SUBMISSION

**AuDHD Council of Australia Ltd**
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# Shaping the future of employment services

Submission to DEWR *Shaping the future of employment services* Discussion Paper
30 July 2026

## About this submission

The AuDHD Council of Australia is a national, lived-experience-led not-for-profit established in February 2026. We work to improve workforce participation, retention and career sustainability for people with co-occurring Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder — a combination increasingly described as AuDHD.

We are an advocacy and education body. We do not deliver employment services, hold provider contracts, or receive government program funding, and we have no commercial interest in the outcome of this reform. Our membership is open to individuals with lived experience, including people both diagnosed and who are self-identified, and to supporters, workplaces and institutions.

We are an early-stage organisation. We are not in a position to offer longitudinal outcomes data or a large-sample evidence base. What we can offer is a specific account of how a particular population interacts with employment systems, drawn from lived experience, from the emerging clinical and academic literature, and from the practical questions our members bring to us.

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We consent to this submission being published in full, attributed to the AuDHD Council of Australia.

# 1. Why AuDHD warrants specific consideration

AuDHD is not a distinct diagnostic category. Dual diagnosis of autism and ADHD was not clinically possible in Australia until the publication of DSM-5 in 2013, and thus, there is no official count of the population. Estimates must be extrapolated from separate Australian prevalence data for each condition, applying published co-occurrence rates. On that basis we estimate that somewhere between approximately 96,000 and 149,000 working-age Australians (15–64) may have co-occurring autism and ADHD. We present this as an extrapolation, not a measurement, and we address the underlying data gap at section 3.4.

What matters for the purposes of this reform is not the headline number but the functional profile, which differs from either condition alone in ways that interact directly with the design questions in the Discussion Paper:

- **Capacity is individual, inconsistent and context dependent.** The same person may be highly capable in one domain and significantly impaired in another, and capability in a given domain may vary substantially week to week. This is not a matter of motivation.
- **Executive function is the primary site of impairment.** Task initiation, sequencing, working memory, time estimation and transition between tasks are commonly affected; the specific capacities that self-directed job search depends on.
- **There is a pronounced gap between apparent and sustained capability.** People with AuDHD often interview well and perform well initially, then experience deterioration as accumulated demand, sensory load and masking effort compound.
- **Sensory environment materially determines employability.** Open-plan offices, unpredictable noise and inflexible scheduling can render an otherwise suitable job unsustainable.
- **The two conditions pull in opposite directions.** ADHD drives a need for novelty and stimulation; autism drives a need for predictability and routine. Managing that internal conflict is itself a continuous demand, and it is the reason AuDHD is not usefully understood if thought of as autism plus ADHD.
- **Under-identification is the norm.** Many adults are diagnosed late, commonly misdiagnosed with anxiety, depression, or never assessed at all. Australian out-of-pocket assessment costs commonly range from around $800 to over $4,000, which places formal diagnosis out of reach for many people receiving income support.

The practical consequence is a population that is, in employment services terms, systematically mis-read. Educational attainment and prior work history suggest proximity to the labour market. Sustained employment outcomes do not follow.

# 2. Summary of recommendations

### Streaming and service design

- **R1.** Treat *volatility* of capacity, not only *level* of capacity, as a streaming factor. A history of repeated short-tenure employment should be a trigger for consideration of provider-supported servicing, not merely a descriptive characteristic of Stream 2.
- **R2.** Recognise that Stream 1's self-managed, digital-first design depends on precisely the executive functions most commonly impaired in this cohort, and build a low-threshold, non-punitive escalation pathway out of Stream 1 for participants who are there on credentials.

- **R3.** Ensure Stream 2 servicing includes explicit retention support, not only placement support, given the paper's own identification of "cycling patterns of work" as a Stream 2 characteristic.

### Assessment and triaging

- **R4.** Assess function, not diagnosis. Access to appropriate servicing should not be gated on a formal diagnosis the participant may not be able to afford or obtain.
- **R5.** Include explicit questions about variability of capacity, reasons previous employment ended, sensory and environmental requirements, and executive function described in concrete behavioural terms.
- **R6.** Reduce reliance on numerical scoring in triage, consistent with the paper's own finding at Chapter 3.
- **R7.** Equip assessors with a short set of prompt-triggering markers, including patterns that commonly indicate undiagnosed neurodivergence.
- **R8.** Make the disclosure bargain explicit: tell participants what information will be used for, who will see it, and what it cannot be used for.

### Movement between streams

- **R9.** Make loss of employment within a defined period after placement an automatic trigger for reassessment, including a structured enquiry into why the job ended.
- **R10.** Include receipt of a new diagnosis while in service as a reassessment trigger.
- **R11.** Apply the paper's recognition of non-linear progress, currently articulated for Stream 3 — to Stream 2 participants with fluctuating capacity, and be cautious about time limits as a safety-net mechanism for this group.

### Employment Goal Plan

- **R12.** Capture environmental and sensory requirements, communication preferences, known effective adjustments, and the participant's own account of why previous roles ended. Structure the Plan so it can serve as the basis of a conversation with an employer.

### Mutual obligations

- **R13.** Define requirements by agreed activity rather than volume of activity. Volume-based targets penalise executive dysfunction independently of motivation.
- **R14.** Trigger capability conversation, not payment consequence, on first missed requirement.

### Employers

- **R15.** Extend post-placement support into the six-to-eighteen-month window in which sustainability problems for this cohort typically appear, rather than concentrating at onboarding.
- **R16.** Address manager capability, not only organisational policy, and lift awareness of the Employment Assistance Fund among small and medium employers.

### Frontline capability and diverse cohorts

- **R17.** Name disability and neurodivergence explicitly in the treatment of diverse cohorts. People with disability are 24.7% of the current caseload; the largest cohort identified in the paper; yet are not addressed in Chapter 5's discussion of cohort-specific needs.
- **R18.** Set a baseline neurodivergence-awareness capability requirement across all three streams, including for Australian Public Service staff delivering Stream 1.

- **R19.** Use the new whole-of-system assessment to actively test whether referral to Inclusive Employment Australia is appropriate for participants whose disability is real but not formally recognised.

### Provider incentives and measurement

- **R20.** Weight outcome payments towards 52-week and longer horizons for participants with a documented history of cycling in and out of work.
- **R21.** Make re-entry visible in the performance framework. Placement is currently rewarded and subsequent breakdown is not counted.
- **R22.** Adopt "sustained employment" rather than "placement" as the headline outcome measure, and include retention-relevant intermediate measures such as adjustments implemented and employer engagement sustained post-placement.

# 3. Responses to consultation questions

## 3.1 Questions 1 and 2 – streaming factors and support types

*Q1. What are the key factors that should place a person in online and brief intervention services versus targeted provider services versus intensive services?*

*Q2. What types of support should be offered under each of the service streams?*

We support the move away from a one-size-fits-all model. Our concern is with the variable on which streaming is proposed to turn.

"Distance from the labour market" is, in practice, inferred from observable proxies: employment gaps, educational attainment, recency of work, duration on caseload. For people with AuDHD these proxies often read as proximity. Many hold post-secondary qualifications and have substantial work histories. On the available indicators they will present as suitable for Stream 1 — online and brief intervention services.

The difficulty is that the barrier for this cohort is not distance from *getting* a job. It is capacity to *hold* one. A person may secure employment quickly, repeatedly, and still spend a decade without sustained employment. Distance from the labour market, measured at a point in time, does not capture this.

We note that the Discussion Paper already identifies "cycling patterns of work" as a characteristic of the Stream 2 cohort (p. 21). We recommend this be elevated from a descriptive characteristic to an explicit streaming factor in its own right (**R1**). The relevant question at triage is not only "how far is this person from work?" but "what has happened the last several times this person was in work?"

A second and related concern is the design of Stream 1 itself. The paper describes it as "participant-led", predominantly digitally delivered, and self-managed, with simpler mutual obligations focused on job search. Self-management of a job search requires sustained task initiation, working memory, time estimation, sequencing of multi-step processes, and tolerance of unstructured time. These are the functions most commonly and most severely impaired in AuDHD.

The result is a foreseeable adverse interaction: the participants most likely to be streamed into Stream 1 on the basis of credentials include a group least equipped to use it. We note the paper's own findings that around 1 in 8 people reach the maximum time allowed in online services before referral to a provider, "impacting their confidence and moving them further away from a job", and that around 1 in 9 opt out and request provider referral (pp. 13, 15). We would expect people with

AuDHD to be over-represented in both figures, though we acknowledge we cannot currently demonstrate this, which is the point we make at section 3.4.

We therefore recommend a low-threshold, non-punitive escalation pathway out of Stream 1, available early and without requiring the participant to first demonstrate failure over an extended period (**R2**). The enhanced digital platform's proactive-contact capability, funded through the $205.5 million 2026–27 Budget investment, is well suited to detecting the disengagement pattern this cohort produces: periods of intense activity followed by abrupt drop-off, provided it is calibrated to read that pattern as a support signal rather than a compliance signal.

On support types (Q2), our substantive point concerns Stream 2. If cycling patterns of work define part of that cohort, then the servicing offer must include retention support, not only placement and pre-employment support (**R3**). Employability support, coaching and skills development address the acquisition of work. They do not address the reasons this cohort loses work, which are typically environmental, relational, and cumulative rather than skills-based.

## 3.2 Questions 3 and 4 – assessment and triaging

> *Q3. What factors should be considered to support the development of a new, high-quality assessment and triaging process?*
>
> *Q4. What information should be collected during the assessment process to support better identification of barriers to employment and triaging to the right service?*

We regard this as the highest-leverage element of the reform for our cohort, and we welcome the $27.5 million investment over four years to develop and trial a new initial assessment and triaging process. We also welcome the statement that the new approach will apply across the whole employment services system, including participants referred to Inclusive Employment Australia and the Remote Australia Employment Service.

**Assess function, not diagnosis (R4).** A substantial proportion of adults with AuDHD are undiagnosed, partially diagnosed (most commonly identified with one condition but not the other), or misdiagnosed. Out-of-pocket assessment costs in Australia commonly run from around $800 to over $4,000, and public pathways for adult assessment are limited. Any assessment process that requires documentary evidence of diagnosis before it will record a functional barrier will systematically exclude the people whose barriers are least well recognised. The assessment should be capable of recording a functional impairment on the basis of the participant's account of it.

**Ask about variability, not only level (R5).** Standard assessment logic establishes whether a person can perform a task. For this cohort the more useful question is whether performance is reliable. We suggest the assessment include items along the lines of:

- Are there tasks you can do easily on some days and not at all on others?
- Has your ability to work changed over time, or does it fluctuate?
- Is there a gap between what people expect of you based on your qualifications and what you can consistently deliver?

**Ask why previous employment ended (R5).** The current system records employment gaps. It does not systematically record the reason for exit. For this cohort the distinction between "was made redundant", "resigned because the environment was unmanageable", "was performance-managed out", and "burnt out and could not return" is decisive for servicing. We recommend exit reasons be collected as structured information at assessment and at each re-entry.

**Ask about environment and sensory requirements (R5).** Noise, lighting, temperature, open-plan configuration, unpredictable interruption and inflexible start times are, for many people with AuDHD, the operative determinants of whether a job is sustainable. These are cheap to

accommodate and rarely asked about. They should be captured at assessment and carried into the Employment Goal Plan.

**Describe executive function behaviourally (R5).** Terms such as "executive function" and "organisational difficulties" invite under-reporting, because participants may not recognise the language or may regard the difficulty as a personal failing rather than a reportable barrier. Concrete framings elicit better information: difficulty starting tasks even when they matter; losing track of time; difficulty switching between activities; needing instructions in writing; difficulty with open-ended tasks that have no defined first step.

**Reduce reliance on numerical scoring (R6).** We note the paper's own finding that "triaging processes also heavily rely on numerical scoring to refer people to services" and that "many people experience inappropriate referrals which can lead to poorer employment outcomes and disengagement" (p. 14). Scoring instruments compress fluctuating and context-dependent capacity into a single point estimate and typically resolve it towards the participant's best day. We support a design in which scored instruments inform but do not determine stream allocation, and in which assessor judgement can record variability that a score cannot.

**Equip assessors with prompt-triggering markers (R7).** The most practical contribution we can make to this design work is a short set of markers that should prompt an assessor to ask further questions. Candidates include:

- a pattern of short tenures accompanied by positive performance feedback
- reported difficulty with commuting, open-plan environments, or specific sensory conditions
- an existing diagnosis of anxiety, depression alongside persistent employment instability
- self-reported "burnout" that has recurred more than once
- a participant who requests written rather than verbal instructions, or who is more articulate in writing than in conversation
- educational attainment markedly out of step with employment history in either direction

None of these is diagnostic. Each is a reason to ask another question. We would welcome the opportunity to develop this into a usable form with the Department, and to test it with our members.

**Make the disclosure bargain explicit (R8).** The paper identifies that current "assessment processes do not adequately support people to understand what their information will be used for and feel comfortable enough to disclose personal circumstances" (p. 14), and states an intention to make the new process more trauma-informed. We endorse this. We add that for this cohort, reluctance to disclose is often a rational response to accurate prior experience of disclosure being used against them, in employment and elsewhere. Reassurance in general terms will not shift it. What will produce impact is specificity: what will be recorded, who will see it, how long it is retained, what it can be used for, and (importantly) what it cannot be used for, including whether it can affect payment compliance decisions. We recommend this be stated at the point of asking, in plain language, as a standard part of the instrument rather than as preamble.

## 3.3 Question 5 – moving between service streams

> *Q5. What factors or circumstances should result in a participant moving between service streams?*

We support targeted reassessment and the "tell it once" principle, with one qualification: for a population in which self-understanding often changes substantially in adulthood, the system must allow information to be revised.

**Job loss after placement should trigger reassessment (R9).** The paper reports that around 1 in 6 people who exit Workforce Australia Services re-enter within a year and observes that this "may

indicate many participants are not being supported into suitable or sustainable employment" (p. 15). We agree. At present, re-entry appears to return a participant to servicing without necessarily interrogating the failure. We recommend that loss of employment within a defined period after placement automatically trigger reassessment, including structured enquiry into why the role ended and whether adjustments were sought, offered or implemented. Without this, the system cannot distinguish between a participant who needs a different job and a participant who needs a different kind of support.

**New diagnosis should trigger reassessment (R10).** Adult diagnosis of autism, ADHD or both is common and frequently occurs during a period of employment difficulty. A participant who receives such a diagnosis while in service has not changed, but the information available about their barriers has changed materially. This should be an explicit reassessment trigger.

**Be cautious with time limits for this cohort (R11).** We note the paper's consideration of time limits as a safety net, and its explicit recognition that for Stream 3, "participant pathways to employment may not be linear" (p. 22). We ask that the same recognition be extended to Stream 2 participants with fluctuating capacity. A time limit that assumes linear progression will systematically penalise the pattern of advance and regression that characterises this cohort. If time limits are adopted, we recommend they trigger review of the servicing strategy rather than automatic movement or exit.

## 3.4 The data gap

This does not correspond to a numbered question, but bears on the Department's ability to act on any of the above.

There is currently no reliable Australian count of people with co-occurring autism and ADHD, and; as far as we have been able to establish; no data on how this population fares in employment services. The Australian Bureau of Statistics Survey of Disability, Ageing and Carers captures autism, which is classified as a disability. ADHD sits ambiguously between disability and health classification and is, on our understanding, not captured equivalently. This means the co-occurrence cannot be identified at all in the principal national dataset.

The consequence is that a working-age population we estimate at well over one hundred thousand people cannot be seen by the system that would need to serve it, and any claim about its outcomes, including ours, rests on extrapolation.

We make two requests:

1) **That the Department confirm what markers relating to autism, ADHD and neurodivergence are currently recorded on the Workforce Australia caseload, and at what level of granularity.** We understand a formal external data request mechanism exists and we intend to use it. Confirmation of what is and is not recorded would be valuable in itself.
2) **That the design of the new assessment process consider whether it can capture co-occurring presentations distinctly,** rather than resolving them to a single primary condition. If the new assessment tools are being built now, this is the moment at which the data gap can be closed at negligible marginal cost.

We are planning a national AuDHD workforce survey, and we would welcome the opportunity to align its question set with departmental and ABS instruments so that the results are usable as evidence rather than as advocacy material.

## 3.5 Questions 6 and 7 — the Employment Goal Plan

*Q6. What elements will be important to capture in the Employment Goal Plan?*

*Q7. How can the system encourage effective use of the Employment Goal Plan by participants and providers to ensure it is meaningful, timely and relevant?*

We support replacing the Job Plan with an instrument oriented to goals and pathways rather than compliance.

For this cohort we recommend the Plan capture (**R12**):

- **Environmental and sensory requirements** — the conditions under which the participant can work, stated concretely enough to inform job matching rather than as general preference.
- **Communication preferences** — written versus verbal instruction, notice required for changes, meeting formats.
- **Adjustments already known to work** — many participants arrive with a well-developed understanding of what they need, acquired at cost. The Plan should record it rather than rediscover it.
- **The participant's own account of why previous roles ended**, in their words.
- **A retention plan, not only a placement plan** — what will be reviewed, when, and by whom, after the participant starts work.

On Q7, our principal suggestion is that the Plan be designed so that a participant can, if they choose, use it as the basis of an adjustments conversation with an employer. Requesting adjustments is a task many people with AuDHD find difficult to initiate and difficult to articulate, and it is frequently the point at which an otherwise viable placement begins to fail. A Plan that produces a shareable, participant-controlled summary of practical requirements — connected to the Employment Assistance Fund where equipment or modification is involved — would convert a planning document into a retention tool. Whether and what to disclose must remain entirely the participant's decision.

## 3.6 Question 8 — mutual obligations

*Q8. How do we change the way that providers and participants engage with mutual obligations to focus on positive engagement that helps people move towards employment?*

We support the stated shift from reactive compliance towards active engagement, and the principle that requirements be fair, proportionate and calibrated to individual circumstances.

Our specific point concerns volume. Requirements expressed as a quantity to be accumulated within a period penalise executive dysfunction independently of motivation. A participant with AuDHD may be strongly motivated to work, may spend the month in a state of considerable distress about the requirement, and may still fail to complete it, not because the activities were refused but because initiating and sequencing them was the impairment. The consequence then falls on the impairment rather than on any refusal to engage.

Therefore, we recommend requirements be defined by agreed activity rather than volume of activity, with the activities specified in the Employment Goal Plan and reviewed as circumstances change (**R13**). Where a requirement is missed, we recommend the first response be a conversation about capability and whether the requirement was appropriately set, rather than a payment consequence (**R14**). This is consistent with the paper's stated intention to encourage "active participant engagement rather than enforcing reactive compliance measures" (p. 26).

We would add that where a participant repeatedly fails a requirement they say they want to meet, that is diagnostic information about streaming, and should be routed into the reassessment process described at section 4.3.

## 3.7 Question 12 — employer supports

*Q12. What supports do employers need to recruit and retain people?*

We work directly with employers, and we would offer three observations.

**Post-placement support is concentrated in the wrong window (R15).** Existing support is weighted towards onboarding. For this cohort, placements do not typically fail at onboarding, they fail somewhere between six and eighteen months in, as accumulated sensory and social demand, masking effort and unaddressed environmental mismatch compound. By that point the employment relationship has usually deteriorated to the point where adjustment is difficult and exit is framed as performance. We recommend post-placement support be available, and actively offered, well beyond the initial placement period.

**Managers need capability, not just policy (R16).** Employers with genuine inclusion commitments and well-drafted policies routinely fail at the level of the individual line manager, who has had no guidance on what to do differently. Practical, specific, role-level guidance on how to give instructions, how to run a check-in, how to respond to a request for adjustment has more effect than organisational policy.

**Awareness of existing support is low.** The Employment Assistance Fund already covers many of the adjustments this cohort needs, at no cost to employer or employee. In our experience, awareness among small and medium employers is limited, and awareness among employees is lower still. Improving visibility of what already exists is a low-cost intervention.

We produce employer-facing guidance as part of our own work. We would welcome the opportunity to develop AuDHD-specific material in a form that complements JobAccess and the Centre for Inclusive Employment rather than duplicating them, and we say so explicitly because reducing duplication and fragmentation across the autism, ADHD and employment sectors is one of our own stated objectives.

## 3.8 Questions 13 and 14 — frontline capability and diverse cohorts

*Q13. What qualifications and experience should be expected of frontline staff within each stream?*

*Q14. How could the future service accommodate the needs of diverse cohorts, including better linkages to other services?*

**Disability and neurodivergence should be named (R17).** Chapter 5's discussion of supporting diverse cohorts addresses young people, people from culturally and linguistically diverse backgrounds, and First Nations people. It does not address people with disability, notwithstanding that Chapter 3 identifies them as 24.7% of the Workforce Australia caseload; the largest disadvantaged cohort named in the paper. We do not read this as a considered exclusion, but we ask that it be corrected in the design, and that neurodivergence be recognised within it. A cohort that is a quarter of the caseload should not depend on Inclusive Employment Australia to be visible in mainstream service design.

**Set a baseline capability requirement across all streams (R18).** We accept that the Commonwealth is unlikely to prescribe the full curriculum of provider staff training, and that the appropriate mechanism is a requirement on providers to ensure their workforce is capable. We ask that neurodivergence awareness be within the scope of that requirement, and that it extend to Australian Public Service staff delivering Stream 1 and the Digital Services Contact Centre. Stream 1's digital-first framing creates a risk that capability requirements are treated as a provider matter only, when a significant share of this cohort will be served by APS staff.

Capability here means something quite specific and quite achievable: recognising that inconsistency is a presentation rather than a choice; understanding why a participant may be articulate and simultaneously unable to complete a task; knowing that a request for written instructions is an adjustment and not obstruction. We are willing to contribute content to this and to test it with people who have used the system.

**Use the assessment to test Inclusive Employment Australia referral (R19).** We welcome the confirmation that the new assessment approach will apply across the whole system including Inclusive Employment Australia. We ask that it be used actively to identify participants whose disability is real but not formally recognised, and who are consequently in mainstream servicing by default rather than by assessment. In our experience this misallocation is common for this cohort: too complex for effective mainstream support, and not formally classified into specialist support. The new whole-of-system assessment is the natural mechanism for correcting it, and we note that this requires coordination across the two portfolios in which mainstream and specialist employment services now sit.

## 3.9 Questions 16 and 17 — provider incentives and outcome measurement

> *Q16. How should providers be incentivised to support participants into suitable, sustainable jobs, not just any job across both provider-led service streams?*
>
> *Q17. How should employment outcomes and progress towards employment be measured? How should this differ between targeted provider services and intensive services?*

This is, with assessment, the design question that matters most for our cohort, and we think the paper's own analysis largely makes the case.

The paper records that 22.7% of Workforce Australia Services participants achieved a sustainable (26-week) employment outcome; that around 1 in 6 who exit re-enter within a year; and that "current provider incentives tend to encourage rapid job placements, sometimes without enough regard for job suitability or quality", producing "repeated movement in and out of employment services" (p. 15). For people with AuDHD this is not a marginal inefficiency. It is a description of the entire experience of the system.

**Weight outcomes towards longer horizons for participants with a cycling history (R20).** The paper already contemplates both 26-week and 52-week outcome payments (p. 32). We recommend that for participants with a documented history of short tenures, the payment structure weight materially towards the 52-week point and beyond. A 26-week horizon is, for this cohort, short enough that a placement can be paid for in full and fail immediately afterwards, at no cost to the provider and considerable cost to the participant.

**Make re-entry visible (R21).** At present, placement generates a payment and subsequent breakdown generates a new caseload entry. The two are not connected in the performance framework, so the system cannot distinguish a provider placing people into sustainable jobs from a provider placing the same people repeatedly into unsustainable ones. We recommend re-entry within a defined period be recorded against the original placement in the performance framework. We are not proposing a punitive clawback; we are proposing that the information exist and be visible, because a measure that cannot see repeat failure cannot reward its absence.

**Adopt sustained employment as the headline measure (R22).** We recommend "sustained employment" rather than "placement" as the primary published outcome measure across both provider-led streams.

On Q17 and intermediate measures, we note the paper's observation that "improvements in a participant's confidence, skills, or work readiness may not translate immediately into a job placement, which is much easier to measure" (p. 32). We agree, and we suggest that for retention-limited cohorts the useful intermediate measures sit *after* placement rather than before it, including:

- whether workplace adjustments were identified and implemented
- whether the employer was engaged post-placement and at what points
- participant self-report on whether the role is sustainable, collected at intervals, not only once
- for a participant with a history of cycling, tenure achieved relative to their own prior pattern rather than to a population average

Measured against a population average, a participant who holds a job for nine months when their previous longest tenure was four looks like a failure. Measured against their own history, it is the most significant thing the system has achieved for them. A framework that cannot register that will keep classifying progress as failure.

# 4. Questions we have not addressed

We have not responded to Question 9 (industry and large employer partnerships), Question 10 (small and medium enterprises), Question 11 (government job matching platform), Question 15 (national consistency and local circumstances), Question 18 (commissioning approaches) or Question 19 (continuous improvement). Our non-response should not be read as either endorsement or objection.

# 5. Offer of further contribution

We recognise that we are a small and new organisation and that the Department will be managing a large volume of submissions. We would rather be useful than represented. Specifically, we offer:

1) **A working set of prompt-triggering markers and suggested assessment questions** for the new initial assessment and triaging, developed with and tested against our membership.
2) **Contribution to frontline capability material** on neurodivergence, for provider and Australian Public Service staff.
3) **AuDHD-specific employer guidance**, developed to complement rather than duplicate JobAccess and Centre for Inclusive Employment material.
4) **Participation in a national AuDHD workforce survey** with a question set aligned to departmental and ABS instruments, if the Department is willing to advise on design.
5) **Access to lived-experience participants** for the Employment Services Reform Lived Experience Panel, surveys, focus groups or targeted workshops.

We would welcome contact at any of these points.

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*The AuDHD Council of Australia acknowledges the Traditional Custodians of the lands across Australia and pays respect to Elders past and present. We recognise their continuing connection to land, waters and community.*

*Page references are to* Shaping the future of employment services: Discussion Paper, *Department of Employment and Workplace Relations, 27 May 2026.*