



Neurodivergent young people

YOUNG AND WISE ROUNDTABLE REPORT
2026

Cohort 4: Neurodivergent young people

Cohort snapshot

11 PARTICIPANTS	35 APPLICANTS	1 SESSIONS	1 INTERVIEW	May 2026 CONDUCTED
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How we ran this

The session was framed around autism, then widened to neurodivergence to make space for a broad range of experiences. ARACY emphasised there were no expectations about how participants identify and encouraged them to use language that felt authentic and comfortable for them.

The session opened with safety and housekeeping. Participants were reminded they controlled what they shared and could skip any question or step away without explanation. Fidget tools, movement, and side activity were explicitly welcomed.

Who participated

In total 11 young people participated in the research roundtables and interviews for this cohort. This comprised 9 young people aged 18 and over who took part in the roundtable, and a further two young people who participated separately both aged under 18 years (13 and 15), who participated separately via individual interview and Mentimeter response, respectively. All had self-identified as autistic and/or neurodivergent in the EOI. Most participants also identified across other cohorts, including LGBTIQA+, First Nations, culturally diverse, and young people with chronic illness or co-occurring disability. Several young people had current or past lived-experience advocacy roles; one participant was a former disability support worker.

This table presents an overview of participant characteristics drawn from EOI records.

	<i>Includes: Neurodivergent Roundtable (6 May); Interview (14 May); Survey (18 May)</i>
Participants	11
Age range	13-24 years
Gender	Female (4), Male (3), Non-binary (4)
State / Territory	VIC (4), QLD (3), ACT (1) WA (1) SA (1) NSW (1)
Intersecting identities	LGBTIQA+, First Nations, CALD, ADHD, chronic illness, autistic, co-occurring disability; several with lived-experience advocacy roles

Named participants: Lars, Isabella, Jess, Taryn, Zinny, 'E', 'Liv', Jay, Eton and Kiana. One participant requested that their contributions be fully de-identified. Names and nicknames follow each participant's recorded consent preference.

Scope and limitations

Limitations that apply across all Series 2 cohorts are set out at 2.7 Limitations and considerations. The points below apply to this cohort, meaning the young people who took part in this round of consultation, not neurodivergent young people generally. Most participants were aged 18 to 23 years. Some participants also shared they already worked or volunteered speaking up for other neurodivergent people's rights and needs. But they do not speak for all neurodivergent young people. This chapter may not reflect the experiences of children younger than 13 years (the youngest age in this cohort), non-speaking young people, or young people who need a lot of daily support, for example with communication, eating, moving around, or personal care.

Several participants raised this directly. They said the people most affected by inflexible rules and gaps in support are often the same people who find it hardest to take part in a roundtable like this one. Contributions were gathered via roundtable, interview and written input, therefore this chapter draws on data gathered across several formats, rather than solely roundtables.

The wellbeing domains, from most to least important, as selected by applicants to the neurodivergent roundtable, are as follows (see table). These data were derived from n=35 applicants who answered this question at the expression-of-interest stage (of which n=11 went on to participate in the roundtable).

Rank	The Nest Domain	Frequency (qualitative)
1	Participating	Most frequent
2	Valued, Loved and Safe	Most frequent
2	Positive Sense of Identity and Culture	Frequent
4	Learning	Frequent
5	Healthy	Moderate
6	Material Basics	Less frequent

Note: Exact percentages not shown; this table reflects qualitative ranking of EOI frequency. Individuals could select multiple domains.

In the session's opening word cloud, each of the 9 participants who participated in the roundtable responded to 'what does wellbeing mean to you?'. Their words centred on safety, support, connection, community and comfort, alongside belonging, authenticity, 'unmasking', 'no pretending', 'being believed in', 'not burnt out', and 'thriving, not just surviving'.

These are Valued, Loved and Safe words, the domain that ranked second at application. Words like 'not burnt out' and 'thriving, not just surviving' point beyond health alone, though the word cloud itself doesn't say what participants meant by them. Healthy still ranked fifth of six domains at application. Read alongside the rest of this chapter, thriving for this cohort also meant a fair place in work and community, not just good health.

In his individual interview, Eton answered the same question simply: 'safety and love', explaining that 'you need to be safe and have love in your life to be able to, like, function properly'. This echoes the emphasis made in the roundtable on safety and belonging as foundational to wellbeing.

What this signals:

Neurodivergent young people may not frame their needs through a health lens at the point of application, where responses are shaped by formal processes and advocacy-familiar language such as 'participation' and 'identity'. When trust is established through discussion, their accounts become more expansive, and health, mental health and system-access dimensions emerge clearly. Programs designed from what people tick, rather than what they say, risk missing what is needed. ARACY recommends governments treat lived experience as a standing complement to quantitative data collection.

Key messages

The short version: In total, 11 neurodivergent young people shared practical insights about the supports and barriers shaping their wellbeing. Their strongest message was that systems need to adapt to young people, not the other way around.



Participants described school and service systems built around neurotypical expectations, including rigid rules, diagnosis-gated support, inaccessible healthcare, and support that drops away at key transition points. They called for practical, flexible and neurodiversity-affirming approaches that recognise diverse sensory, communication, learning and support needs. Neurodivergent young people were not asking to be fixed; they were asking for environments that reduce barriers, supports that continue across life stages, and paid lived-experience leadership in the design of policies and services that affect them.

Six clear messages from neurodivergent young people

Six core themes emerged offering practical guidance for policy, partnership and investment:

	Problem statement	Roundtable insights
1	School environments are not consistently designed to include and support neurodivergent students.	Phone and headphone bans, rigid timetables and one-size-fits-all supports were described as removing the tools students use to regulate and cope. Quiet and sensory spaces, and being able to step out of class, were reported as available mainly in alternative settings. Flexible options available to all students were preferred over designated 'special' spaces that single students out.
2	Support for neurodivergent young people is not sustained across key transitions in childhood and early adulthood.	Support tied to a childhood diagnosis was described as thinning out around age 8 to 9, and again in the move to adult services at 16 to 18. Support needs continued across the lifespan, even where formal provision fell away at particular ages.
3	Diagnosis pathways are not consistently accessible beyond early childhood.	Late identification and years of repeated assessment were common routes to a diagnosis. Programs focused only on early childhood were seen to miss teenagers and young adults, prompting calls for pathways that stay open across ages.
4	Policy and reform debates do not consistently reflect the reality of neurodivergent young people's lives.	Autism was described as being publicly framed as either a crisis or a non-issue depending on the policy of the day. Changes to the NDIS and the Thriving Kids reform created concern that current supports could be reduced before alternatives are in place.
5	Programs and supports do not adequately reflect the individual and diverse nature of neurodivergent needs.	The most consistent message was that neurodivergent needs are diverse and individual. Funding for choice and control over tailored supports was valued ahead of any single, standardised program.
6	Neurodivergent young people with lived experience are not consistently included in the decisions that affect them.	Lived experience was seen as central to designing supports that work. Neurodivergent people should be embedded in leadership and decision-making, paid and credited for that role rather than consulted once.

The broader Young and Wise 2026 Survey findings reinforce several of these themes. Survey respondents prioritised youth-specialist physical and mental health care, clearer learning pathways, bullying being properly dealt with, food and cost-of-living support, and decision-making opportunities that recognise young people's expertise. While the survey was completed by a separate group of young people and is not representative of neurodivergent young people, it indicates that many issues raised in the neurodivergent roundtable also have wider salience.

What young people are telling us and where this aligns nationally

What neurodivergent young people told us closely matches what young people with disability say nationally. The Young and Wise Report (2024) reviewed more than 100 consultations with over 10,000 children and young people, with the following key findings:

- School feels least safe for them. Children aged 5-12 years with disability reported the highest levels of feeling unsafe compared with other groups, at 14% (Young and Wise, 2024, p.56), and alongside First Nations children, the highest rates of feeling unsafe in their community (Young and Wise, 2024, p.55). While the above data covers disability broadly, it aligns closely with what identified neurodivergent participants in this cohort described: bullying, exclusion and being singled out.
- Most children with disabilities do not want to be identified by their disability first. In mainstream schools, they described feeling constantly singled out as different and wished they did not have to strive to fit in (Young and Wise, 2024, pp.65). This echoes what neurodivergent young people said about masking, and about "special" spaces that can stigmatise as much as they support.
- Support systems often fail young people with disability partway through. CYDA's review of more than 250 young people with disability found structural and systemic barriers to accessing mental health support, describing repeated "drop-off points" that left them disengaged and without care for long periods (Young and Wise, 2024, p.210). This reinforces neurodivergent young peoples account of support that is hard to reach and easy to fall out of.
- Attitudes hold young people back more than impairment. As one young person with chronic illness and disability put it, it is people's attitudes and assumptions that hold you back, more than the disability itself (Young and Wise, 2024, p.156). This is the social model neurodivergent young people described: change the environment, not the person.
- Diagnosis and services are hard to reach. The Young and Wise Report recommends diagnosis services be made more affordable, accessible and timely, and that families be supported to navigate the system (Young and Wise, 2024, p.182). This aligns closely with the message that 'diagnosis is often the gate to support, and that many are locked out'.



Key insights from the roundtables

Schools and education

School was the most discussed setting. Across the group, wellbeing education was described as surface-level and tokenistic, and the school environment itself built around neurotypical students, with rules that remove the supports neurodivergent young people rely on. These supports include phones and headphones that help with sensory regulation and decompressing between classes, timetables that allow time to reset or regulate between lessons, and access to quiet or sensory spaces during the school day.

In Mentimeter activity using a 1–5 scale, the group rated most topics below the midpoint (3) for helpfulness. Mental health and anti-discrimination education rated lowest; physical health rated highest.

Did you have school lessons, workshops or guest speakers on these wellbeing topics? How helpful were they in helping you make good decisions?

(1 = Didn't help / Didn't receive, 5 = Helped me a lot)

Topic	18+ (n=9)	Young and Wise 2026 Survey (n=192)
Digital safety and wellbeing	2.44	2.73
Managing Mental Health	1.89	2.74
Nutrition	2.67	2.77
Physical Health	3	3.46
Preventing Racism and Discrimination	1.89	2.7
Respectful Relationships	2.22	3.15
Sexual Health	2.33	3.15
Substances	2.33	3.03

Note: Only an 18+ roundtable produced this rating. The under-18 session was a one-on-one and did not include this question.

Note: Sexual Health and Respectful Relationships were asked separately in the roundtables. The Young and Wise 2026 Survey combined them into one item, so the same survey score (3.15) appears on both rows.

Note: Indicative only. Small sample. Copied verbatim from the Mentimeter weighted average.

When ranking which ideas would most help their wellbeing at school, the group placed 'quiet times' and 'sensory spaces' first, ahead of 'feeling safe at school' and 'easy access to counsellors or GPs'. These findings put a sensory-friendly environment at the very top of the list.

Making wellbeing education more relevant

Participants suggested that wellbeing education is most effective when it is practical, current and grounded in students' experiences. They described some school approaches as too brief or surface-level, particularly where topics were covered through one-off sessions. Digital safety, bullying, discrimination and social inclusion were highlighted as areas where students wanted more relevant and sustained education.



"...the schools would do like a two-hour guest speech and then they're like, we've covered that topic and like, good for us, you know, like we're giving you a well-rounded education...So I think it was more just for them to feel good about themselves a little bit.."

— Jess, Neurodivergent Roundtable



" ...even if schools tried to make a resource for that [digital safety] it wasn't really applicable because social media changes so quickly and they were taught by like millennials who didn't understand the culture"

— Jay, Neurodivergent Roundtable



"It wasn't taught, [anti-bullying] it was hardly taught at all in school, I don't think. There was a lot more about like sexual health and yeah, it wasn't really taught.."

— Liv, Neurodivergent Roundtable

Survey findings reinforce the importance of safety, inclusion and peer culture. Respondents identified bullying being properly dealt with as a major school wellbeing priority, and ranked pressure to look or act a certain way around peers and not feeling included or respected for who you are among the strongest barriers to feeling safe and supported. This aligns with neurodivergent participants' accounts of masking, bullying and exclusion, and supports the need for school environments where young people do not have to hide or minimise their needs to be accepted.

Impact of broad rules on student support needs

A common school-related theme was that broad policies, such as bans on phones, headphones, or fidget tools, may limit supports used by some neurodivergent students, while providing a single alternative that does not account for differing individual needs.



" I remember at my school when the headphone ban got put in place, it was a huge change where suddenly I couldn't find a way to kind of cope with walking across between classes and during breaks, kind of having a moment to kind of decompress. And at my school, it was, 'oh, well, you can use some loop earbuds to kind of like quiet the noise'. I'm like, it's not a one size fits all for everyone who's neurodivergent."

— Isabella, Neurodivergent Roundtable



" If you remember when fidget spinners were the craze and then them getting banned, but that meant the people that actually needed something like that, or they couldn't get them. Be it going to an alternate setting, having many people who, you know, specialise in that, have youth workers that understand a lot better, having more supports, just a general better understanding..."

— Zinny, Neurodivergent Roundtable

This individual variation showed up directly in the two younger contributors' own rankings of what would help their wellbeing most at school: Eton ranked help with homework first and quiet or sensory spaces last, while Kiana ranked quiet or sensory spaces first and homework last. Their opposite priorities reinforce the point above: a single support model will meet one young person's needs and miss another's entirely.

Roundtable participants also noted that designated 'special' spaces may inadvertently distinguish some students, and highlighted the importance of flexible options available to all. They also observed that inconsistent disciplinary responses can contribute to challenges, particularly where there is uncertainty about how best to support neurodivergent students.



"For me education options matter a lot to me because we either need more one on one support or actually need more autonomy in our education.....Currently watching my youngest brother (9yrs) be shifted around because schools don't know how to support him and punish him for outbursts but not punish other kids..."

— Lars, Neurodivergent Roundtable Chat

In his individual interview, Eton described the value of teacher support with school work:



"With the homework, there's like, in some subjects such as science, there's like different categories....it's kind of annoying...but the teacher, like, um, helps me, and it's very helpful". He also described a school buddy system in similar terms: "It kind of helps. Like helps to understand the subject and question more better and understanding how like, for example, how to solve like a maths equation..".

When asked what neurodiversity-affirming support in schools looks like more broadly he said it was rare and "only for like, work and stuff", noting that his main support for managing stress came from a worker he sees outside school, once a month.

Broader Young and Wise 2026 Survey findings reinforce the importance of schools as wellbeing settings. Survey respondents identified more subject choices and clearer pathways after school, bullying being properly dealt with, better routines, free or affordable healthy food, and access to counsellors, wellbeing staff or GPs as priorities for improving school wellbeing. This aligns with neurodivergent participants' accounts of school as a setting where everyday rules, routines, sensory environments and staff responses can either support wellbeing or create additional barriers.

Perspectives on peer support models

Participants expressed mixed views about peer support and buddy systems, noting that while they may be intended to foster connection, they can feel uncomfortable or ineffective when participation is not genuinely meaningful for the students involved.



"...I find peer support just as a general concept pretty bad because it champions older students and gives them a platform to essentially get rewarded for spending time with younger students...And then often ... one doesn't want to be there. So the younger kids might maybe don't need mentorship or don't want to interact with someone older than them because that person's intimidating and they've just started a new scary place."

— Lars, Neurodivergent Roundtable

Participants suggested schools instead teach emotional regulation, run sensory-friendly options, and educate all students about disability and discrimination directly.



"... I think they should have classes at school for meditation, yoga, emotional regulation and also disability discrimination like classes for disability about disabilities to educate people."

— Liv, Neurodivergent Roundtable



What this means for policy: School wellbeing for neurodivergent students depends heavily on the school environment, culture and everyday practices. Behaviour policies, including restrictions on phones, headphones and fidget tools, should be designed with input from neurodivergent students to avoid unintentionally removing supports. Flexible options such as quiet spaces, sensory-friendly environments and the ability to step out should be available to all students, so their use does not single anyone out. Participants also highlighted teacher capability and workload, noting that effective support depends on staff having the time, training and capacity to understand individual students.

The middle years transition

This topic was raised in an individual interview with Eton, which included his parent, and separately in Kiana's Mentimeter response, which she completed in her own time due to availability.

Continuity was what eased Eton's move from primary to secondary school: friends from primary school came with him into the same high school groups, including a co-curricular chess club that carried across both years. What made the transition hardest was "the change of new teachers and exams... and probably like a different environment" including learning to memorise a locker combination instead of simply hanging up a bag.

His parent sitting in the interview described school support through this period as reactive: "they do have inclusive days... and then it sort of falls away a bit, and then something happens... and they're hot on it, and then it sort of falls away a bit. So it kind of seems to be a bit like a roller coaster support".

Like Eton, Kiana pointed to a source of belonging as central to this period, though hers came through diagnosis rather than continuity of friendship: she named her autism diagnosis, and joining Autcraft, an online community for autistic people and their families, as the best things that happened for her wellbeing in the middle years, echoing the wider roundtable's own emphasis on diagnosis as a gateway to both support and community.

A challenge from the same years was more direct across participants, including the wider roundtable, even if the middle years were not named directly:



"I wish people took me being bullied seriously rather than discarding it"

Written Mentimeter survey response

This same pattern surfaced in Eton's own experience and across the wider group: support arriving too late, or falling away once the immediate incident had passed.

Inclusive and neurodiversity-affirming care

Asked what inclusive or neurodiversity-affirming care looks like, participants described support that recognises and respects diverse ways of thinking, learning and experiencing the world, and that does not require them to perform being 'fine'.

Written responses captured this directly:

 **"Understanding my sensory needs, allowing me to engage on my own terms, centering my needs and thoughts, treating me as an expert in my own brain."**
— Mentimetre written response, Neurodivergent Roundtable

 **"Being able to use my headphones, and having older autistic adults in leadership roles."**
— Mentimetre written response, Neurodivergent Roundtable

 **"Having a safe space at all times easy to access that won't be abused, having people take you seriously rather than thinking you can't do anything."**
— Mentimetre written survey response

 **"People listening to and including neurodivergent people in the process of making these spaces and services."**
— Mentimetre written survey response

 **"Comfy beds, weighted blankets, silence."**
— Mentimetre written survey response

The broader Young and Wise 2026 Survey findings reinforce the need for accessible and trusted support. Survey respondents identified youth-specialist physical and mental health care as the highest investment priority, and also identified not knowing how or who to talk to as a major barrier to feeling safe and supported. This aligns with neurodivergent participants' accounts of health and wellbeing systems that can be difficult to navigate, particularly when services do not understand neurodivergent communication, sensory needs or masking.

Masking, energy and burnout

'Masking', which refers to behaviours that suppress natural responses so to appear neurotypical, came up repeatedly as a hidden and exhausting cost that schools and services rarely account for.

 **"...I've masked a lot of my life and I feel like a mask around friends and family and I think it's hard to have that mask on... I sometimes go into burnout because I'm just trying to be happy all the time and have this mask on all the time and that's when it becomes hard because doing that all the time is exhausting."**
— Liv, Neurodivergent Roundtable

 **"I...it was like a kind of lifelong practice that I didn't even consciously realise I was doing for a long time, wherein I developed and then really just followed an elaborate series of rules for how to navigate different social situations... I can default to a set of things to say and ways to behave... the big trouble with it is that it takes you very far from, or it took me very far from my authentic self."**
— Deidentified Neurodivergent Roundtable

 **"Neurodivergent kids probably spend a lot more time masking, particularly at school, and it drains energy faster, so we need more rest. Parents think sleep isn't a big thing, until it is."**
— Lars, Neurodivergent Roundtable

In the session chat, participants described discrimination in healthcare settings, particularly when using sensory aids or presenting with stigmatised co-occurring conditions. Masking, in this context, is not just tiring; it becomes a safety strategy.



"Training for healthcare professionals is so important. I have faced discrimination for using things like sensory aids at hospital, and a lot of us have co-occurring conditions that are highly stigmatised. Often we are written off as problem patients because we seem blunt."

— Neurodivergent Roundtable participant, chat (de-identified at their request)



"It's very frightening having to perform being neurotypical to receive safe care."

— Neurodivergent Roundtable participant, chat (de-identified at their request)

While the survey did not specifically measure masking, its findings on peer pressure and not feeling included or respected reinforce the broader importance of environments where neurodivergent young people can participate without having to perform acceptability.

Media representation narrows neurodivergent experience

Asked what stands out when neurodivergent people appear in media, participants named stereotyping, the 'STEM genius' trope, infantilisation, and the near-absence of high-masking experiences. Written responses were pointed:



"We need more humanities-smart Autistic representation. We're not all STEM geniuses."

— Mentimetre written response, Neurodivergent Roundtable



"Too often our needs are seen as optional, that the problem lies in us, that we need to be stronger or more resilient, rather than the environment needing to adapt."

— Mentimetre written response, Neurodivergent Roundtable



"We are infantilised far too often, talked about as if we can't make sound decisions about our lives. It would be great to be portrayed as autonomous beings."

— Mentimetre written response, Neurodivergent Roundtable



"Autistic people need to be played by Autistic actors, or at least have input into the script writing and directing. Call us Autistic people rather than people with autism."

— Mentimetre written survey response

One response from an under 18 contributor provided a more pointed critique: "Call us Autistic people rather than people with autism," and rejected framing that flattens diversity of experience: "autism is not a spectrum".

Participants described a recurring frame: that needs are optional and the problem lies in the individual, rather than in environments that need to adapt. They also noted that growing public awareness comes mostly from social media and representation, not from government, and pushed back on coverage that frames rising diagnosis rates as an 'epidemic'. As one participant commented:



"The growing diagnosis rates are often portrayed as an overdiagnosis/'epidemic' despite that not being the case, and there's a multitude of factors such as growing education and population."

— Mentimetre written response, Neurodivergent Roundtable



What this means for policy: Neurodiversity-affirming policy should prioritise environments and services that reduce barriers, rather than placing responsibility solely on neurodivergent people to adapt. This includes recognising masking, sensory needs and burnout, particularly in education, health, hospital and emergency settings where distress may not be immediately visible. Participants called for practical neurodiversity-affirming training for frontline staff, including guidance on communication differences, sensory aids and non-standard presentations. Implementation of the National Autism Strategy 2025-31 should continue to reflect the diversity of Autistic experience, including high-masking, intersectional, and cross-age perspectives.



Parents and Caregivers

ARACY worked with the Parenting Research Centre to design a set of issues that parents and caregivers of young people should pay most attention to. In the ranking activity, neurodivergent young people placed 'mental and physical health' as the highest priority, closely followed by 'discrimination, harassment and bullying' and 'chances to have a say and be listened to'. By contrast, 'rapidly changing technology, including AI and social media' ranked lowest by a wide margin. Participants indicated that, while technology may be relevant, they did not want parental concern to centre primarily on their screen use or digital management.

What parents should focus on most	Avg rank
Mental and physical health	2.2▲
Discrimination, harassment and bullying	3.4 ▲
Chances to have a say and be listened to	3.7
Friendships and belonging	4.7
Family relationships (incl. conflict or stress)	4.6
Education (quality, support, workload, pathways)	4.6
Money stress	5.7
Rapidly changing technology (AI, social media)	7.2

1 = most important, 8 = least important. ▲ = top two. Mentimeter ranking, n=9 (eight roundtable participants, plus an individual survey response). Indicative only.

Participants pushed back on the activity's framing itself, noting that many of these issues sit well beyond what any parent can fix alone. This showed up in the ranking itself: changes affecting daily life, including technology, jobs, and environmental change, barely registered as something for caregivers to focus on, yet came through independently, and repeatedly, especially when under 18 contributors described their own sense of safety and belonging. Their responses suggest that parents and caregivers have an important role, but that meaningful support also depends on schools, services, communities and broader systems.



The parent role: supporting autonomy, not taking over

Participants encouraged parents and caregivers to support autonomy by trusting young people's capabilities, facilitating support where needed, and avoiding approaches that unintentionally limit independence.



"...parents become anxious that they have like an autistic child and will try and like help their child, but ... ingrain a victim mindset of like, 'oh, I'm autistic, I can't do anything'. So the advice that I would give parents is like believe in your children more and allow them to grow into a space where they can do things rather than doing everything for them...then they build more autonomy, physical health and all these other spheres."

— Jay, Neurodivergent Roundtable



"A lot of these options aren't things the average parent can meaningfully help with. Their role is ideally more facilitation than instruction, and they need to understand they don't have all the knowledge to do this directly."

— Deidentified Neurodivergent Roundtable

Talking about diagnosis

One participant described family knowing she was autistic for around a decade but waiting for her to work it out herself, to avoid 'over-medicalising' her.



"I think I would have loved to have known earlier because the supports could have come earlier and it would have been like so much less of a headache and probably saved me a lot of years of not fun things happening."

— Jess, Neurodivergent Roundtable

Diagnosis was a broader theme across the roundtable and Mentimeter responses, including getting support without needing a formal diagnosis and the cost of accessing one. The reflection points to why timely, age-appropriate conversations about diagnosis and identity matter, shaping how supported a young person feels growing up.

A safety gap

Abuse prevention was raised as a critical, missing priority for parents of autistic children; both spoken aloud by a survivor-advocate participant and echoed in response. The specific prevalence claim is a participant's account citing external research; it is reported here as raised, with abuse prevention evidence flagged for policy consideration.



"Your neurodivergent kids are statistically much more likely to be victims of abuse. You need to put extra effort into abuse prevention for disabled and neurodivergent kids."

— Mentimeter written response, Neurodivergent Roundtable

Parent wellbeing concerns

Asked what concerned them most about their parents' or caregivers' wellbeing in 2026, participants' word cloud responses were almost entirely economic and structural: cost of living, financial stress, burnout, mental health, and 'dealing with the NDIS'. Several also named global instability and the news cycle.

Parenting advice from participants

Participants offered advice, in their own words, to parents and caregivers of neurodivergent young people. Overall, they asked parents and caregivers to listen, trust, affirm and support, rather than blame, dismiss or take over:

"Disability isn't a bad word."

"Be unafraid to push back against other adults to accommodate for your kid."

"You need to centre your child. They are the expert on their own experiences."

"Understand the diagnosis yourself, then help your young person understand."

"Trust your child's judgement. We know a lot of the supports we need."



"Allow kids to make mistakes. Support us to overcome issues – don't do it for us."

"The way you view us becomes the way we view ourselves."

"Actively encourage engagement with special interests."

"We aren't lazy. We are burnt out and exhausted."

"Recognise the difficulties they are facing; do not put the blame on them."

Source: Mentimetre open-text responses, Neurodivergent Roundtable, May 2026 (n=8).

Why this matters: Parents and caregivers are a young person's closest system, but many of the pressures on wellbeing including technology, jobs, environmental change, sit beyond what any parent can fix alone. Government support should focus on understanding a diagnosis, building autonomy, and connecting families to reliable supports and practitioners, rather than generic 'manage your child' messaging. Constant advocacy is exhausting for families, and that exhaustion affects the young person too.



National strategy, Thriving Kids and the NDIS

This was the part of the conversation participants seemed to feel most passionately and most worried about. Participants were asked which outcomes from the National Autism Strategy and Thriving Kids are showing up in their lives. Many had not heard of programs by name, but held strong, specific views on the direction of reform. While not a focus of this discussion, Australia's Disability Strategy 2021–2031, committed to by all levels of government, takes an intersectional lens that includes young people. ARACY's sector and department consultation for this work focused on the National Autism Strategy and Thriving Kids, and we acknowledge that disability more broadly, and the Disability Strategy itself, were not explored in depth. We note this as an opportunity for future consultation with young people with disability, whose experiences this cohort did not fully represent.



"These changes have made literally every single one of these worse... It's made it harder for families to find support, be included, have support in their everyday environments. More kids are falling through the cracks... I was a disability support worker before I became too disabled to work, and every single one of these metrics has gotten worse for all of my clients."

— Deidentified, Neurodivergent Roundtable

Participants understood Thriving Kids is focused on children aged 0 to 8 years. Their central question was what happens after this, and how young people will get a diagnosis.



"I feel that a lot of these newer programs are very much targeted towards like the younger cohort of like kids and young people. And that we don't see a lot of those supports continuing on, especially through like those transition periods of healthcare...towards like, I guess, adult services...I found at least in my community that that really impacts people sort of falling through the gaps..."

— Isabella, Neurodivergent Roundtable



"...the main concern that comes up for me is just what in that \$4 billion initiative, how much of it is going to identifying the ASD just at a baseline level...what about the young people who do not have access to a diagnosis would be my first concern."

— Zinny, Neurodivergent Roundtable



"... I do think a lot about the fact that lots of kids don't get diagnosed or identified for needs before the age of eight...I flew entirely under the radar and so did my younger brother..so I think that focusing on younger children might help some people, but it's going to mean that there are plenty of young adults and teenagers who are going to fly under the radar and not get support that they need."

— Lars, Neurodivergent Roundtable

Eton's parent described a similar pattern once a diagnosis is in place. Managing his NDIS plan without a coordinator, they rely on word of mouth and face long wait lists; some providers no longer visit the school, meaning early pickups. Speech therapist turnover was also noted as being high, and even the upcoming plan review process feels unclear, with conflicting advice on what it should include.

How autism is framed in public debate

Participants cautioned that autism is sometimes discussed in public debate in ways that feel disconnected from lived experience. They called for more nuanced narratives that avoid presenting autism as either a problem to be eliminated or a difference that requires no accommodation, and instead recognise the importance of appropriate support, respect and self-determination.



"It's kind of like politicians almost weaponising autism either to be like the worst thing ever and it needs to be get rid of or it's like, not a problem at all... I feel like they try and play both narratives depending on what piece of policy they're trying to get through at the time. And I feel almost like the pawns kind of being shoved around... in a similar way to the way that like trans people's identities...because it's a minority group whose identity is like pushed around for political gain."

— Jess, Neurodivergent Roundtable

The reality behind 'just educate the parents'

One participant, a former disability support worker, described what is involved in providing high-support-needs care, and why a school-and-parent model should not be expected to replace funded, one-to-one support.



"...what I found is that even with the current level of funding, it's all falling back on mum and mums aren't coping, dads are working full time or more to support. And Thriving Kids isn't going to solve that... so it's going to be all stuck to mum at home. And I really worry about those kids... the only reason they're able to communicate today is because they've had 10 to 30 hours a week of support worker hours...It's the only reason they're not hurting themselves all the time. It's the only reason they're physically safe and then able to actually access something like a special school when they're five or six."

— Deidentified Neurodivergent Roundtable



"I feel like support workers are the #1 ASD intervention [the most effective everyday support]. saved my (and many others) lives."

— Jay, Neurodivergent Roundtable Chat

Participants were asked which of the outcomes promised by reforms such as the National Autism Strategy and Thriving Kids are already present in their lives. Participants ranked 'no one falling through the cracks between systems' and 'getting support early without needing a diagnosis' as the two outcomes least visible to them. Those were the same two gaps named most often in discussion.



What this means for policy: The reforms participants discussed are real and current. Thriving Kids is a jointly funded foundational-supports program for children aged 8 and under with low-to-moderate needs, with state services rolling out from late 2026, and NDIS access changes from 2028. The National Autism Strategy 2025–2031 and its First Action Plan set the national direction, with health and mental health delivered through the Autism Health Roadmap.

Participants' concerns map onto specific design risks: the 'over-eight cliff', access to diagnosis as the gateway to any support, continuity through the move to adult services, and the danger of withdrawing intensive support before alternatives exist. ARACY recommends these four issues be considered in the final design and implementation of Thriving Kids, with neurodivergent young people across all ages and support levels involved in answering them.

Material basics and cost of living

Asked about the impact of money being tight, participants linked financial stress directly to their capacity to manage neurodivergence. This theme is tracked across all Series 2 cohorts; for this group it carried a specific edge.



"When money is tight it makes it so much harder to manage the impacts of my neurodivergence - almost all money saving strategies rely on executive function, time and energy, and almost all accommodations I can give myself cost money."

— Deidentified, Neurodivergent Roundtable Chat

In the chat, participants traced how cost pressure becomes a health problem. 'Just cook at home' is not always that simple; appointments, adaptive equipment and even renewing a prescription get put off because everything costs money, and the delay can make things worse.



"even procrastinating going to get ur prescription renewed because everything costs money... and then that makes the spiral worse."

— Jess, Neurodivergent Roundtable Chat



"It also affects attending allied health appointments, buying adaptive equipment or things for home that help with my regulation, personal hygiene etc.."

— Deidentified, Neurodivergent Roundtable Chat



"big on shame and embarrassment when money is tight. Not because of the economic situation, but its feels shameful to be a "burden" when families are undergoing stress."

— Jay, Neurodivergent Roundtable Chat

Cost of living was named, alongside mental health, as one of the highest sources of stress. For neurodivergent young people, accommodations that make daily life manageable are often out-of-pocket, so financial pressure can compound disability rather than sitting beside it. When asked the three biggest impacts of money being tight, the most selected were 'taking on extra work or caring responsibilities', 'more stress at home', 'health and wellbeing supports becoming less accessible', and 'skipping meals' (Mentimetre, n=8).

Survey findings reinforce the broader significance of material pressure. Food and cost-of-living support for families was one of the highest investment priorities, and respondents ranked more stress and tension at home as the strongest impact when money is tight. This supports neurodivergent participants' accounts of financial pressure as more than a background stressor: it can affect access to assessment, therapy, medication, transport, sensory tools and everyday supports.



What this means for policy: The reforms participants discussed are real and current. Thriving Kids is a jointly funded foundational-supports program for children aged 8 and under with low-to-moderate needs, with state services rolling out from late 2026, and NDIS access changes from 2028. The National Autism Strategy 2025–2031 and its First Action Plan set the national direction, with health and mental health delivered through the Autism Health Roadmap.

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Participation, leadership and 'nothing about us without us'

Participation was the cohort's top EOI priority and a strong closing theme. Noting that several participants were also experienced advocates, there was a strong push for neurodivergent lived experience to be embedded in decision-making, not added on. They were also frank about lived-experience burnout and recent cuts to lived-experience roles.



"...I was close to putting all 100 into the young people involved in decision making...you know, allows for a lot more place-based supports, as much of a buzzword as that is, if the government was to do... say put 100 billion into any one of those and apply it at a national or even state scale..."

— Zinny, Neurodivergent Roundtable



"...I feel like we just really need to embed more leadership of people with lived experience and that extends to within the neurodivergence space as well...we have such unique and nuanced experiences in our life and that would inform what sort of policy and what sort of funding we need to see out in the community... And I think at the moment, we aren't reaching that."

— Isabella, Neurodivergent Roundtable



"...a reform of the system it's not as difficult as you may think...once you actually give people a morsel of what's actually helpful, it will accelerate and go a long way."

— Jay, Neurodivergent Roundtable

Participants were equally clear that participation must be done well, or it does harm. They warned that decision-making roles are not always run ethically or with equitable access, and that mishandled lived-experience roles drive burnout.

 **"I would love that option to have more depth. "involving in decision making" isn't always done ethically, with best practice, with equitable access etc. etc."**
— Zinny, Neurodivergent Roundtable Chat

 **"...which can lead to even more burnout (like advocacy burnout from lived experience decision making roles being mishandled)."**
— Jess, Neurodivergent Roundtable Chat

Payment, in the chat, was framed not as a perk, but as something key to ensuring participation for disabled young people is possible.

 **"...reimbursement is really important. I am multiply disabled + neurodivergent, I want to help, but managing my life is already very hard, so if I'm going to give an hour or two of time and energy to something, I need it to relieve some pressure/time/energy from another area of my life to make it sustainable (e.g. grocery money)"**
— Deidentified Neurodivergent Roundtable Chat

 **"Lots of events happen when I'm working and I have to take leave from my day job. The least they can do is pay me for my efforts."**
— Lars, Neurodivergent Roundtable Chat

Participants valued being paid and credited, being able to bring their whole selves, and perhaps most importantly, being genuinely heard. Respect, they noted, is not worth advertising because everyone claims it; it has to be proven. Asked what would most attract young people to a youth advisory group, the clear top choice was 'being paid or credited for their time and expertise', followed by 'real decision-making power' and seeing 'proof that their input changed something' (Mentimetre, n=8).

The broader Young and Wise 2026 Survey findings strongly reinforce this message. When asked how to recruit young people to a decision-making group, survey respondents prioritised recognition that their time and expertise would be valued, authenticity, respect, flexibility and proof that input changed something. This aligns with neurodivergent participants' call for paid, accessible and accountable lived-experience leadership, particularly given the risk of tokenism and advocacy burnout.

Priority solutions from young people

In the final activity, participants completed a hypothetical budget-allocation exercise, distributing 100 points across eight possible investments to improve the wellbeing of neurodivergent young people. Participants spread their funding fairly evenly, with their highest single allocation to 'food and cost-of-living support', followed closely by 'young people being paid and involved in local decisions' and 'local or neuro-affirming health care teams'. As with other activities in this consultation, results are indicative rather than representative.

The strongest theme in discussion was funding for individual choice and control:



"Our needs are so diverse and individualised that the most important thing is funding for more choice and control over the supports we actually need, tailored to our specific needs."

— Neurodivergent Roundtable participant (de-identified at their request)

Treasurer! You have \$100 billion to spend on improving the wellbeing of neurodivergent young people in Australia. How will you spend it?

Investment area	Priority
Food and money pressure support	17.30%
Young people paid and involved in local decisions	16.40%
Local or visiting neuro-affirming health care teams	14.50%
Better learning options and pathways	14.20%
Transport help	14.10%
Services that help homes feel calmer and safer	8.70%
Cultural safety and belonging	8.50%
Things to do and ways to connect	6.40%

Mentimeter prioritisation activity, n=11 (nine roundtable participants, plus Eton's and Kiana's individual responses). Indicative only. The even spread reflects the cohort's core message: needs are individual, and no single program fits everyone.

Asked what one thing they would ask government to do, participants' written answers centred on funding the NDIS and expanding eligibility, individualised supports, abuse prevention designed for neurodivergent young people, neuro-affirming training for ambulance and hospital staff, and giving young people genuine agency in decisions. Other priorities raised across the group included:

- Embedded, paid, lived-experience leadership in design and decision-making ('nothing about us without us').
- Better access to diagnosis and assessment, so support is not gated behind a label many can't reach.
- A well-funded, expanded NDIS and foundational supports that continue past childhood and through the move to adult services.
- Education and culture change for students, teachers and parents to prevent discrimination and build understanding.
- Neuro-affirming, neurodivergence-awareness training for police, ambulance and hospital staff.
- Post-school support for further education and employment, where many young people 'get lost'.
- A reporting pathway for students mistreated or singled out by staff.

"Post-school, more help for people with disabilities and employment, focus on after school where people get lost and also a reporting system for teachers that are bullying other students or putting other people down because I had a really bad teacher that was bullying me and singling me out in class ... it was a TAFE place and it was really bad."

— Liv, Neurodivergent Roundtable



Cohort specific policy signals

Policies that specifically name or target neurodivergent people, including autism strategies and disability frameworks. The analysis is not a formal evaluation, but a lived-experience-informed signal of how policy settings may be experienced by this group.

Policy / Strategy	What it aims to do	What participants told us	Signal
National Disability Insurance Scheme (NDIS) including 2023–24 NDIS Review and funding changes	Provide reasonable and necessary supports to Australians with permanent and significant disability, including autism and other neurodivergent conditions.	Participants described NDIS funding cuts as making every single wellbeing measure worse, not better. One participant, a former disability support worker, said: 'Every single one of these metrics has gotten worse for all of my clients.' Support was described as disappearing when young people transition from youth to adult services at around 18, despite needs continuing. Social awareness of neurodivergence was attributed to cultural change and social media representation — not to government programs.	Not yet reaching — funding cuts worsening outcomes; youth-to-adult transition gap
National Autism Strategy (including outcomes framework and early childhood focus)	Improve the lives of autistic Australians through better early identification, support, inclusion and participation across all life stages.	Participants noted that support programs were primarily targeted at young children, with little continuing into adolescence and adulthood. One participant described the strategy's outcomes as ones the government had made worse, not better. Several raised concern that the focus on early childhood meant many young people — particularly girls and those who mask — would not be identified before the age-based thresholds and would fall through the gaps.	Not yet reaching — outcomes limited by early-childhood focus; masking not addressed
Thriving Kids Initiative (Department of Health and Aged Care, under-9 support focus)	Provide earlier support for children with developmental needs, including autism, before they meet NDIS thresholds.	Participants welcomed the intent but raised serious concerns about the age limit. One described trying to have a younger sibling diagnosed four times before age 8 — being told each time to come back when there was more evidence. Others noted that many neurodivergent young people — particularly those who mask or present atypically — are not identified until secondary school or later. The question was also raised about who would implement early identification in schools: teachers are not adequately trained and are already stretched.	Not yet reaching — age threshold misses late-identified young people; school implementation unclear

Policy / Strategy	What it aims to do	What participants told us	Signal
Australia's Disability Strategy 2021–2031	Create a more inclusive Australia by improving systems, communities and attitudes so disabled people can participate fully in all areas of life.	Participants described neurodivergent identities being politicised — weaponised in public debate either as something requiring elimination or as trivial, depending on which policy argument was being made at the time. One participant described this as 'being shoved around as <u>pawns</u> .' The concept that neurodivergent people simply need support — not a cure — was described as not reflected in how policy is designed or communicated.	Not yet reaching — identity framing in policy does not reflect lived experience
Disability Standards for Education 2005 (under the Disability Discrimination Act 1992)	Ensure students with disability have the same right to education as other students, with reasonable adjustments and without discrimination.	Participants described school support as inconsistent and heavily dependent on individual teachers and whether a formal diagnosis was in place. Young people who mask effectively were described as falling through the cracks — appearing capable while expending enormous energy. Masking was described as energy-draining to the point of burnout, yet teachers were not trained to recognise it. Abuse prevention for neurodivergent students — who are at significantly elevated risk — was raised as an area completely absent from school education.	Not yet reaching — masking not recognised; support dependent on formal diagnosis
National Mental Health and Suicide Prevention Agreement	Reduce the burden of mental illness and suicide and improve equitable access to mental health support across Australia.	Neurodivergent participants described having to navigate mental health support systems that were not designed for them. The intersection of neurodivergence and queerness was raised as particularly underserved — many participants identified with both. Out-of-pocket costs for psychology, ADHD medication and ASD diagnosis were raised as significant barriers. Parent carers described losing respite support under NDIS changes, affecting their own mental health.	Not yet reaching — neurodivergent-specific mental health gap

Policy / Strategy	What it aims to do	What participants told us	Signal
National School Reform Agreement (2023–2028) / Australian Student Wellbeing Framework	Improve student wellbeing and inclusion nationally through consistent reform, wellbeing staffing and anti-discrimination education.	Sleep needs, sensory needs and masking were described as not understood or accommodated by schools. One participant noted that neurodivergent young people likely need significantly more sleep due to the energy cost of masking throughout the school day — but this is not recognised in how schools are designed. School counsellors were described as insufficiently trained to support neurodivergent students.	Not yet reaching — neurodivergent needs not embedded in school design
Carer Gateway / National Carer Strategy	Support unpaid carers — including parents of children with disability — to access information, services and respite.	Parents of neurodivergent young people were described as carrying significant load from managing NDIS paperwork, fighting for appropriate supports, interpreting complex systems and providing informal care. One participant's parent described having a new support person arrive and not knowing who they were, what organisation they were from or what they were going to do — highlighting significant information gaps even when supports were present.	Not yet reaching — parent carer information and respite support gaps



Links to the Nest: top 3 issues for further development

The neurodivergent roundtable identified a wide range of opportunities for further research, policy development and implementation attention. The three priorities below capture the strongest lived-experience signals from this cohort and show where further work could most improve wellbeing across multiple Nest domains.

1. **Continuity of neuro-affirming support across life stages**
2. **Neuro-affirming schools, health care and everyday environments**
3. **Choice, control and paid neurodivergent lived-experience leadership**

1. Continuity of neuro-affirming support across life stages

Neurodivergent young people described support as inconsistent and often poorly aligned with the life stages when needs become visible or intensify. Participants raised concerns about support dropping away around key transition points, including late childhood, adolescence, post-school pathways and the move into adult systems. They also described diagnosis as a common gateway to support, but one that can be delayed, expensive, missed or inaccessible, particularly for young people diagnosed later or whose needs do not fit common stereotypes.

Further development should focus on how support can follow neurodivergent young people across the life course, rather than being concentrated in early childhood or tied too tightly to diagnosis. This includes continuity between child and adult systems, support for young people diagnosed in adolescence or adulthood, transition planning for school and post-school pathways, and safeguards to ensure reforms do not remove existing supports before credible alternatives are available.

- **Relevant Nest domains:** Healthy; Learning; Material Basics; Participating; Valued, Loved and Safe.
- **Key policy-development question:** How can governments ensure neurodivergent young people receive continuous, flexible and developmentally appropriate support across childhood, adolescence, post-school transitions and adulthood?



2. Neuro-affirming schools, health care and everyday environments

Participants described schools, health services and other systems as often built around neurotypical expectations. In schools, blanket rules on phones, headphones, fidget tools or movement could remove coping supports rather than support learning or wellbeing. Participants also described a need for sensory-friendly spaces, flexible routines, individual adjustments, teacher capability and environments where support does not single students out or require them to mask.

Health care and emergency settings were also identified as needing stronger neurodivergence awareness. Participants described the need for clinicians, hospital staff, emergency services and mental health workers to understand communication differences, sensory needs, masking, shutdowns, burnout and non-standard presentations of distress. The core issue is not only whether services exist, but whether young people can use them without being misunderstood, dismissed or required to perform neurotypicality.

Further development should focus on embedding neuro-affirming practice across schools, health services and community settings. This includes workforce capability, sensory-friendly design, flexible policies, accessible communication, safe reporting pathways and practical implementation of inclusive school and health strategies.

- **Relevant Nest domains:** Learning; Healthy; Valued, Loved and Safe; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can schools, health services and community systems be redesigned so neurodivergent young people are supported without needing to mask, self-advocate constantly or lose access to the tools and environments that help them cope?

3. Choice, control and paid neurodivergent lived-experience leadership

Neurodivergent young people strongly rejected one-size-fits-all approaches. Participants emphasised that neurodivergent needs are diverse and individual, and that support should be flexible enough to reflect differences in sensory needs, communication, executive function, learning, health, identity and family context. Material basics were also part of this picture: participants described the cost of diagnosis, therapy, prescriptions, sensory tools, transport, adaptive equipment and other supports as adding pressure to daily life.

Participants also called for neurodivergent lived experience to be embedded in policy, funding, service design, implementation and evaluation. They wanted participation that is paid, credited, accessible, ongoing and linked to visible outcomes. At the same time, they warned against tokenism and advocacy burnout, particularly when young people are repeatedly asked to explain neurodivergence without appropriate support, payment or influence.

Further development should focus on embedding neuro-affirming practice across schools, health services and community settings. This includes workforce capability, sensory-friendly design, flexible policies, accessible communication, safe reporting pathways and practical implementation of inclusive school and health strategies.

- **Relevant Nest domains:** Participating; Material Basics; Healthy; Positive Sense of Identity and Culture; Valued, Loved and Safe.
- **Key policy-development question:** How can policy and service systems preserve individual choice and control while embedding paid, accessible and sustainable neurodivergent lived-experience leadership?



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