

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

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In 2008, six Autism Specific Early Learning and Care Centres (ASELCCs) were established in Australia to provide access to best practice early intervention embedded in a long day care environment. Children with ASD are supported through comprehensive assessment and intervention plans which are multidisciplinary, goal driven and family-centred, and transition to school services are included. The family is supported through social support and education, and the community capacity occurs through for example, links with other health professionals, childcare centres, schools and other services.

While evidence of this model has emerged from other ASELCCs (1-3), the North West Tasmanian ASELCC is the only Australian ASELCC based in a rural or regional area and the only one operating as a “hub and spokes” model. People in outlying areas have access to the service through links with selected regional mainstream child care centres. Specific training is given to key educators in the spoke centres, supplemented with at least fortnightly visits from their ASELCC key worker and telephone and videoconference contact.

ASELCC staff recommend either the hub or spoke environment as the environment where that individual child is most likely to succeed based on comprehensive assessment of child and family variables. Children and families who select spoke attendance may have a different profile to those who select the hub. Families with few social supports may prefer the multidisciplinary hub service with links to other families, whereas families with strong social networks in their home town may prefer a spoke service.

As Australia transitions to the National Disability Insurance Scheme (NDIS) it is unclear how this model will be impacted. Potential issues in this region include:

- financial sustainability in a market-driven model, particularly in regional and remote areas where the market is thin, and where recruitment and retention of allied health professionals may prove more difficult without the security of block funding;
- delays to access early intervention where parents don't identify 'disability' or where there are delays with the NDIS planning and approval process;
- reduced capacity for collaboration in a fee-for-service environment;
- boundaries between education service provision (i.e. what should be provided by childcare centre or schools) and what will be in scope to be covered by NDIS funding;
- how to offer services in rural and regional areas that enables the targets of early intervention and inclusive education and care practices to be provided within the scope of funding allowed under NDIS.

Future research in this area may target processes, outcomes and further modelling of NDIS in order to enhance early intervention and care for children with ASD in rural Australia.

References

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Presenter

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