

Deliver Better Health Results



World Best Autism Services for Tasmania

What the Tasmanian Liberals will do...

Become the first government in Australia to introduce early intensive treatment services for children with autism.

A Hodgman Liberal Government will be the first government in Australia to introduce early intensive treatment services for children with autism.

The Liberals have committed \$4.5 million over four years to begin a staged, long-term and evidence-based approach to establishing early screening, diagnosis and early intensive treatment for children with autism.

This will include early screening for toddlers, diagnostic panels and the establishment of three early and intensive treatment centres, one in each region of the State, over the next five years. The first centre will be established in the south of the State, followed by the North, and the North-West.

This, combined with already-announced programs to support children with autism in high schools, will ensure families of children with autism can get the help they need.

The Liberals' autism policy will be augmented by other innovative policies for children and adults with disability.

A Hodgman Liberal Government will –

- **Introduce early screening for autism at 18 months and two years of age**

This will be performed by child health nurses, GPs and paediatricians who will be trained in the use of simple, easy-to-use but effective early-screening tools that provide a checklist for autism in toddlers and are in use worldwide.

The early screening tool will also provide the modelling and demographic data needed for the development of early intensive treatment services across the State.

A child that has autism will display clear evidence of this before the age of three years. If a child fails the check test once, health professionals are advised to re-screen one month later, then if failure persists, the child should be referred to a diagnostic panel.

These early screening checks can take as little as 5-10 minutes and have a 90% accuracy in detecting autism.

- **Set up a diagnostic panel for those red-flagged by the early screening tool, so that those children can undergo full diagnosis.**

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The panel will be required to use world best practice principles, including testing for co-morbidities such as epilepsy, fragile X, and tuberous sclerosis. Some of this testing will be required at the hospital level.

The panel will be required to draw up individual treatment programs specific to the child. The panel will be made up of a psychologist, speech therapist and a paediatrician with experience in autism.

The panel must agree upon the diagnosis before the child is referred to the Early Intensive Treatment Centre in Hobart.

- **Establish Early Intensive Treatment Centres for Autism**

The first Centre will be established in southern Tasmania. This Centre will include intensive treatment for children, who will have access to psychologists and speech therapists although the majority of treatment will be undertaken by trained behavioural therapists.

The Centre will not be a day centre or child-minding exercise. It is based on the evidence-based premise that intensive early intervention and treatment is needed *before* the child commences school, so is able to cope in a school environment.

All children will have individually tailored programs of approximately 20-30 hours of intensive behavioural intervention a week.

The Centre will also provide rehabilitation and treatment for children who are not currently coping in the existing school system.

The Centre will provide for professional development and learning opportunities, for parents, teachers and teacher aides, indeed families will be an integral part of this model. The Centre will be accessible to the University of Tasmania for graduate teachers, psychologists and allied and other health professionals, as well as child health nurses and speech therapists and a Hodgman Liberal Government will discuss with the University additional possibilities for specialist education modules for autism.

The Centre will continue to support the child in his/her transition to primary school, but will also be used for transition through major life changes – dealing with puberty, family break up, death, when regressive behaviours can recur.

Withdrawal areas will be provided in all primary schools, and staff from the Centre will provide assistance to schools when needed. This will allow for continuity for the child and his/her individually tailored program.

The Centre will provide outreach, where possible, to children, families and schools throughout southern Tasmania.

Subsequent centres will be established in the North, North-West and an additional centre in the south in subsequent years.

The Centre will be staffed by psychologists as well as therapists who are trained in delivering behavioural intervention.



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- **Establish a Special Task Force**

To implement this staged approach to better services and support for children with autism and their families, a special task force will report direct to the Minister for Human Services and Minister for Education. The Task Force will ensure ongoing evaluation of the first Early Intensive Treatment Centre and make recommendations to government on the placement of subsequent centres throughout the State.

A-team

A Hodgman Liberal Government has already committed to providing an additional \$1.3 million for the A-team (Autism) program which will fund the continuation of the program in the north and see it rolled out across the State for a three-year trial.

Evidence from parents, teachers and students is that the A-team works with high school children with autism who have either dropped out of school, or only have access to distance education, or are struggling to cope with the noisy and ever-changing environment of most busy schools.

The program helps schools and teachers to better understand autism, and arrange their own school environment and systems to help some of these children get back to school.

Why is an autism policy needed

Autism Spectrum Disorder (ASD) is a recognised health condition – a genetic problem located in the brain. It manifests in a range of developmental disabilities generally affecting communication, social interaction and behaviour, across a spectrum ranging from mild to severe. No two people with ASD are exactly alike. Many people with autism have co-morbidities, including epilepsy. Behavioural problems could be failure to develop peer relationships, lack of social or emotional reciprocity, hyperactivity, and maladaptive behaviours (head banging, pinching, hitting, biting, throwing objects, making unacceptable noises, etc)

Over twenty years ago when deinstitutionalisation policies were adopted, the prevalence rates of autism were thought to be 1 in 10,000. Autism was thought to be a rare condition for which there was no cure.

Four years ago the Australian Autism Advisory Council published research that showed the prevalence rate in Australia was 1 in 160, but further recent research at Cambridge University finds the prevalence rate is more likely to be 1 in 64, and while autism is a lifelong condition, world-wide research clearly shows that with early intensive treatment, children with autism can 'recover' (their disability no longer impairs them from having a normal life; they are indistinguishable from their peers).

On this basis, the Australian Autism Advisory Council issued a *National Call to Action* calling for better access to diagnosis, official reporting of autism spectrum disorders, and early intervention for young children (0-6) where "every child has access to a minimum 20 hours of support per week" and a range educational services appropriate to need.



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Ground-breaking research shows that with autism, the gene itself is not damaged but instead the 'on-off' switch is impaired. In the area of acquired brain injury, research has shown that with constant repetitive work, the brain is able to regenerate. World-wide research has shown that this repetitive behavioural intervention can also benefit children with autism by "switching on" the brain.

This therapy is a teaching technique which breaks down skills that children need to learn into very small discrete parts and teaches one step at a time. This applies to everything from tying a shoelace to social skills, conversation and learning.

Because the brain's plasticity is at its greatest in the early years, a treatment program for children with autism must begin early for maximum benefit. It takes far less time and therefore costs significantly less.

After more than 11 years of Labor ...

An autistic child can place enormous stress on a family. In some cases it can lead to family breakdown, or the abandonment of the child because of the exhaustion of parents and lack of access to support. A young adult with autism could find themselves homeless, or falling into a cycle of crime, juvenile justice and prison.

Too many children with autism in Tasmania are suspended or expelled at school for behaviours that stem from their disability (they are often undiagnosed); others are inappropriately enrolled in distance education. There was a seven-fold increase of students on the Severe Disability Register accessing distance education between 2006 and 2008. Often children with autism are denied assistance in schools because their IQ level is too high to qualify for a teachers' aide. In 2008, there were 85 children identified in Tasmanian State schools as having autism and 334 identified as having an intellectual disability.

The State Labor Government withdrew its support for the A-team pilot in the North and wants to reintegrate children back into schools despite evidence that many schools and teachers – and children – are not ready for this. Labor has said it will now review the program, but will not give a commitment to support this program into the long-term, nor its extension around the State.

Despite the Children Commissioner recommending to the Government that it provide evidence-based educational and behavioural intervention programs for autistic children for *at least* 20 hours per week over an extended period, the State Labor Government continues to refuse this level of support and, in 11 years, has only just put in place a Statewide ASD Assessment team (TASDAS) to "*supplement generalist services available for children*". There are already lengthy waiting lists for assessment.

The State Labor Government continues to argue that because every autistic child is different, so must the treatments. This is like saying a person with high blood pressure should be treated differently to the next. It has dismissed intensive behavioural intervention as a treatment even though evidence throughout the world points to its success.

The Federal Government provides families with autistic children under the age of six years \$6000 each year for two years to be spent on intervention services, but aside from speech therapy and psychology, there are no cost effective early intensive intervention programs available in Tasmania.



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According to the Australian Centre for Autism Services, the cost of a lifetime of care for a child with autism in supported accommodation is \$8 million. The Tasmanian Government currently spend \$63 million – nearly half the total disability budget - on supported accommodation (or \$90,000-120,000 per annum for a child living in a group home). It also spends \$6 million on respite services, \$17 million on children in out-of-home care and \$10 million on the Ashley youth detention facility. It is fair to say many children and young adults with autism are currently supported in these facilities, and if we fail to deliver early intervention treatment services, that expenditure has the potential to increase significantly.

In his report on children living in respite centres, Commissioner for Children, Paul Mason, said one outcome of lack of services and support for families of children with disabilities was that they “*soldier on until they crack and the need becomes a crisis. Government resources are expended largely on crisis-management instead of plan execution*”. The Liberals’ policy offers hope and a real change for children with autism, and their families.

COSTINGS

	2009/10	2010/11	2011/12	2012/13
Total package for autism (excluding A-Team, costed elsewhere)	-	\$1 million (1 Jan 2011 start for first centre)	\$1.5 million (1 Jan 2011 start for second centre)	\$2 million



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