

Reference: 24OPA0024

22 March 2024

Department of Human Services  
By email: [SAAutismStrategy@sa.gov.au](mailto:SAAutismStrategy@sa.gov.au)

To whom it may concern

I am writing to provide feedback on the Governments draft *SA Autism Strategy 2024-2029* (the Strategy), in my capacity as the Public Advocate and Principal Community Visitor.

I am appointed as the Public Advocate (PA) via the *Guardianship and Administration Act 1993 (SA)*. This Act empowers me to advocate for people with impaired decision-making ability (“mental incapacity” according to the Act). I can also be appointed under this Act as the guardian for an adult with impaired decision-making ability by the South Australian Civil and Administrative Tribunal, when it deems there is no other suitable person to perform this function. I delegate functions of my role to staff in the Office of the Public Advocate (OPA). I am currently the guardian for over 2000 South Australian adults some of these are Autistic people.

I am also appointed as the Principal Community Visitor (PCV) via the *Mental Health Act 2009 (SA) and Disability Services (Community Visitor Scheme) Regulations 2013*. As the PCV, I administer the South Australian Community Visitor Scheme (CVS). The CVS promotes the wellbeing, dignity, safety, and rights of people:

- living with a mental health condition receiving care from a mental health service,
- living with a disability in a state-run disability service,
- who are under the guardianship of the Public Advocate and participants in the National Disability Insurance Scheme (NDIS).

I have reviewed the draft Strategy and am pleased to have been involved in earlier consultations in its development across government with the aim of achieving inclusion for autism communities.

I provide the following comments on each of the Focus areas for your consideration.

**Focus Area 1: Pathways to diagnosis**

I support the commitments under Focus Area 1, recognising the importance and benefits of early diagnosis of autism for adults with impaired decision-making ability and those with mental health issues. Earlier diagnosis and access to supports may result in a reduction in the need for Autistic people to have a substitute decision maker, such as the appointment of the Public Advocate. It may also go some way to reducing the likelihood of Autistic people requiring supports through mental health services. However, there needs to be a balance, within funding parameters, for diagnosis and available services. Diagnosis opens the door to services – it is not an end in itself. There is also a need to understand that diagnosis, while beneficial, also has its issues – it can lead to labelling and being treated as “different” by mainstream services and disguise or dismiss the need for other services such as mental health conditions.

**Focus Area 2: Positive educational experiences**

In principle, I support the commitments under Focus Area 2, noting that the PA and PCV primarily deals with adults who are no longer involved with the education system.

**Focus Area 3: Thriving in the workplace**

I agree with the commitments outlined under Focus Area 3 and have contacted the Office for Autism to ensure an increased understanding and awareness of Autism within the Office of the Public Advocate and Community Visitor staff.

The OPA and CVS are committed to working with Departmental Human Resources sections to ensure best practice in recruitment, retention and wellbeing of staff or potential staff who identify as Autistic.

**Focus Area 4: Access to supports and services.**

In principle, I support a centralised state-based disability-wide information system. Such a system will benefit not only Autistic people but the wider disability community.

The commitment to ensure evidence-based research on the topic of autism with the intention of effectively and efficiently translating into practice could potentially be supported through the National Disability Data Asset. This may provide an avenue for joined-up action to achieve evidence-based practice and policy development.

**Focus Area 5: Participation in the community**

In principle, I support Focus Area 5. The CVS supports sensory consideration in the built environment for people with disability and mental health including Autistic people. The CVS identifies opportunities for improvement, including the built environment and reports to relevant agencies to achieve better outcomes for people with mental health conditions and disability, including Autistic people.

Achieving inclusive communities relies on a collaborative implementation strategy that includes partnerships with relevant agencies and providers at all levels of government, including local government and health services in particular.

**Focus Area 6: Access to health and mental health services**

I support Focus Area 6 and its commitments. CVS and OPA staff have reported the need to improve accessibility to health and mental health services particularly in regional and remote areas. This includes better diagnostic tools, and being mindful of diagnostic overshadowing, whereby a person with disability and a mental health condition can have their mental health symptoms attributed to the disability and left untreated.

**Focus Area 7: Interactions with the justice system**

In principle, I support Focus Area 7 and its commitments. People with disability more broadly, are over-represented in the justice system both as victims and alleged perpetrators. Before 2020, the Communication Partner Scheme, which provided support to people with communication and cognitive disability, in the justice system was free. Under the current communication partner model, an engaging entity/individual (such as a lawyer), the South Australia Police or the Courts Administration Authority is responsible for paying the fees of a communication partner if a need is identified.

Services and supports provided in community and custodial justice settings which are responsive to the needs of Autistic people will be beneficial for all people with disability.

I recently made a submission to the *Minimum Age of Criminal Responsibility – alternative diversion model discussion paper* on the YourSAy website. In my submission I advocated for legislative amendments and alternative diversion models to ensure that disability is not criminalised and people with impaired decision-making ability are also diverted from the criminal justice system.

## OFFICIAL

In conclusion, I support the SA Autism Strategy and note that at the end of the consultation phase, I anticipate the development of an implementation plan, including measurable outcomes, timeframes, designation of lead government agency responsibilities and its alignment with other strategies such as the recently released Australian Government Autism Strategy.

Thank you for the opportunity to provide feedback on the draft SA Autism Strategy. I look forward to supporting its implementation to achieve better outcomes for the Autistic community.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Anne Gale', written in a cursive style.

Anne Gale  
**Public Advocate**