It is a chance to give voice to the needs of the person in care, and to your own (often neglected) needs. The Carer Impact Statement is a chance to communicate to the NDIS the needs of carers within Australia.

The two ways of compiling this form are:

- complete the form on behalf of someone in your care; or
- complete the form as the person receiving care.

Full name of primary carer:	
Relationship with NDIS participant:	
Full name of NDIS participant:	

Addressing The Carer Statement Categories:

The NDIS seeks information across nine 'Care Domains'. These are:

- daily living activities,
- home communication,
- health and wellbeing,
- · lifelong learning,
- · work/employment,
- social & community participation,
- relationships
- life choice and control
- life transitions

We recommend you write a paragraph (3-4 sentences) on each. As you answer each section consider the following: the nature and level of supports you provide; the # of times per day or # of hours per week you provide support; resources used to provide the supports (e.g., computer, telephone, transport, physical resources).



It has been suggested that keeping a diary of support activities, over say a one-month period, will enable you to create an effective carer statement. The diary also serves as evidence of supports provided – which may come in handy in the case of a funding review.

Provide this form to your Local Area Coordinator.

Category 1: Daily Living Activities	
Category 2: Home Communication	
Category 3: Health & Wellbeing	
Category 4: Lifelong Learning:	

Category 5: Work/Employment
Category 6: Social & Community Participation
Category 7: Relationships
Category 8: Life Choice & Control
Category 9: Life Transitions

Appendix C: Advocacy Agencies

Advocacy Agencies:

Autism Asperger's Advocacy Australia (A4)

ACT

- ACT Disability, Aged and Carer Advocacy Services (ADACAS)(link is external)
- Advocacy for Inclusion Inc(link is external)
- Legal Aid Commission ACT(link is external)

NSW

- Ability Incorporated(link is external)
- Regional Disability Advocacy Service (NSW)(link is external)
- Disability Advocacy NSW(link is external)
- Illawarra Advocacy Incorporated(link is external)
- Intellectual Disability Rights Service Inc(link is external)
- Legal Aid New South Wales
- Multicultural Disability Advocacy Association of NSW Inc(link is external)
- Newell Advocacy Inc (Email)(link sends e-mail)
- Self Advocacy (Sydney) Incorporated(link is external)
- Side By Side Advocacy Incorporated(link is external)
- Spinal Cord Injuries Australia Ltd(link is external)
- Sydney Region Aboriginal Corporation (IDAS)(link is external)
- Synapse(link is external)
- Legal Aid Commission of NSW

NT

- Brain Injury SA (Barkly)(link is external)
- Darwin Community Legal Centre(link is external)
- Disability Advocacy Service Inc(link is external)
- NPY Women's Council(link is external)
- NT Legal Aid Commission



QLD

- Independent Advocacy in the Tropics Inc(link is external)
- Queensland Advocacy Incorporated(link is external)
- Rights in Action(link is external)
- Speaking Up for You(link is external)
- <u>Legal Aid Queensland</u>

SA

- Advocacy for Disability Access and Inclusion Inc(link is external)
- Brain Injury SA(link is external)
- <u>Disability Advocacy and Complaints Service of South Australia Incorporated(link is external)</u>
- Disability Rights Advocacy Service Incorporated(link is external)
- NPY Women's Council (Service area APY Lands)(link is external)
- Legal Services Commission of SA

TAS

- Advocacy Tasmania(link is external)
- Legal Aid Commission of Tasmania

VIC

- Action on Disability within Ethnic Communities(link is external)
- Action for More Independence & Dignity in Accommodation Inc(link is external)
- AED Legal(link is external)
- Regional Disability Advocacy Service(link is external)
- <u>Disability Justice Advocacy(link is external)</u>
- Gippsland Disability Advocacy(link is external)
- <u>Grampians Disability Advocacy(link is external) (Service area Central highlands and Loddon)</u>
- <u>Leadership Plus(link is external)</u>
- Rights Information and Advocacy Centre(link is external) (Service area Central highlands, Loddon, Geelong and Colac regions)
- Southwest Advocacy Association(link is external)



- <u>Victorian Mental Illness Awareness Council Inc(link is external)</u>
- Villamanta Disability Rights Legal Service Inc(link is external)
- <u>Victoria Legal Aid</u>

WA

- Ethnic Disability Advocacy Centre(link is external)
- Midland Information Debt & Legal Advocacy Service(link is external)
- Sussex Street Community Law Service Inc(link is external)
- <u>Legal Aid Commission of WA</u>



