

Follow up Questions

Q1

As we all know, the NDIA is finding all reasons they can to cut participant funding. We recently had a plan reassessment for two siblings (10 & 11yrs) and were denied funding for psychology, counselling, EMDR and play/art therapy. The reason given was that the mental health issues were not related to their ASD (both are in Child Safety as a result of abuse so have PTSD also). Are there links/evidence that ASD children will benefit from trauma-based therapy or is this a long bow to draw?

Reply:

Trauma informed therapy is a topic we have raised as something we could cover in a future webinar.

Q2

Are free diagnostic assessments available or likely to become available anytime soon?

Reply:

Publicly funded child health services in each region can undertake assessment, however there are lengthy waitlists. There's some great info on this page about where families can go for free services - [Who can diagnose autism? - Autism Awareness Australia. To avoid waitlists, families can choose a private provider.](#)

Q3

I would like to know that too, and which assessment for functional capacity is best to use with Autism and girls. I have been having teens come through.

Reply:

This will vary from practitioner to practitioner, and practitioners will use a range of different tools from their toolbox that they think best meets the age, profile, and needs of that client and assessment. Usually, multiple different tools and avenues will be used to form a picture and opinion, gathering information across contexts and people as well. A functional assessment may involve interviews, observations, and standardised tools such as the Vineland, ABAS, Care and Needs Scale or Lawton IADL scale. There are not gender-specific tools, and these tools are able to be used to assess function of autistic girls. The MIGDAS is a tool that is becoming more popular in investigating autism in girls.

Replies from other attendees:

My understanding is that NDIS do not fund any therapy related to trauma so they won't fund for the EMDR specifically and if participants have PTSD CPTSD etc. then NDIS push this back on health services.

Having support with GDD in NDIS but needing the ASD diagnosis after they turn 7

Q4

Any information on how to find support workers and services provides who specialize in working with children with autism especially in northeast Victoria, Wangaratta area would be helpful. Service Providers who support children presenting with behavioral issues would be useful as it's a struggle to find and retain service providers for in home support for daily living

Reply from Nicole:

That would be a good resource! I'm not sure unfortunately. Sometimes it's a matter of asking within your local networks and forums. I would always suggest that the family interview potential SWs and ask lots of questions and also do a trial to find someone who is a good fit.

Reply from Caroline:

In home support work, in any area, especially regional, can be a challenge, and understanding the unique needs for autistic children, people and families even more so. Support for support workers, such as collaboration time, training, development, and a team around them, helps them by upskilling, helps with retention, and ultimately helps the child and participant. Remember to utilise the autism expertise around the country via telehealth to provide this. It can be very effective and helps local communities grow in understanding and abilities. We have had a lot of success in this area in regional areas with support teams. Utilising a case management, planning and problem-solving approach for a team of support workers, the family and participant remotely can help bring greater autism expertise and understanding over time.

Reply from other attendees:

We have the same need here in Perth [Sue Oats](#). Sometimes it is not always good to use the larger organisations. For example, just because one is diagnosed with ASD doesn't mean Autism Association for example is the best support for that individual. They go through large turnovers of therapists which is not helpful. I have found this with many large organisations. I have families requesting smaller providers or independent.

Reply from ESA:

Because there is often a frequent turnover of staff in these roles, it's a good idea to prepare an "About Me" book that can be given to any of your child's support workers to facilitate continuity of care. The family and child can all have input into what goes into the book. Typical things to

include would be strengths, interests, routines, important people, medical information, and anything else that may be good for the new support worker to know.

Reply from other attendee:

Information on support within the NDIS and getting the diagnosis for families that either have GDD or ECI funding then needing an official diagnosis by the time the child turns 7 to continue with supports.... As the NDIS says it is not part of the diagnosis aspect, yet the children who gain the early interventions are those that are on long waitlists within the public sector and are needing those supports to continue but are not ticking the right boxes in time