

Introduction

- Prevalence of autism in children in NZ has increased to 2% (Ministry of Health, 2019)
- Provision of early intervention enhances the quality of life of children with autism
- Limited research in NZ about availability and desire for services



Research questions

 $\underline{\mathsf{As}}$ reported by a sample of parents with young children with autism in New Zealand,

- What **type and amount** of educational early interventions do their children receive?
- What **type and amount** of educational early interventions do parents **want their children to receive?**

Participants

- Parent/caregiver of a child with autism who lives in NZ
- Their children must
 - have a formal diagnosis of autism by a qualified health professional
 - be under the age of 6
 - not yet be attending school

An educational early intervention was any educational programme aimed at teaching academic skills, daily life skills, self-care skills and/or social skills to children with Autism.

Method

- Online questionnaire
 - A. Non-identifying information
 - B. Current interventions: Type and amount
 - $\hbox{C. \ Preferred interventions: Type and amount}\\$
- $\bullet \ \, \text{Distributed through autism specific organisations} \\$
- Data collection period: 3 months
- 64 usable responses



Number of educational early interventions

As reported by parents,

Current	Preferred
Children were receiving 2 types of interventions	Parents would like their children to receive an additional 5 types of interventions

Type of educational early interventions

Current	Preferred
Speech language therapy was the most common (51.6%) followed by intervention through a teacher/ESW	Behaviour support (53.1%) was the most common followed by music therapy (48.4%)
Some participants indicated that their child is currently not receiving any type of intervention at all (18.8%)	

Amount of educational early interventions

	Current	Preferred
	Children were receiving 8.5 hours of intervention/ month	Prefer an additional 37 hours of intervention/ month
1	Amount of intervention delivered through professionals with disability specific training is about 6 hours/month	Prefer an additional 19 hours/ month through professionals with disability training

Factors associated with service utilisation

• Children's expressive language ability was significantly associated with parent preferred services

When parents reported their child had less spoken language, they also reported the desire to have more types of interventions and increased amount of interventions

Implications for practice

- Children with autism in NZ are receiving less types of interventions and lesser amount of intervention in comparison to research* from other countries
- There is great parental demand for different types of services and increased amount of services
- Particularly, there seem to be a demand for behaviour support and music therapy which are currently unmet

*References: Goin-Kochel, Myers, & Mackintosh, 2007; Green et al., 2006; Hume, Bellini, & Pratt, 2005; Lee Mdntyre, & Zemantic, 2017; Patten, Barar Watson, & Schultz, 2012; Raz, R., Lerner-Geva, Leon, Chodick, & Gabis, 2013; Thomas, Morrissey, & McLaurin, 2007

Limitations

- Small sample size
- Parental self-report
- \bullet Some participants did not specify the amount of intervention

References

- Goin-Kochel, R. P., Myers, B. J., & Mackintosh, V. H. (2007). Parental reports on the use of treatments and therapies for children with autism spectrum disorders. Research in Autism Spectrum Disorders, 1(3), 195–209.
- Green, V. A., Pituch, K. A., Itchon, J., Choi, A., O'Reilly, M., & Sigaños, J. (2006). Internet survey of treatments used by parents of children with autism. Research in Developmental Disabilities, 27(1), 70-84.
- Hume, K., Bellini, S., & Pratt, C. (2005). The usage and perceived outcomes of early intervention and early childhood programs for young children with autism spectrum disorder. Topics in Early Childhood Special Education, 25(4), 195–207.
- children with autism spectrum disorder. *Topics in tearly Lindanod Special Education*, 2:94, 1:59–247.

 Lea Mothyre, L. & Zemantic, PK. (2017). Examining services for young children with autism spectrum disorder: Parent satisfaction and predictors of service utilization. *Early Childhood Education Journal*, 45(6), 727–734.

 Ministry of Health, (2019). *New Zealand Health Survey Annual Data Explores*. Retrieved from https://minhealthurs.shinyapps.lo/nz-health-univer-2018-19-annual-fata-egolorer in *Blass behalf le spinor* + optics.

 Ministries of Health and Education. (2016). *New Zealand autism spectrum disorder guideline*. Wellington: Ministry of Health.

- Ministries of Health and Education. (2016). New Zealand autism spectrum disorder guideline. Wellington: Ministry of Health.
 Ministry of Social Development. (2019). Child disobility allowance. Retrieved from: https://www.workandin.come.gov/.nu/products/az-tenefit/child-disability-allowance.htmlnnul
 Patten, E., Baranek, G. T., Watson, L. R., & Schultz, B. (2012). Child and family characteristics influencing intervention choices in autism spectrum disorders. Focus on Autism and Other Developmental Disabilities, 28(3), 138–146.
 Raz, R., Lerner-Geva, L., Leon, O., Chodick, G., & Gabis, L. (2013). A survey of out-of-pocket expenditures for children with autism spectrum disorder in Israel. Journal of Autism and Developmental Disorders, 43(10), 2295–2302.
 Thomas, K. C., Morrissey, J. P., & McLaurin, C. (2007). Use of autism-related services by families and children. Journal of Autism and Developmental Disorders, 37(5), 818–829.