

Early intervention for children with an autism spectrum disorder: a rural hub-and-spokes model and the NDIS

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Introduction: Parents and carers from regional and remote communities experience unique circumstances that make parenting a child with an autism spectrum disorder (ASD) challenging. In 2008, six Autism Specific Early Learning and Care Centres (ASELCCs) were established in Australia. The North West Tasmania (NW Tas) ASELCC is the only rural/regional ASELCC and operates as the only 'hub and spokes' model. Transition to the National Disability Insurance Scheme (NDIS) will represent a significant change to the way in which the ASELCCs conduct business and how they will source their funding.

Aim: We sought to provide evidence of effectiveness of the NWTas ASELCC hub and spokes model, and gain parental perspective of the service to inform transition to the NDIS.

Methods: Routine assessments collected by the ASELCC of all children and parents over the period 2009-2014 at entry and follow up were analysed to determine differences between the hub and spokes centres. A cohort of current parents participated in qualitative interviews.

Results: 125 children (33 girls and 93 boys) were included in the analysis. Mean age at entry to ASELCC was 43 months (SD 10). Baseline, follow-up and centre attended information was available for 116 children (93 hub, 23 spokes and 3 both). Due to the small sample size of spokes children, there were no statistically significant differences between the groups. However, further investigation of possible differences in the Vineland Fine Motor Skills sub-scale, and the Mullen Receptive Language and Visual Reception sub-scales is warranted in a larger study. Parents valued aspects of the ASELCC such as expertise, non-judgment and understanding, information and education, as well as reliability and consistency of services, may be factors related to future decision-making by parents under the NDIS.

Discussion: Autism-specific early intervention can be delivered in mainstream child care centres in rural areas when it is supported by a multidisciplinary team located in a nearby regional town. As Australia transitions to the NDIS the ASELCCs will need to evolve to meet the diverse needs of families. The challenges in providing effective early intervention for children with ASD and their families in rural Australia are many, however the model currently utilised by the NWTas ASELCC may provide an early view of the way forward.