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RACP submission: State disability plan and Victorian autism plan 2027 to 2031

July 2026

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 24,300 physicians and 9,200 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, community child health, adolescent and young adult medicine, adult medicine, and rehabilitation medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

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We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to contribute to the development of the **Victorian State Disability Plan and the Victorian Autism Plan 2027-2031**. The RACP represents physicians across Australia and Aotearoa New Zealand, including paediatricians, adolescent and young adult medicine physicians, rehabilitation medicine physicians, public health physicians, adult medicine physicians and physicians working with people with disability. Beyond the drive for medical excellence, the RACP is committed to the development of health policies which bring vital improvements to the wellbeing of patients and the community.

The RACP supports the Victorian Government's commitment to improving outcomes for people with disability and people with autism and emphasises that development, health and mental health supports and systems play a central role in enabling inclusion, equity and participation across all areas of life.

This submission presents evidence-informed, system-level perspectives across the lifespan, that are health and wellbeing focused; recognising that disability and autism policy must encompass the needs of children, young people, adults, and older people and be co-designed with people with lived experience.

The RACP acknowledges that language and preferred terms can vary. For the purposes of this response, we use first-person language, with the terms "person/people with disability" and "person/people with autism" used.

The RACP recognises that disability and autism are not confined by age or diagnosis, and that people with disability and/or autism require equitable access to healthcare, education, employment, housing, and community participation across their lifespan. The RACP emphasises that mainstream systems must be accessible, provide reasonable adjustments, reduce fragmentation, and ensure inclusive practice so that people with disability and/or autism can participate safely and independently.

In preparing this submission, the RACP has drawn on its extensive body of disability and autism policy work, including:

- RACP Submission to the Inquiry into the Thriving Kids Initiative (2025)
- RACP Submission to the NSW Inquiry into Foundational and Disability Supports for Children and Young People (2025)
- RACP Submission to the draft National Roadmap to Improve the Health and Mental Health of Autistic People (2024)
- RACP Submission to the draft National Autism Strategy (2024)
- RACP Submission to the Department of Social Services review of the Australian Disability Strategy 2021-2031 (2024)
- RACP Submission to the Inquiry into Foundational (General) Supports for People with Disability (2024)
- RACP Submission to Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2021)
- RACP Submission to the Senate Select Committee on Autism (2020)

Across this work, the RACP has emphasised several essential foundations for meaningful reform: the importance of approaches aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD); accessible communication and reasonable adjustments; integrated and person-centred systems; co-design and lived experience leadership.

This submission highlights the need for stronger safeguarding systems, a dedicated commitment to improving accessibility and inclusion across mainstream healthcare and community services, and a human rights approach that ensures the safety and autonomy of all people with disability and/or autism. This is especially critical for children and young people with disability and/or autism, who face distinct safeguarding vulnerabilities that must be addressed in policy and practice.

Specific comments on the 4 Pillars and Systemic Reforms

Pillar 1: Inclusive communities

The Victorian Government's engagement paper identifies inclusive communities as essential to enabling people with disability and/or autism to take part in everyday life. The RACP agrees and supports a broad, system-wide approach to inclusion.

The RACP recommends the Victorian State Disability Plan and the Victorian Autism Plan consider and incorporate the following.

Creating inclusive communities requires more than physical access; it requires **systems, services, and social environments that uphold the rights, dignity, and autonomy** of people with disability and/or autism, consistent with the UNCRPD. This includes ensuring mainstream services are designed and delivered in ways that are accessible and responsive to diverse needs across the lifespan.

The RACP also acknowledges the **diversity of autistic experiences**, including individuals with lower support needs who may not identify as having a disability, yet still face barriers in communication, sensory environments, mental health, and participation. Contemporary diagnostic frameworks recognise **varying levels of support needed** within autism, ranging from people who require minimal support to those who need daily supports. This diversity highlights that **autism and disability are not synonymous**, whilst also recognising that many people with autism may experience disability in specific contexts or environments.

Access to public places, services and activities

The RACP considers access to public places, services and activities essential for participation in community life. **Community-based programs**, delivered in **culturally safe ways**, can raise awareness of concerns, identify available supports and assist individuals and families/carers to navigate services.[1]

The RACP supports **co-located, community or place-based hubs that combine health (including specialists and primary care, as well as allied health), education, social and family services**. Assessment and intervention delivered within early childhood education and care (ECEC) and schools can also reduce referral delays and support smoother transitions between services and settings.[2]

Reasonable adjustments

Ensuring the right to access services requires all services to provide reasonable adjustments. These include **changes to physical environments** and **adaptation of service delivery models** for people with different needs related to their disability or autism.

Accessible environments should include **sensory friendly places.** Sensory-friendly public spaces, quiet hours, and flexible service environments enable people to participate safely and comfortably. Adjustments should be considered at the **service design stage** but must also be **implemented iterative**ly to support continuous improvement.[3]

Consideration of **how information is provided and communicated** is also critical. Various written, visual, and verbal communication modes, alongside use of professional interpreters, including Auslan, translated materials, support workers and liaison officers must be available in all services.

Youth appropriate services and transition to adult services

The RACP recognises young people with disability and/or autism as a unique cohort of the population. **Young people with disability or autism may require lifelong supports across multiple systems** including health, disability, education, vocational pathways, justice, social services and housing.

The RACP has recently published a Youth Appropriate Health Care statement. It was formulated by expert physicians in Adolescent and Young Adult Medicine, co-developed with young people from a broad cross-section of our communities who have diverse lived experiences of the healthcare systems across Australia and Aotearoa New Zealand. The statement shows high quality, **youth appropriate health care** must respond to individual preferences, needs and cognitive capacity. This includes **accessible supports, appropriate environments, consistent care coordination and integrated planning across sectors**. Embedding these elements will support equitable access and meaningful participation.

Transitions from paediatric to adult healthcare services often result in loss of coordinated and specialised support and contribute to inequities in outcomes for young people. This requires structured, **youth-appropriate models of care** that include planned, coordinated transitions and clear clinical responsibility, to support continuity across paediatric and adult healthcare services and ensure young people remain engaged in their care.[4]

Pillar 2: Health, housing and wellbeing

The engagement paper identifies health, housing and wellbeing as essential to living well. The RACP agrees that people with disability and/or autism need safe and affordable health care and housing, as well as health and mental health supports that meet their needs. Achieving this requires stronger coordination across health, disability, housing and community systems.

The RACP recommends the Victorian State Disability Plan and the Victorian Autism Plan consider and incorporate the following.

Safe and affordable housing

Significant systemic barriers limit access to safe and appropriate housing for people with disability and/or autism**. Poor coordination between housing, disability, and healthcare systems** can lead to delays in securing suitable accommodation and accessing the supports required to live safely and independently. These challenges are compounded in **regional, rural and remote communities**, where accessible housing and disability support services are often scarce.

While housing is a universal issue affecting the broader community, the RACP emphasises that housing policy must also recognise and respond to the specific needs of people with

disability and/or autism. **People with disability are more likely to experience poverty, insecure or poor-quality housing, and social exclusion.**[5]

Addressing the housing crisis requires **approaches that incorporate the diverse sensory, cognitive, mobility, physical and support needs** of people with disability and/or autism. This includes embedding universal design principles across housing, healthcare settings and public infrastructure to ensure accessibility for all. **Inaccessible, unstable, or unsuitable housing** can significantly limit a person's ability to maintain their health and wellbeing, engage with services and participate in community life.

Safe and affordable health care

The RACP notes that people with disability and/or autism face persistent **challenges in accessing appropriate health care,** including **misdiagnosis**, **lack of disability and/or autism-informed care**, and **inadequate access to mental health support.** People with disability and/or autism are also more likely to experience a range of physical and mental health conditions, requiring coordinated and ongoing care.[6]

The RACP emphasises the importance of **early identification and monitoring of mental health issues** to enable timely intervention and prevent impacts from becoming entrenched. **Affirming health care** and **tailored mental health services** are essential to support long-term physical health, mental health and wellbeing, and to promote inclusion and equity.[7]

There is a need for **specialist teams** with expertise in disability and/or autism, particularly in hospital settings, to ensure appropriate, comprehensive and timely care and access to support services. These specialist teams can also cross barriers which exist for people with disability and/or autism from **culturally and linguistically diverse backgrounds**, who may require greater assistance due to communication barriers.[8]

The RACP recognises that while **diagnosis** can provide useful information, it is not always sufficient or appropriate as the sole determinant of support. Both disability and autism exist across a spectrum, and support needs vary significantly for individuals. The RACP supports a comprehensive **bio-psycho-social approach to assessment and care**, where intervention is informed by developmental profile, functional needs, family and cultural context, and co-occurring health conditions, rather than diagnosis alone. In some cases, a categorical diagnostic approach may be less helpful, and for some individuals and communities may be experienced as stigmatising.

Comprehensive assessment and individual case formulation allow for identification of needs in the absence of categorical diagnosis and support adjustments over time, including at key transition points such as the transition from paediatric to adult healthcare services. A **multidisciplinary approach to diagnostic formulation**, focused on developmental and functional needs, rather than diagnosis alone, must be embedded in healthcare services.

The RACP emphasises the importance of **multidisciplinary teams** in diagnosis and care, including medical, nursing, allied health and primary care. Accurate diagnosis requires integration of services and specialist clinical skills.[9] **Expanded access to multidisciplinary healthcare and rehabilitation services** to ensure people with disability and/or autism can access coordinated, timely and appropriate care is important.

Workforce capability remains a significant issue. Healthcare professionals, and other service providers, require training in **disability and autism-affirming practice**, including understanding non-stereotypical presentations. **Workforce education** must also consider parental mental health, trauma and family dynamics, as well as additional influences such as peers, colleagues, and social media/media.

Innovative service delivery models are required to address workforce shortages and geographic barriers. **Telehealth, outreach and hub-and-spoke models** can improve

access in regional, rural and remote areas. **Embedding allied health and paediatric expertise** in ECEC settings, schools and community hubs supports timely intervention. **Group interventions** and **parent training programs** can complement individual therapy and strengthen family capacity.[10]

Workforce sustainability challenges persist within the disability, ECEC and education sectors, including high turnover, limited career pathways, undervaluation of experienced staff, and inadequate supervision and professional development. Short-term funding arrangements undermine continuity of care, and disability support workers and coordinators require consistent, standardised training to ensure quality and reliability.

Health and mental health supports

The RACP notes that behavioural and emotional difficulties in some children are often **misinterpreted** rather than recognised as part of broader mental health needs. As a result, children may be excluded from appropriate mental health supports.

This is particularly evident for children and young people experiencing crisis or complex behavioural challenges, where **acute health care needs are not met due to a lack of coordinated, specialist multidisciplinary services**. This highlights the need for a more **nuanced understanding of mental health in disability and autism populations** and for integrated responses that address both behavioural and mental health needs.[11]

Mental health conditions occur at significantly **higher rates in people with autism** than in the general population,[12] including **high rates of comorbidity** with conditions such as anxiety and depression. These patterns indicate that **standard behavioural approaches alone are insufficient** to address mental health needs.[13]

The RACP emphasises the need for **coordinated, multidisciplinary models of care** that integrate behavioural, developmental and mental health supports, ensuring that people with disability and/or autism can access appropriate, timely and holistic care.

Pillar 3: Fairness and safety

The Victorian Government's engagement paper identifies fairness and safety as fundamental rights. The RACP agrees that all people have the right to a life without violence, abuse, neglect and discrimination, and to be treated with dignity and respect. A human rights and person-centred approach to care will ensure fairness, safety, dignity and respect for people with disability and/or autism.

The RACP recommends the Victorian State Disability Plan and the Victorian Autism Plan consider and incorporate the following.

Human rights centred approach

The RACP recognises the overwhelming evidence that **people with disability have poor mental and physical health compared to others in the community**. People with disability experience **increased risk factors for health conditions, increased morbidity, and increased mortality.** There is also overwhelming evidence to suggest that individuals with disability and/or autism experience **higher rates of co-occurring mental health conditions, including anxiety and depression**, as well as greater barriers to safe, equitable, and accessible healthcare.

The RACP notes that the human rights of people with disability and/or autism have not been central to the planning and delivery of services in Australia. Clear policies and guidelines must be established that are **built on human rights** and practices which maximise empowerment and person-centred approaches. A human rights-based approach across all services must be adopted.

All governments, policy makers and sector service providers must **work to eliminate discrimination and stigma** and ensure improved access and inclusion for people with disability and/or autism. Those in health, education, justice, emergency, social and community services should have **strong disability and autism awareness** and be able to advocate for the rights of people with disability and/or autism.[14]

Person-centred, integrated care

The RACP notes that healthcare services are often designed in ways that require people with disability and/or autism to navigate multiple systems, coordinate their own care, repeatedly explain clinical histories, and understand complex health information. These challenges demonstrate that care is best delivered through **integrated models** characterised by **sustained collaboration across sectors**, including health, disability, education, justice, emergency, and family and community services.

Integrated care involves collaboration across primary, secondary and tertiary services and extends beyond a person's primary care provider to **include specialists, hospital services, allied health providers and social services**. Best practice care is person-centred and outcomes-focused, with informed and active **shared decision-making** between the individual, their supports or carer/family, and healthcare providers. Effective integrated care requires systems and structures that support coordination, communication and continuity across providers and sectors.

While integrated models represent best practice, they are often more accessible in metropolitan areas. Workforce shortages often limit implementation in **regional, rural and remote areas**. In these contexts, alternative models are required to support multidisciplinary care, including **telehealth and models that support visiting services**. General practitioners (GPs), general physicians, rural specialist services, allied health professionals and community resources remain essential in delivering care where full multidisciplinary models are not available.[15]

Life without violence, abuse, neglect and discrimination

The RACP notes that people with disability and/or autism experience violence, abuse, neglect and exploitation at **significantly higher rates** than people without disability. These risks are particularly **acute for people with intellectual disability**, including **higher exposure to sexual abuse and abusive relationships**.

For **people with limited communication ability**, behaviour may be an important means of communication, including expressing pain or distress. However, these behaviours are often misattributed, leading to unmet needs and increased vulnerability for individuals.

The RACP considers that violence, abuse and neglect are often driven by a combination of systemic factors, including **negative attitudes and social exclusion, limited access to health and social care**, **reduced access to education and employment opportunities**[16] and therefore strengthening safeguard systems and workforce capability to respond appropriately is essential. Healthcare services should provide staff with adequate support to understand and respond to violence, abuse, neglect and/or discrimination of people with disability and/or autism.

Pillar 4: Opportunity and disability

The engagement paper identifies opportunity and disability pride as including having a voice, participation, leadership and identity. The RACP agrees that people with disability and/or autism must have a voice, be able to take part in education, training and work, be empowered to lead and contribute, and be free to express all parts of their identity.

The RACP recommends the Victorian State Disability Plan and the Victorian Autism Plan consider and incorporate the following.

People with disability have the right to be **included in all aspects and levels of decision-making** in their own care. The RACP believes that early identification of disability and/or autism give all people the best opportunity in life.

Feeling listened to, respected, and included in decisions about services and policy is central to dignity and belonging. The RACP highlights better coordination across health, disability, education, and employment systems is essential to reducing fragmentation and supporting full participating and leadership by people with disability and/or autism. Opportunities to build disability pride are strengthened through **peer support networks, disability communities,** as well as **connections with others who share a lived experience**.

Intervention is most effective

The RACP emphasises that ECEC settings provide a **critical foundation for children's development**, offering opportunities to build **social, emotional and cognitive skills** during formative years, and represent **a key period for investment in prevention and early intervention**.[17]

The RACP further notes that ECEC educators and teachers require **training in typical child development, neurodiversity, and early identification of learning difficulties** such as dyslexia, dysgraphia and dyscalculia. All workers in ECEC settings, or those who engage with children and their families, require improved capacity and support for **developmental surveillance**.[18]

Delays in diagnosis, referrals and access to services can result in **missed opportunities** for early support, leading to **increased demand for more intensive interventions later in life**. Embedding supports within ECEC settings, schools and community-based services can reduce delays and enable timely access to intervention.

The RACP recognises that support needs should be informed by **developmental and functional profile** rather than diagnosis alone. A **comprehensive bio-psycho-social approach** enables earlier identification of needs and more appropriate and tailored interventions.

Early intervention should be delivered through **coordinated, multidisciplinary models of care**. Integrated service delivery across health, education and community sectors supports continuity of care and improves outcomes for individuals and their families/carers.[19]

Innovative service delivery models, including **community-based programs**, **outreach services** and **embedding allied health supports in ECEC settings**, can improve access to early intervention, particularly for children in **regional, rural and remote and disadvantaged communities**.

Investment in early intervention is cost-effective, as it reduces long-term demand on health, disability and social systems, and supports improved participation in education, employment and community life.[20]

Systemic reforms – making government services and programs better

The engagement paper identifies systemic reforms to improve accessibility and inclusion. The RACP supports reforms that embed accessibility and inclusion across systems. The RACP highlights that people with disability and/or autism must navigate fragmented systems and require integrated supports across health, education, disability and employment. An integrated approach across sectors is essential and must be underpinned by co-design with people with disability and/or autism across policy and service development to ensure these reflect lived experience and respond to real-world needs.[21]

The RACP recommends the Victorian State Disability Plan and the Victorian Autism Plan consider and incorporate the following.

Indigenous self-determination

The RACP supports **Indigenous self-determination** and recognises Indigenous people with disability and/or autism must have **power and control over decisions that affect them**. This includes embedding co-design and ensuring that services are community-led wherever possible.

Although autism is **as prevalent** in Indigenous communities as in non-Indigenous communities, Aboriginal and Torres Strait Islander peoples experience **significant gaps in access to services and supports**. These inequities are compounded by institutional and interpersonal **racism, stigma and discrimination**, which affect access to care and contribute to poorer health outcomes.[22]

The RACP emphasises that **embedding culturally safe practices** across healthcare environments is essential to addressing inequalities in access and outcomes. Culturally appropriate healthcare services must consider **local languages, beliefs, gender and kinship systems**, and deliver care in a way that respects these factors and is free from discrimination. Healthcare services should undertake ongoing evaluation of cultural safety and the competency of healthcare professionals to **address systemic racism and improve service delivery**.[23] A culturally safe healthcare service supports Indigenous people to feel physically, socially, and emotionally safe.

Evidence highlights significant gaps in service access and experience. Aboriginal and Torres Strait Islander families report **dissatisfaction with the availability and quality of autism-related services**, concerns about the **cost of diagnostic services**, **lengthy wait times**, and **limited access to diagnostic professionals**, particularly in **regional, rural and remote areas**. There are also **barriers to accessing post-diagnostic supports and ongoing services**.

Families report broader impacts on children and communities, including **experiences of bullying, isolation and exclusion in education settings**, and the need for children to feel safe, supported and connected to culture. There is also a reported **lack of knowledge about autism within communities**, alongside social isolation and unmet support needs across the lifespan.[24]

The RACP considers **culturally safe and appropriate services must be strengthened and, where possible, Indigenous community-led and controlled**. Increased assistance is required to support Aboriginal and Torres Strait Islander families to **access the National Disability Insurance Scheme (NDIS) and post-diagnostic services**. Information and **resources must be designed specifically for communities, made available in varied formats, and translated into local languages**.[25]

The RACP also notes the importance of **strengthening Aboriginal-specific services**, ideally delivered through Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Community Controlled Health Organisations (ACCHOs), to ensure services are accessible, culturally safe and responsive to the needs of Indigenous families.[26]

Multicultural communities

Similar systemic barriers affect multicultural, refugee and asylum-seeking communities. **Differences in cultural understanding** of disability and autism, combined with stigma, language barriers and the complexity of navigating service systems, can **delay help-seeking and reduce access** to early identification and support.

The RACP emphasises the need to improve access for multicultural and refugee communities through culturally appropriate services and supports. This includes **delivering information** in multiple languages and formats, strengthening **culturally responsive service delivery**, and **expanding targeted outreach** strategies to improve engagement with services. These approaches are essential to reducing inequities and ensuring that individuals and families can access appropriate care in a timely way.

Equity for other groups

The RACP recognises that equity issues extend beyond cultural factors. These inequities also affect other population groups including those in **regional, rural and remote areas**, people experiencing **socioeconomic disadvantage**, **LGBTQI+ communities**, children in **out-of-home care** or **child protection systems**, and **children of parents with disability or mental health, drug and/or alcohol issues**.[27]

Addressing these inequities requires **deliberate and sustained action**, including **investment** in flexible service delivery models such as outreach, telehealth and community-based services. These models are particularly important for improving access in regions where services are limited and for reaching populations who may otherwise remain underserved. **Place-based approaches** that reflect local needs and contexts are critical to ensuring equitable access and outcomes.

Intersectional approaches

Support for children and adults with disability and/or autism sits across a broad range of sectors including health, education and disability sectors. The RACP emphasises that each sector has a unique contribution, but that **coordinated action across these sectors is required** to achieve the best outcomes for people with disability and/or autism and their families/carers.

An integrated approach is particularly important for individuals who often have **significant comorbidities** and **require specialised assessment, care and support from multiple experts**. For children, **paediatricians are often best placed to coordinate this care**, given their expertise in child health and development. This model is particularly important for people from vulnerable populations.[28]

The RACP considers that best practice care for people with disability and/or autism is **person-centred and outcomes focused**. It supports coordination across providers and settings and promotes integrated, multidisciplinary models of care.[29] Such models ensure individuals receive coordinated support tailored to their needs.

Embedding **universal design and accessible communication** across all services is also essential to ensure that systems are inclusive and responsive to diverse needs. This requires **strong collaboration** across providers and sectors, with **clearly defined pathways and roles** to support continuity of care.

Information sharing

Information management and digital health systems are critical to integrated care and coordinated services. Digital systems enable real-time communication across providers and provide access to up-to-date information. **Mechanisms that support the sharing of care plans and clinical information** across providers, including physicians, general practitioners, allied health and services across sectors, are essential to a coordinated system.

Improved information sharing is particularly important for **people with cognitive disability, memory difficulties or non-standard communication methods**, as it reduces the need to repeat or recall complex medical histories. **Current barriers to electronic**

communication between providers must be addressed to improve care experiences and outcomes.

Collaboration between sectors

Collaboration between sectors, particularly health, disability and aged care, is essential to ensuring that people with disability and/or autism receive appropriate and timely services. While the healthcare system is generally responsible for diagnosis, treatment and rehabilitation, and disability systems focus on functional capacity, these roles often overlap. **Clear planning and coordination are required to manage shared responsibilities and ensure smooth transitions between services**.

The RACP supports mechanisms to strengthen collaboration, including the establishment of **communities of practice**. Structured and supported networks across sectors can facilitate partnership, enable shared problem solving, and improve coordination at the interface between systems and sectors.[30]

Improved collaboration must also support **better navigation** of services, including increased assistance for individuals and families to access the National Disability Insurance Scheme (NDIS) and post-diagnostic supports. Ensuring **systems work together effectively** is essential to improving outcomes and experiences for people with disability and/or autism.

Closing Comment

The RACP commends the Victorian Government for its commitment to advancing disability and autism inclusion through the current State Disability Plan and Victorian Autism Plan. These plans have laid important groundwork for improving fairness, accessibility, and participation for people with disability and/or autism.

We welcome the Victorian Government's consideration of our recommendations and look forward to working together to achieve improvements for people with disability and/or autism in Victoria.

If you require further information or would like to engage with us, please contact Amy Pond, Senior Policy & Advocacy Officer, via the RACP Policy and Advocacy unit policy@racp.edu.au.

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[1] The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4

[2] The Royal Australasian College of Physicians. 2025. RACP Submission to the NSW Inquiry into Foundational and Disability Supports Available for Children and Young People in New South Wales. Sydney, NSW: RACP. Available at https://www.racp.edu.au/docs/default-source/advocacy library/racp-submission-nsw-inquiry-into-foundational-and-disability-supports-available-for-children-and-young people.pdf?sfvrsn=aabca61a_17; The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4

[3] The Royal Australasian College of Physicians. (2021). *RACP Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.* https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4

[4] The Royal Australasian College of Physicians. (2026). *Youth Appropriate Health Care Position Statement.* The Royal Australasian College of Physicians. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-youth-appropriate-health-care.pdf

[5] racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf
[6] Camm-Crosbie, L. et al (2019). 'People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury and suicidality. Autism. 23(6):1431-1441. doi: 10.1177/1362361318816053
[7] The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Autism Strategy. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-autism-strategy.pdf?sfvrsn=3fd0dd1a_4; The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Roadmap to Improve the Health and Mental Health of Autistic People. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people.pdf?sfvrsn=fe1ca11a_4
[8] The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Autism Strategy. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-autism-strategy.pdf?sfvrsn=3fd0dd1a_4; The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Roadmap to Improve the Health and Mental Health of Autistic People. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people.pdf?sfvrsn=fe1ca11a_4
[9] The Royal Australasian College of Physicians (2020). RACP Submission to the Senate Select Committee on Autism, racp-submission-to-the-autism-select-committee.pdf
[10] The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4
[11] The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Roadmap to Improve the Health and Mental Health of Autistic People. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people.pdf?sfvrsn=fe1ca11a_4
[12] Rosen T, Mazefsky C, Vasa R, Lerner M. Co-occurring psychiatric conditions in autism spectrum disorder. International Review of Psychiatry. 2018;30(1):40-61.
[13] Fuld S. Autism Spectrum Disorder: The Impact of Stressful and Traumatic Life Events and Implications for Clinical Practice. Clinical Social Work Journal. 2018;46(3):210-219.
[14] The Royal Australasian College of Physicians. (2021). *RACP Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.* https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4
[15] The Royal Australasian College of Physicians. (2021). *RACP Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.* https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4
[16] The Royal Australasian College of Physicians. (2021). *RACP Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.* https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4
[17] Heckman, J. (2023). Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. https://www.heckmanequation.org
[18] The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4; Heckman, J. (2023). Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. https://www.heckmanequation.org
[19] The Royal Australasian College of Physicians (2020). RACP Submission to the Senate Select Committee on Autism, racp-submission-to-the-autism-select-committee.pdf
[20] The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4
[21] The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Roadmap to Improve the Health and Mental Health of Autistic People. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people.pdf?sfvrsn=fe1ca11a_4
[22] The Royal Australasian College of Physicians (2020). RACP Submission to the Senate Select Committee on Autism, racp-submission-to-the-autism-select-committee.pdf
[23] RACP Medical Specialist Access Framework, https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/medical-specialist access-framework
[24] Lilley, R., Sedgwick, M. and Pellicano, E. 2010. We Look After Our Own Mob: Aboriginal and Torres Strait Islander Experiences of Autism. Sydney: Macquarie University. Available at https://www.positivepartnerships.com.au/uploads/MACQ-48737-We-Look After-Our-Mob_AW2_SCREEN.pdf

[25] The Royal Australasian College of Physicians (2020). RACP Submission to the Senate Select Committee on Autism, racp-submission-to-the-autism-select-committee.pdf
[26] The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4
[27] The Royal Australasian College of Physicians. (2025). RACP Submission: Inquiry into the Thriving Kids Initiative. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-inquiry-into-thriving-kids2af8ccafbbb261c2b08bff01001c3177.pdf?sfvrsn=604aad1a_4
[28] The Royal Australasian College of Physicians (2020). RACP Submission to the Senate Select Committee on Autism, racp-submission-to-the-autism-select-committee.pdf
[29] The Royal Australasian College of Physicians. (2024). RACP Submission to the draft National Autism Strategy. https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-draft-national-autism-strategy.pdf?sfvrsn=3fd0dd1a_4
[30] The Royal Australasian College of Physicians. (2021). *RACP Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.* https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4