Autism Support Pilot – East Gippsland

FINAL Report 2014

Report compiled by Julie Storey & Rachel Bell, Good Beginnings, East Gippsland- December 2014 for the Communities for Children Program- East

Introduction

This report was compiled by Good Beginnings in 2014 from support received from the Communities for Children, East Gippsland program to assess needs in East Gippsland for families with a child aged 0-12 years with Autism. The Communities for Children, East Gippsland is facilitated by UnitingCare Gippsland.

Background

The Autism Support Pilot was prompted by work undertaken by the East Gippsland Autism Spectrum Disorder Support Group (EGASDSG). Following is background to this group.

The East Gippsland Autism Spectrum Disorder Support Group (EGASDSG) is a network of individuals, parents, carers and professionals offering mutual support and information to each other to enable them to better manage and understand their family member or client who has an Autism Spectrum Disorder (ASD). The East Gippsland Autism Spectrum Disorder Support Group was formed in 2003.

Support is offered by the East Gippsland Autism Spectrum Disorder Support Group, which enables members to share and have access to information and education. This promotes an increased knowledge for parents/carers with a child/adult with ASD and helps parents/carers to be supported in their caring role. The early stages of an individual's diagnosis of an ASD are often when the individual and families need the most support. Also there is a great need to support parents through transitions; such as commencing school (which means that families lose Early Childhood Intervention Service- ECIS funding when a child commences school) and often need support for case conferences and Student Support Group (SSG) meetings. If families are aware of information and services that they are eligible to access this can then better help them with the individual's disability and care.

A need was identified for an Autism Resource Room which families of children/adults with ASD, or professionals working with families with a child with ASD to access ASD resources such as books, DVDs and other service information. Volunteer, parent and parent advocate, Julie Storey decided to take on this project in 2011 to secure funding and establish an Autism Resource Room as an extension of the work of the East Gippsland Autism Spectrum Disorder Support Group. The group was supported through a Communities for Children Local Initiatives Program (LIP) to establish the resource room.

For the development of the Autism Resource Room, Julie liaised with families and professionals to obtain feedback on the usefulness and relevance of the information and resources available. It was extremely evident that there was great need in the East Gippsland community for this information. Once the Autism Resource Room

was established, it was accessed by parents and carers, as well as teachers, health professionals, therapists and the general public. The demand for information, resources, support was overwhelming and the Autism Resource Room increased from one day a week to becoming a full time (volunteer) position.

The resources from the Autism Resource Room were widely available to relevant families and professionals in the East Gippsland community. Provision of these resources and support helped make it easier for families to have access to the information they needed. Support was also provided to families to navigate health and support services and programs to assist their child and family. Feedback from this support provided through the Autism Resource Room highlighted that this reduced unnecessary stress and increased valuable time for parents and carers. It was identified through this work that accessing support services is an extra difficulty on top of their caring role for parents and carers, as well as being identified as an issue for professionals.

The resources from the Autism Resource room were added to over time to reflect the needs of families and professionals in the community. The resources available also reflect current evidence-based, best practice approached to ensure that information is kept up to date and relevant. However, due to the volunteer nature of the Autism Resource room, and funding constraints, the Autism Resource room had to cease functioning in 2014. All of the resources from the Autism Resource Room were transferred to East Gippsland Shire Library for parents, carers and professionals to access.

The East Gippsland Autism Spectrum Disorder Support Group representative and volunteer with the Autism Resource Room, Julie Storey brought feedback from parents and carers to the Communities for Children Program at UnitingCare Gippsland. Julie expressed her concerns about this gap in support for the Autism community, and for professionals working with these families.

This service gap prompted the Autism Pilot Project to compile more information about the needs and services in the East Gippsland. The Autism Pilot Project was designed to gather data utilising qualitative and quantitative research.

Project Methodology

Qualitative and quantitative data has been obtained through a survey completed by a range of service providers, parents and carers within the East Gippsland region. The survey structure was based on the outcomes of the Autism State Plan devised in 2009 to guide service provision until 2019. The rationale for using the Autism State Plan was to use the extensive consultation and evidence-base of this plan, and in addition, to determine to what extent this plan has been implemented in the East

Gippsland region. A total of 18 parents/carers and 41 service providers completed the survey.

Following is a summary of the vision, priority areas, guiding principles and aims of the Victorian Autism State Plan (2009) to provide context for why this was used as a basis for the Autism Support Pilot surveys.

Autism State Plan

Autism State Plan Vision: All People with an ASD and their families are supported to fulfil their maximum potential, enjoy life and contribute to their community.

A vision for support: All people with an ASD and their families are supported to fulfil their maximum potential, enjoy life and contribute to their community.

The Plan has been developed guided by the following principles:

- Autism Spectrum Disorders are lifelong conditions. People with these conditions may need a variety of supports throughout their life.
- ASDs include a wide spectrum of disorders. People with an ASD, their family and carers have a diverse range of experiences, skills, strengths and needs.
- Respect for the person, their family and carers, which includes respect for the individual's culture and dignity at all times.
- People with an ASD, their families and carers have valuable knowledge, experiences and perspectives that should be used in developing services, information and professional development approaches.
- People with an ASD should be able to participate and be included in the types of activities that other people participate in, such as school, leisure and work.
- Support should help people with an ASD reach their full potential; it should also look after the wellbeing of the family and carers.
- People with an ASD, their families and carers should be able to access support. Priority should be given to ensuring disadvantaged individuals do not miss out.
- Support should encourage people with an ASD, their families and carers to speak up, say what they want and make their own choices and decisions.
- Support should be based on sound evidence.

This Plan aims for a service system of support across the lifespan to improve the 'quality of life' of people with an ASD, their families and carers. Support will be provided by government funded services, private providers, families and carers and the wider community working together.

Support services will be delivered in a timely manner, recognising the

diversity and distinctiveness of people with an ASD and their families, inclusive of their cultural and linguistic preferences whether the person lives in supported accommodation, at home with family or independently.

Support provided to people with an ASD, their families and carers will be easy to access with strong links between services. Information will be accurate, timely and useful, with provision made for those whose first language is not English. Most importantly, services will be of high quality where service delivery is informed by evidence. Innovation will be encouraged with outcomes evaluated and learnings shared. Preparation of a skilled and compassionate workforce that can interact respectfully with families and safeguard the dignity of the person with an ASD, at all times, will be assured.

It is recognised that people with an ASD, their family and carers value support that is provided in a culturally competent manner. Over the life course, it is likely that the mix and intensity of support will vary.

The types of support required could include:

- early intervention and diagnosis
- information and early support
- planning and support for key transitions
- education options that maximise the student's potential
- counselling/guidance/behaviour support
- respite
- meaningful occupation and work
- social support and help to participate fully in all aspects of life
- supported accommodation

To achieve the vision outlined in the Autism State Plan (2009), we need the right mix of supports, delivered in a timely fashion by a skilled workforce alongside families and communities. We also need to ensure that the broader community is supportive and understanding of those with an ASD and the very particular stresses and challenges that families confront.

Feedback received during the extensive statewide consultation has helped to distil six priority areas for action:

1. Make it easier to get support

2. Strengthen the ASD expertise of the workforce

3. Extend and link key services and supports, especially during transition

"There are five elements to *strengthening the workforce*:
1. Undergraduate, postgraduate and in-service ASD training of professionals and workers.

2. Developing good systems and processes, including accreditation of training bodies and programs/models.

3. Support for service providers in their therapeutic, information giving and referral roles through opportunities for secondary consultation and mentoring.

4. Involvement of people with an ASD, their families and carers in the development of training and in-service material.

5. Development of specific ASD awareness programs for key workers in other areas, such as GPs, police and the justice system" (Autism State Plan, 2009, p. 25).

4. Enhance and provide appropriate educational opportunities

5. Facilitate successful participation in the community

6. Develop a robust evidence base abo

ut ASD[1]

"There is little real understanding in mainstream systems for children with ASD and other issues"

Parent response to East Gippsland Autism Support Parent/Carer Survey, 2014.

"We need someone who has specific training and experience with the issues involved in caring for and raising an ASD child, for the most positive outcomes for the young person's future as well as help for the carers in negotiating the professional care and information for the best life outcomes for their child/children."

Parent response to East Gippsland Autism Support Parent/Carer Survey, 2014

[1] Autism State Plan, 2009.

Executive Summary

The Autism Support Pilot Project has identified that there are significant gaps in support for families with children with Autism. It has also highlighted that there needs to be a greater investment in professional development focusing on working with children with Autism (and their families/carers). An overall increase in the levels of community information and education has also been identified as needed.

The survey results highlight that;

- Most families do not have consistent access to support, information, strategies, therapies and interventions about ASD or the services that can assist them.

- Service providers require more accessibility on information and current best practice on ASD as well as consistent training to meet the needs of the Autism community.

- The Autism community needs awareness campaigns to be promoted within schools and organisations to increase knowledge and information within the community.

- Parents/ carers need to be supported or linked to community and educational services to access Student Support Group (SSG) meetings, case conferences, transitioning and changes to assist the child they care for.

"Barriers to participation also exist for the families who are the carers of a person with an ASD and who report lack of tolerance, isolation, restraints on the capacity to work and decreased income, which in itself can reduce participation" (Autism State Plan, 2009, p.31).

The results for the Autism Support Pilot in East Gippsland are reflective of conclusions made in the Autism State Plan, 2009. This is highlighted using the following except from this plan; "People with an ASD, their families and carers report that there is no apparent organized pathway of service from identification of a problem to diagnosis, intervention and support. Part of the problem has been identified as lack of workforce education about ASD, but there are other factors as well. Insufficient linking up of services and professionals involved in the care and support of people with an ASD, their families and carers, and limited sharing of information means that there are delays and gaps and that the same story has to be retold many times. These system and process problems make transitions from one part of the service sector to another, for example from kindergarten to school, very difficult" (Autism State Plan, 2009, p. 27).

The following section that discusses the findings of the pilot is broken into two sections; *Support & Training* and *Service Access*. These are key areas that have been explored as part of the pilot

1.1 Support & Training

All of the parent/carer participants (100%) and over 85% of the service providers that participated in the Autism Support Pilot survey believe we need an Autism specific key worker/family support worker in East Gippsland. More than 62% of service providers want direct support and expertise from an Autism professional to assist with information on Autism specific behaviours, interventions, programs, funding and other ASD supports.

20% of families reported that they have no one to get advice from when caring for a child with ASD and more than a third of participants receive advice from a friend, which can cause an array of issues when trying to utilize best practice. Majority of families would like one on one (key worker) support.

Even though 70% of service providers use a needs-based approach to help access age-appropriate services, over 60% of families reported that they do not receive these services to meet the needs of their child, despite over 80% of service providers reporting that have received education on ASD during their career. Over 42% of families believe more training needs to be implemented for service providers working with families. Nearly 60% of service providers have not been offered training to work with families taking care of a child with ASD, reflecting the nearly 80% of families wanting service providers to undertake ASD training and accreditation. Over 50% of families believe service providers would benefit from specialist Autism mentoring in their role, as nearly 70% of service providers were unsure if their service is accredited.

Over half the service provider participants want to see an increase in all Autism services provided in East Gippsland, and 36% of service providers offer a range of age-appropriate social support programs for children with ASD and their families, however, 80% of families reported that they do not believe there are enough social support programs offered.

Over 90% of families believe reducing support during change will cause both increased anxiety and stress for the family unit even though over 70% are not offered extra support, which is recommended best practice during periods of change. Over 90% of families believe there are not enough available Autism supports in their communities and over 60% of families believe their child is not provided with enough support from staff at their educational facility.

Over half the families believe there needs to be more involvement of people with ASD and their families, in the development of training and in-service material which is reflective of the 40% of service providers who don't have access to ASD training. Just over 20% of service providers implement specific Autism awareness programs, with over 60% of families believing there are not enough ASD awareness programs. This is backed by over 50% of services reporting that they have never organised or promoted a peer awareness campaign. 100% of families have not been involved in an ASD public awareness campaign within East Gippsland despite this being a recommendation of the Autism State Plan.

Many people with an ASD and their families will have contact with general service providers, such as GPs, who may not have specialty knowledge of ASDs, so identification and referral can be delayed. Individuals and families can feel isolated and confused with little information as they are referred on, wait for services or pay for assessments that may not provide a definitive diagnosis. Uncertainty about a diagnosis can be made worse by a lack of information and blocks in the service system which prevent individuals and families from getting the services they are advised they need (Autism State Plan, 2009, p. 27).

"The lack of public understanding and awareness of ASD can make it difficult for people with an ASD, their families and carers to participate in ordinary social activities, such as sporting and leisure activities" (Autism State Plan, 2009, p.31).

1.2 Service Access

Over 80% of families do not find eligibility criteria processes for services are simple and streamlined, with 15% of service providers agreeing with this statement. Over 45% of service providers believe that eligibility criteria processes for services are simple and streamlined. This is different to how families are experiencing access to specific Autism services. Nearly 70% of families want better coordinated services, referral pathways and communication between service providers for the child they care for. Service providers believe that eligibility criteria, as well as funding, costs of the service, and knowledge on how to access their service are barriers in accessibility to their services.

More than 45% of service providers have not developed systems and processes, including accessing accredited training bodies, programs/models for children with ASD. This reflects the 64% of families that believe service providers in East Gippsland need to improve existing resources. Over 90% of families need services extended to meet

their demand for key supports including; diagnostic services, behaviour support, social skills programs, respite and early intervention. The survey demonstrated that 60% of families are not accessing respite, even though more than 90% of service providers refer families for these services. Most families are turning to friends for support to speak about worries, anxiety and problems.

Over 80% of families have difficulties and barriers with service accessibility due to lack of knowledge regarding; processes, unavailable service, waiting lists, intake processes, and lack of funding. Most service providers agree that funding availability is a barrier along with; eligibility criteria, service costs, service accessibility, waiting lists and less commonly, availability of contact details. Families find; service accessibility and provision, finances, unavailable funding, restrictions of locality, and commitments to family, are the most common barriers and difficulties. Service providers identified the following as barriers for families; transport availability, finances, family commitments and funding that causes service access problems.

Nearly 80% of families believe a better screening tool would have assisted the maternal and child health nurse or doctor to identify signs of Autism in the child they care for, at a younger age.

Within East Gippsland, there are early intervention and diagnostic services. However, when families are trying to obtain a diagnosis, there is a lack of support within this area, and a lack of linking of appropriate services and information after a diagnosis. Information and early support is critical, and there is a very small window where families can access appropriate early intervention which could alter the ASD trajectory for their child. By making it easier to get support and helping to extend and link to key services and supports could greatly alter the journey for most families.

A useful platform for support is the child's case conference, but unfortunately most parents are unable to access an advocate when needed, leaving them feeling unknowledgeable and anxious about the experience. It is the parent's opportunity to work with all of the child's health professionals to develop a plan for the child and family; considering planning of transitions, interventions and therapies as well as the child's education.

It is evident through recent studies that parents of children on the spectrum are extremely stressed, time poor and fatigued. It is recommended that these parents access respite, however there are many difficulties and barriers to achieving this. The workforce providing respite has a very basic awareness of Autism, creating problems for parents, as they feel uncomfortable utilising respite services. The financial burden of respite can also deter parents, as families' knowledge of the funding available is limited.

Strengthening the ASD expertise of the workforce, through current best practice training could make improvements for families accessing a range of services. By accessing training, service providers would be able to offer more effective and efficient; counselling, guidance and, behaviour support for families. Most families need more help with planning and support for key transitions, and this could be achieved by improving access to ASD expertise, so service providers can freely consult with, and get professional support, from a person specializing in Autism.

The majority of families believe their child's experience at school can be greatly enhanced by offering education options that maximise their child's potential. The education sector has student support group (SSG) meetings to enable parents to share their inside knowledge, in order to enhance and provide appropriate educational opportunities, but families are requiring advocacy and advice on how and what is expected of them to do this.

Parents with a child on the spectrum have difficulties with isolation, as the child's behaviour is not usually conducive to socialising with others. It is extremely important that a key worker is given the opportunity to facilitate successful participation in the community for the child and family. A focus on social supports, and helping the family and child to participate fully in all aspects of life, could be achieved through families accessing structured supports and having an increased understanding of services and supports locally.

Section 2: Interventions and Therapies

Although there is no reliable proof that any particular intervention will 'cure' Autism, we do know that interventions chosen to suit children's particular needs and strengths will help them develop skills for everyday life.

As referenced in this section, the information on interventions and therapies has been sourced from the 'Raising Children' website and the Amaze website- before a community agency, professionals or parents pursue any interventions and therapies, it is suggested that the Raising Children Website (http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html) is referred to in the first instance for any updated information in regards to interventions and therapies.

If you are the parent of a child with Autism Spectrum Disorder (ASD), you will discover many different interventions for the condition. There is no need to become an expert, however parents do rely on professionals for the majority of interventions and therapies.

Intervention means doing something, taking action, or using a treatment to try to improve a particular condition or problem. When it comes to ASD, there are many kinds of interventions offered. Depending on the type, they can involve the child, the parent or both. They might be one-off events or involve many sessions spread over years.

There's a broad range of treatments, from those based on behaviour and development, to those based on medicine or alternative therapy. A chosen intervention might even be a combination of several others, or a variation that has been tailored for the child.

Interventions are based on different theories about what causes ASD. These theories guide the approach taken, so hearing the theory behind an intervention helps to understand what it is trying to achieve. The intervention chosen depends on what is right for the family and the child. Ideally, professionals will work with parents to find an intervention that suits the family.

Generally, the evidence suggests that early interventions that use a behavioural or educational focus have the best outcomes for the majority of children with ASD. These interventions include those based on the principles of Applied Behaviour Analysis (ABA), such as those using Discrete Trial Training (DTT) as a teaching technique.

2.1 Behavioural Interventions

Behaviour-based approaches to ASD focus on teaching children new behaviours and skills by using specialised, structured techniques. These techniques are the best teaching tools for developing skills and encouraging appropriate behaviour.

Behaviour-based approaches are probably the most scrutinised and best supported by evidence and research. Therefore, they are the most commonly used type of intervention for children with Autism. Interventions using an Applied Behaviour Analysis (ABA) approach are particularly common and well supported[2]. There's still some discussion about different behaviour-based interventions and how the research on them should be interpreted. Examples of behaviour-based interventions include:

- *Lovaas Model* - This program is time-intensive and involves planned sessions where the child is taught skills. For the youngest children, the first year involves a therapist (or team of therapists) working with the child at home for at least 40 hours per week. These sessions focus on teaching basic learning skills (such as following simple instructions and imitation) and reducing behaviour that gets in the way of learning (such as aggressive behaviour). In later years, more complex skills are taught, including; verbal communication, interactive play and cooperation, reading, and writing. These are taught in settings other than the

[2] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

home (such as kindergarten), and the intensity of the program is gradually reduced[3]. It's important to note that professionals using the Lovaas Program need to have received appropriate training. This can sometimes make it difficult to find suitably qualified therapists, and it is not easily accessible in East Gippsland.

- *Discrete Trial Training* - is based on the idea that any behaviour or skill can be taught by breaking skills into smaller steps, making them easier to master. The DTT technique has been found to suit children with ASD, better than more traditional teaching methods[4]. Special education teachers, occupational therapists, speech pathologists and other aides can utilise this intervention but it is not easily accessible in East Gippsland.

- *Incidental teaching* - involves using several steps to improve communication skills:
  1. Set up an interesting environment for the child (such as a play area with favourite objects and/or activities).
  2. Restrict access to an interesting object in some way (for example, by putting it in a place that is visible, but out of reach).
  3. The learning begins when the child asks for the object or makes a gesture (such as pointing).
  4. Prompt the child to elaborate ('what colour teddy bear do you want?').
  5. Wait until the child responds ('I want the pink teddy bear').
  6. Reward the child by giving the desired item.

Incidental teaching can be very time-intensive. It might require many hours a day. Depending on the needs of the child, it can go on for several years. Anyone can practise incidental teaching. But most ABA programs are developed by psychologists and implemented by special education teachers, occupational therapists, speech pathologists and other aides[5]. This is an affordable intervention that is used widely in the ASD community, however it is not accessed in East Gippsland as much as it could be.

- *Positive Behavioural Support* – is based on learning theory, which says that most human behaviour is learned through our interaction with our environment. The

[3] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

[4] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

[5] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

idea behind PBS is that all behaviour serves a purpose. Difficult behaviour can be reduced if we know what people are trying to achieve by behaving in a particular way. The approach aims to teach people to behave in more appropriate ways to get what they want. Key features of the PBS approach are that the individualised plan is:

- Meaningful to everyone involved with the child;
- Implemented by these people on a day-to-day basis;
- Used in the natural environment where a behaviour occurs.

The PBS approach changes the environment in which a behaviour is occurring. At the same time, children might be taught more positive and socially appropriate ways of communicating and getting what they want (such as using their words or signs). This then makes the difficult behaviour ineffective or unnecessary, and less likely to be repeated. Psychologists and other professionals who are trained in PBS are able to develop PBS interventions and support carers in implementing them[6]. Training is offered on-line for parents and service providers which is easily accessible however it is often hard to find. This intervention needs to be accessed more readily in East Gippsland.

- *Pivotal Response Training* - The theory behind PRT is that there are four key areas of child development that are 'pivotal' to later development;

    - Motivation: encouraging learning by giving children choices, varying tasks, combining previously learned tasks with new tasks, prompting, using rewards and rewarding attempts;
    - Self-initiation: encouraging and rewarding children's curiosity, such as when they ask questions about something they see;
    - Self-management: teaching children to be more independent and take responsibility for their learning;
    - Responsiveness to multiple cues: teaching and encouraging children to respond to various forms of the same prompt or instruction – for example, 'Get your jumper', 'Get your pullover' or 'Go and get your jumper now'.

Supporters of PRT believe that improvements in more complex skills (such as social skills, communication and play skills, and behaviour) will follow if children can first learn and develop in these foundation areas. Anyone can practise PRT, including

[6] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

professionals, parents, teachers and even peers however this is a widely used intervention in America and not yet in Australia[7].

The following are evidence-based behavioural interventions for children with ASD, but none are currently available in Australia;

- *Douglass Developmental Disabilities Centre (DDDC)*
- *May Institute*
- *Princeton Child Development Institute Program*[8]

2.2 Medical Interventions

Medical interventions tend to focus on treating characteristics shown by children with ASD, such as difficulties in the areas of social interactions and relationships, communication and language, and repetitive behaviour and routines.

Every now and then, you'll hear about a new 'miracle cure' for Autism. So far there is no medicine proven as a cure for Autism. Rather, most medication is used to improve (but not necessarily remove) problems like;

- Behaviours associated with ADHD – inattention or over-activity,
- Symptoms of anxiety,
- Obsessive compulsive behaviour,
- Self-harming behaviour, or
- Sleep disorders

Prescribed medications may reduce these behaviours sufficiently for other (behavioural or developmental) interventions to be more effective. Examples of medical interventions include:

- Typical antipsychotics
- Atypical antipsychotics
- Stimulants.

Medication options and use need to be guided by advice from a health professional, because there are clear rules about how medical interventions should be managed.

Some medications have had positive effects on particular symptoms (such as aggressive or hyperactive behaviour). Measuring the effects properly is not easy,

[7] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

[8] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

however, and symptoms need to be monitored very carefully. This can be discussed with the prescribing doctor.

Also, there is still a real need for more research on the long-term side effects of medication, because many medications used or suggested have never been tested on children. Instead, they have been trialled with adults, and it is only assumed that they will work with children.

Some medications that have shown to be ineffective and/or harmful for children with Autism include:

- Naltrexone
- Secretin
- Adrenocorticotrophin Hormone (ACTH)[9]

2.3 Developmental Interventions

Developmental approaches to ASD aim to help children with forming positive, meaningful relationships with other people. They focus on teaching children social and communication skills in everyday, structured settings. They also aim to help children develop skills for daily living (often called 'functional' and 'motor' skills).

Although there isn't enough good-quality research on developmental interventions, results of studies done on some of them have shown positive results. Developmental interventions are sometimes called 'normalised' interventions. Examples of developmental interventions include:

- *Developmental social-pragmatic model* - The DSP approach is based on developmental theory and research on interactions between typically developing children and their caregivers. The key idea behind the DSP model is that caregivers can improve the development of a child's social communication through their responses during interactions with that child. DSP interventions don't focus so much on the form of children's communication – that is, it's not about turning non-verbal communication into verbal communication. Rather, a DSP approach looks at the purpose of communication – that is, what children are trying to get out of any communication. In a DSP framework, all communication efforts (words, gestures or sounds) are rewarded in order to encourage future attempts. The type of professionals involved in DSP interventions will differ depending on the DSP intervention used. Parents usually play an active role in DSP interventions, which are typically delivered in the home. Training and other

[9] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

"Better preparation of teachers, use of appropriate teaching methods and greater support for all students with an ASD are important to ensure that this group of young people are able to benefit from their educational experience.

Making schools 'ASD friendly' will be a good start to ensuring schools are truly inclusive. 'ASD friendly' schools are proactive in their approach to ASD students, are flexible with the curriculum, and employ appropriate teaching strategies. 'ASD friendly' schools provide a safe place for students with an ASD where they receive respectful treatment. 'ASD friendly' schools are inclusive of parents in planning for the student, provide support on a needs basis and aim to ensure that the whole school community is more aware of the needs and strengths of the person with an ASD" (Autism State Plan, 2009, p. 29).

supports might be available, depending on the intervention[10]. This intervention should be promoted within East Gippsland as a potential for home-based intervention which is easier for families in remote communities to access.

- *DIR®/Floortime™* - has several parts, including assessment, home interactions, educational interactions, play dates and specific therapies. Central to the approach is Floortime™. This is a large amount of play time between adult and child, usually on the floor. Assessment is used to gain an understanding of the child's development, after which intervention begins. Three different types of home and school interactions are used during the intervention:

- Floortime™, which involves play-based interaction between caregiver and child problem-solving interactions, which aim to teach the child something new by setting up a challenge for the child to solve

- Specialised activities, which are designed to help the child with sensory development and engagement with others. Having 3-4 play dates a week with typically developing children gives the child an opportunity to practise new skills.

- Finally, the child receives any specific therapies needed (such as speech therapy or occupational therapy).

DIR®/Floortime™ is usually delivered by parents. They are usually helped by a DIR®/Floortime™ certified professional, who develops and oversees the program. Other professionals provide specific therapy services however training is only delivered in America and there

[10] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

are very few practitioners in Australia[11] and none in East Gippsland.

Relationship Development Intervention® - RDI supporters believe that a child's quality of life can be improved by forming close, two-way relationships with others. The idea is that, by developing their social skills, children with ASD will be able to form relationships more easily. As a result, they will also be better able to overcome everyday challenges. In particular, it's said that children's quality of life will improve as they learn to:

- Share feelings, memories, plans, ideas and so on
- Understand that sharing is a good thing, and recognise when other people share
- Solve problems in creative and flexible ways – for example, think about the different ways that a problem could be solved and choose the best solution
- Reflect on past experiences and think about what might happen in the future
- Cope with uncertainty and setbacks.

RDI® requires parents to do most of the work with their child. To do this, both parents need to commit to a program that involves:

- Learning to use the RDI® online system and assessment
- Delivering the program curriculum
- Receiving feedback and regularly videotaping their work with their child at home
- Conducting weekly or fortnightly consultation meetings with the consultant
- Participating in assessment after each stage of the program.

Although parents provide most of the intervention in the home, they work in collaboration with a certified consultant. To become certified, consultants must undergo training in America, as well as supervision. Certified consultants have experience working with children and hold a basic degree in psychology, speech pathology or a related field[12]. Consultants must undergo annual recertification and we do not have a consultant available in East Gippsland.

The online support system means that after the initial training is completed, families can use this approach even if they don't live near a practitioner. This is an extremely costly intervention and would be difficult to find funding to support its implementation, however this intervention would help many families navigating geographical isolation in our communities.

[11] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

[12] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

2.4 Combined Interventions

Some approaches combine elements of behavioural and developmental methods, and also use new information about Autism and child development. Often a combined approach is the most effective, because it brings together characteristics of useful interventions. For example, any behavioural intervention will be much more effective if it is also family-based. Examples of combined interventions include:

- *SCERTs* – this model concentrates on three key areas:
    - Social communication – developing relationships and communication skills
    - Emotional regulation – reducing emotional ups and downs
    - Transactional support – providing helpful aids to communication and learning.

The model incorporates aspects of different well-established Autism therapies, such as DIR®/Floortime™, in an individualised program designed by parents and the child's therapist. Parents work with professionals to assess the child, then choose a set of individual techniques they think will be most valuable. They draw on established interventions such as Pivotal Response Treatment, LEAP, TEACCH, DIR®/Floortime™, RDI, Hanen and Social Stories®[13]. Parents help in the initial assessment, set intervention goals and play a central part in implementing the teaching supports and techniques. This model needs to be explored in East Gippsland, however we do not have any professionals directly advocating and promoting the SCERTs model.

- *The Denver Model* - The model uses play activities to improve social communication skills and encourage relationships with other people. It also aims to teach children how communicating with others can help, so they are motivated to keep trying. The team (made up of early-intervention staff and the parents) develop a tailored program for the child. The program includes objectives, goals and activities targeting skill development. The therapist teaches parents and other carers how to implement the program whenever they are with the child, and progress is reviewed regularly. Children's programs are developed for them by parents working with intervention teams. Once trained by the practitioner, parents implement the program at home, and regularly meet with the team to review progress[14]. We do not have this intervention directly offered in East Gippsland however the trans-disciplinary teams offer a similar program for child and parent.

[13] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

[14] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

The following are evidence-based combined interventions for children with ASD, but none are currently available in Australia;

- TEACCH
- LEAP

2.5 Family-Based Interventions

Family-based interventions for ASD emphasise the idea that family involvement in the therapy is central to meeting a child's developmental needs. In particular, parents not only drive the decision-making about the intervention, but they also take a key role in delivering it. These interventions are designed to provide guidance, training, information and support to family members.

Research on how well family-based interventions work is limited but growing. Real success with them depends on having strong and collaborative parent–professional relationships. Their effectiveness also relies on addressing the needs of the whole family, so that everyone in the family benefits, not just the child with Autism. Examples of family-based interventions include the:

- *More Than Words®* - All the Hanen programs, including More Than Words®, are based on a theory that proposes that language develops as a result of how children interact with others, especially carers. According to this theory, if parents learn to be more responsive to their child, they can create opportunities for the child to communicate as part of everyday activities. This program uses approaches based on Applied Behavioural Analysis (ABA), while emphasising parent training and a family-centred approach. The training program is usually run at a clinic or early-intervention centre by a Hanen-certified speech pathologist. It has three main parts:
  1. Initial assessment
  2. Group program – groups of eight families attend 8-10 weekly sessions (2.5 hours each) at a centre
  3. Video feedback sessions – three for each family. Parents are videotaped as they use the skills taught at home with their child, and the program trainer provides feedback on the taped material.

Aside from these centre-based aspects of the program, the program is mainly implemented in the child's natural environment by the parents[15]. Unfortunately this intervention is not available in East Gippsland, however we have therapists that are trained with the aim of the program and its delivery.

[15] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

- Early Days workshops (Amaze), which focus on information for families of newly diagnosed children Positive Partnerships workshops (Aspect), which focus on information for parents of school-aged children with ASD and Positive Behaviour Support (Aspect) which meets the needs of parents with a child between 6 to 25 years of age. These programs are provided free of charge for parents through the Helping Children with Autism initiative and are extremely similar to the UK program *Help!* These programs aim to reduce family stress by giving parents a clear understanding of ASD, including some ideas for positive communication and behaviour management strategies. It also educates parents and carers about their rights, financial support and access to local support services. The idea is that parents will feel less stressed and more confident when they are provided up-to-date information soon after their child's diagnosis and through the life stages.

Unfortunately, due to East Gippsland being a rural area, Amaze Early Days workshops are not available on a regular basis. It is also difficult for parents to find adequate respite services or to negotiate work commitments to allow for participation. These programs have been offered in East Gippsland, however Aspect's funding will be ceasing in 2015.

The following are evidence-based family-based interventions for children with ASD, but none are currently available in Australia;

- NAS early bird program[16]
- Help! program[17]

2.6 Therapy-Based Interventions

Therapy-based approaches to ASD directly provide a specific therapy that targets specific difficulties. Examples include:

- Developing a child's communication and social skills using speech therapy

A speech pathologist will work with the child to develop their communication skills. When we think of communication, the first thing that springs to mind is usually verbal communication, which refers to speaking and understanding language, either with or without aids for support. Communication also includes non-verbal communication, which refers to elements such as gesture (including signing), facial expression

[16] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

[17] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

(including eye contact), and body language that help us communicate our message, and understand the messages that others are sending to us. Some typical areas a Speech Pathologist will be focusing on in their therapy sessions will be:

- Receptive language - how well the child understands language.
- Expressive language - how the child uses language to express their needs and wants, thoughts and feelings.
- Pragmatic language - social communication and language skills the child uses in their day to day interactions.
- Visual Supports - utilising visual supports to work with children with ASD.

Other areas of Speech Pathologists can work on within their therapy and interventions include;

- Stuttering
- Articulation
- Voice
- Phonological Awareness
- Eating and Drinking[18]

Speech therapy assessments are a requirement to obtain a diagnosis of an Autism Spectrum Disorder and they will need to be part of a multi-disciplinary team for this purpose. Speech pathologists will use many different therapies and interventions and are now commonly using an iPad in conjunction with these for the benefit of the child and their support network[19].

As communication difficulties are across the board for people with ASD Speech Pathologists should be easily and readily acceptable. Unfortunately this is not the case as to access this service with minimal outlay for a family with require securing a Chronic Disease Management Plan. The speech therapy can be subsidised under Medicare but for only for a limited number of sessions. It is evident from this pilot; that more service providers need to know how to access speech therapy for families.

- Developing skills for daily life, including physical skills, using occupational therapy.

An occupational therapist will be interested in how the child's understanding of sensory input affects their motor planning, body awareness, and spatial awareness as sensory processing is how a child makes sense of what they see, hear, touch, taste, smell and feel. An occupational therapist will look at how sensory processing affects the child's functioning in different settings, such as at home, at kindergarten, at childcare or school,

[18] Amaze website, accessed on 10 December 2014; http://www.amaze.org.au/

[19] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

at the shopping centre, or at parties or outings. Occupational Therapists (or OTs) help children with ASD in the following areas:

- Sensory processing - is how the child makes sense of what they see, hear, touch, taste, smell and feel.
- Fine motors skills – small muscle movements usually in the hands and fingers to manipulate and control materials or objects.
- Gross motor skills - larger muscle groups that include activities like running, skipping, hopping, climbing and throwing a ball.
- Self-care skills – skills such as dressing, toileting, bathing, eating, and sleeping.
- Social skills - help in children's communication and interaction with others.
- Visual Perception - understanding, interpreting and remembering what is seen (reading and writing).
- Cognition - is the mental process of acquiring knowledge developing their attention and concentration, problem solving ability, and organisational skills[20].

Occupation Therapy assessments are not needed for a diagnosis of an ASD, however the therapies and interventions that are provided by an Occupational Therapist are invaluable to a child on the spectrum and their support network. It is best evidence based practice to involve an Occupational Therapist even before a child is diagnosed, and to continue with therapy as the developmental stages progress.

Unfortunately, East Gippsland has a shortage of availability and choice when it comes to enlisting an Occupational Therapist in a child's therapy regime. There is evidence from the surveys that getting access to an Occupational Therapist has caused families' great distress, as many children on the spectrum have chronic difficulties in the areas that an Occupational Therapist can assist. Improving access for families in East Gippsland Occupational Therapist needs consideration- do families and service providers have the knowledge on how Occupational Therapy can be funded?

Therapy-based approaches are often used together with (or as part of) other intervention programs. Examples of therapy-based interventions include:

- *Auditory integration training (AIT)* - The child attends two 30-minute training sessions per day for 10 days. In each session, the child listens to music on headphones. The music has been altered to remove certain sounds, and the volume is carefully controlled. The therapy starts by presenting familiar sounds. Over time, more challenging sounds (usually those with a high or low frequency) are introduced. This helps the child slowly get used to the sounds so they're no longer a problem. AIT sessions (total of 20) can range from $1200 to $2000, but costs vary depending on the service or practitioner used. Audio testing might involve additional costs. Medicare doesn't fund this therapy, so consultations can

[20] Amaze website, accessed on 10 December 2014; http://www.amaze.org.au/

vary in price. Some private health care funds might cover a portion of the consultation fee[21]. This intervention is not provided in East Gippsland.

- *Manual signing* - involves learning to use your hands to communicate. Key Word Sign (formerly known as Makaton) is the main system used. Key Word Sign is a system that uses hand signs to represent main or key words in a sentence, rather than being a full sign language. It was developed specifically for people who have difficulty producing speech. This differs from other methods of signing (for example, Auslan), which uses signs with the same word order as spoken English. Auslan is the primary language for the deaf community. When manual signing is used in combination with speech, it's called 'total communication'. This approach is typically used with people with autism. Key signing classes are not provided in East Gippsland most families have to travel or training sessions organised by a local community organisation.

- *Picture exchange or PECS* - is based on 'learning theory', which proposes that learning occurs because of the consequences of a particular behaviour and the events that lead up to it. If a behaviour leads to something a person wants, that behaviour will continue to occur. If the behaviour doesn't result in what that person wants, it's unlikely to reoccur. In PECS, when a child uses an appropriate card, they're rewarded with the desired object or action. Supporters of PECS suggest that this reinforces the child's behaviour. In turn, it increases the likelihood that the child will continue to use the cards for communicating needs and desires. PECS is taught and used on a daily basis. It's recommended that parents complete a two-day PECS basic workshop before beginning PECS with their child. Even if parents are taking their child to a professional to learn PECS, they're still encouraged to complete the training so they can practice PECS with their child at home[22]. This training is not offered in East Gippsland.

- *Facilitated communication* - this approach involves a facilitator physically guiding the hand, wrist or arm of a person with autism while the person types on a keyboard. The facilitator's role is to offer physical assistance and emotional encouragement. The level of support the facilitator offers will depend on the person's level of need. It is recommended that facilitated communication not be used because of its potential harmful effects and lack of proven success[23].

[21] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html
[22] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html
[23] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

- *Functional communication training* - FCT is based on learning theory and the principles of Applied Behaviour Analysis (ABA). The idea behind FCT is that all behaviour, including difficult behaviour, might be a form of communication. FCT therefore aims to identify the purpose of a person's behaviour, and teach the person an easier, more appropriate way of communicating the same thing. An important principle of FCT is that you must teach a child another way to communicate before eliminating a difficult behaviour, so the child doesn't need the old behaviour anymore. Also, without either the old behaviour or a new one, the child has no way to communicate at all. This therapy might be covered for up to 20 sessions by Medicare[24]. Whether the cost is covered will depend on the professional you consult and if you can find a professional to provide the training in East Gippsland.

2.7 Alternative Interventions

Alternative interventions for ASD include a broad range of treatments not often used in the mainstream medical system, due to a lack of scientific evidence. There is a lot of discussion and controversy surrounding the choice of an alternative treatment for ASD. This is because:

- There is not much evidence to support the effectiveness of alternative interventions.
- Considerable evidence shows no effect at all for some or harm caused (such as using Chelation and Secretin).
- There are potential risks associated with some of the treatments (such as withholding the MMR vaccine).

Another common concern about these types of therapies – even those that do no direct harm – is that they use time, energy and sometimes money that a family could otherwise spend on accessing well-established and well-supported therapies. Examples of alternative interventions include:

- Elimination diets
- Yeast overgrowth therapies
- Chelation
- Secretin
- Withholding the MMR vaccine[25].

[24] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html
[25] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

Interventions that do not have an evidence-base should be used with strict caution. It is recommended that the Raising Children website, as cited earlier is used, along with the current evidence-base before proceeding with an intervention.

2.8 Psychodynamic Interventions

Psychodynamic approaches to ASD are based on the assumption that Autism comes from emotional damage to the child – a theory not supported by evidence. Severely traumatised children can show behaviours similar to those associated with Autism. However;

- Strong evidence now supports the theory that Autism is a developmental and brain-based disorder, rather than an emotional one.
- There is little evidence to demonstrate how effective these therapies are.

Therefore, psychodynamic interventions are now seldom used. Examples of psychodynamic therapies include holding therapy and pheraplay[26].

2.9 Other Interventions

These include a range of interventions that sit outside the categories listed above. So far there isn't much quality research testing the outcomes for these programs. Examples include:

- *Music integration therapy* – this can give people who can't easily communicate a way of communicating and interacting. Instead of using words, they can use a range of musical activities – singing, playing instruments, improvising, song-writing and listening to music. These activities are intended to promote communication and social skills (such as making eye contact and taking turns). Musical activities can also be used to teach new skills. This happens by pairing a new skill with its own musical cue. Once the skill has been learned, the cue is no longer needed and is gradually phased out until the skill happens on its own. For children with Autism, a music therapist might also write lyrics about a specific behaviour (for example, turn-taking). These lyrics are sung to the melody of a song the child knows well. The idea here is that the child might be better able to focus on sung information than spoken information. There is some discussion about a new program being started by a Registered Music Therapist (RMT) in East Gippsland.

- *Equine Therapy* – East Gippsland has a number of Equine Therapists in East Gippsland (Misu Park, Riding for the Disabled and Sue Lake) however we do not

[26] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

have evidence based research to support these therapies. For consideration is the level of knowledge of the facilitator on ASD and if the service has been accredited. This intervention can be funded by a Flexible Support Package within East Gippsland for children on the spectrum[27].

The following are evidence-based family-based interventions for children with ASD, but none are currently available in Australia;

- Daily Life Therapy/Higashi School
- Options approach (Son-Rise program)

This section has provided an outline of some of the recommended interventions and therapies within Australia and some being used internationally. It is common place that we do not have enough evidence based research in regards to many interventions and therapies that are known to work with children on the spectrum. Unfortunately it is all too common to have interventions and therapies that work brilliantly with one child and with the next child it can be nearly detrimental.

Due to the nature of Autism, it can be so varied from one individual to the next, that 'one size does not fit all', however there are therapies and interventions that are widely used that have been reflected on within the report that can be accessed within East Gippsland. There are also interventions and therapies that are known to be beneficial for some children, but unfortunately there is no substantial studies or evidence based research to prove their effectiveness, making it very difficult to endorse and find funding to facilitate and provide within the community.

The discrepancy between interventions and therapies being of benefit to children on the spectrum is a long and contentious issue. Due to previous harm being inflicted in the past from interventions, careful consideration needs be applied when looking at interventions and therapies. It should also be considered that what is widely accepted today, may not be in the future and, what we may be skeptical of today may be tomorrow's primary intervention.

[27] Raising Children Website, accessed on 10 December 2014; http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html

3.0 Recommendations

The following recommendations from the Autism Support Pilot are developed as a result of survey results and information gathered from East Gippsland Autism Spectrum Disorder Support Group (EGASDSG) over ten years.

A key recommendation is that a key worker model (Autism Family Support Worker) is established to provide support to parents, carers and service providers. This need was clearly identified from the survey results. The role and responsibilities of an Autism Family Support Worker will need to reflect the gaps within the service sector requiring the position to entail supporting families and service providers to increase;

- Early intervention and diagnosis
- Information and early support
- Planning and support for key transitions
- Education options that maximise the student's potential
- Counselling/guidance/behaviour support
- Respite
- Social support and help to participate fully in all aspects of life
- Increase Autism awareness
- Link information and resources to parents and services

With a focus on these areas of action it will help to;

- Make it easier to get support
- Strengthen the ASD expertise of the workforce
- Extend and link key services and supports, especially during transition
- Enhance and provide appropriate educational opportunities
- Facilitate successful participation in the community
- Develop a robust evidence base about ASD

These recommendations are in line with the outcomes of the 2009 Autism State Plan (as summarized above) and embrace the vision; *All People with an ASD and their families are supported to fulfil their maximum potential, enjoy life and contribute to their community (Autism State Plan, 2009).* This vision will only be achieved if there is better support and access to services whilst increasing the knowledge base of existing services.

In addition to the above recommendations, there is also scope to secure resources to operate evidence-based intervention and therapy programs that would compliment (and could be coordinated by) a key worker if a position was to be made available to the East

Gippsland Autism community. As identified in the Therapies and Intervention section, it is recommended that the following interventions could be considered for implementation by a key worker:

1. Amaze or other training/information sessions available for parents.
2. Secure support for Family-Based Interventions.
3. Advocate for increased access or different models of delivery for families to have increased access to Speech Therapy and Occupational Therapy.
4. Promote Therapy-Based interventions that use complementary visuals.
5. Consider increasing Combined Interventions available for children with Autism and their families.
6. Coordinate and increase access to a range of Developmental and Behavioural interventions.
7. Investigate current screening tools for Maternal & Child Health and doctors to explore whether any changes could increase the likelihood of earlier diagnosis.
8. Increase training opportunities for professionals working with children with Autism
9. Improve respite opportunities for families.
10. Increase focus, resources and knowledge within schools (note that ASD coaches will no longer operate in schools in 2015).
11. Increase social supports for parents and opportunities to promote development and social skills through supported playgroup (or similar) models (note that My Time is no longer operating and is uncertain as to whether this will be funded in 2015).
12. 'Social groups' for individuals on the spectrum needs to be promoted with more resources and funding channeled into this area within East Gippsland (note that the boys social group operating from GLCH has now ceased).

A key worker position could also provide additional support to families and service providers as have been identified within this report.

Understanding that there are children in the community with a range of additional needs, including Autism; a recommendation would be to consider the viability of establishing a support team for *children with additional needs and difficult behaviours*. A small team of 2- 3 key workers would have capacity to be a link for families. Ideally, this team would have a range of expertise (trans-disciplinary) to draw from. Having a key worker team consisting of specialists in; Autism, disabilities, difficult behaviours, and trauma in children could provide a vital connection between families and services, families to families and services to services. This model would need to be carefully considered in light of potential changes with the NDIS and more detailed consultation with ECIS providers. Children receiving support through ECIS services are no longer

eligible to receive these once they commence school, and some children do not qualify for ECIS services, but require early intervention. This team could work specifically with these children that currently miss out and those children that remain on ECIS waiting lists for long-periods of time.

For Consideration

The impact of the roll out of the NDIS- National Disability Insurance Scheme, due in 2016- unsure of what this will mean for current services at this stage. There are trial sites across the country, with further information about how they are going for clients in 2015. Please see Appendix 1: NDIS for further information.

References

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