

sity. If there is anything in our society which is deserved of funding, it is this sort of research to assist with understanding the diagnosis, the early intervention and, ultimately, the treatment which will deal with this problem of autism. Secondly, it is the funding itself for each individual case to ensure that as each child goes through pre-school and primary school they get the direct support of additional personal assistance. That personal assistance will make the difference to the quality of their lives. That is real and important and that is what we stand for in this parliament. It is our task. It is our watch. I thank the member for the very valuable motion and we offer our bipartisan support.

**Ms BIRD (Cunningham) (7.55 pm)**—Thank you, Mr Deputy Speaker. Firstly, I thank the member for Werriwa for putting the motion before the House today. Like many members here, I also have a fair amount of lobbying occur in my electorate from parents of children with autism. On 30 April I was invited by the principal, Mr Bruce Rowles, of the South Coast School for Children with Autism to a parents' coffee morning at which there were approximately 30 parents present who wanted to take the opportunity to talk to me about some of the experiences and challenges they had come across in having a child with autism. I firstly put on the record my sincere appreciation for the great honesty and optimistic way in which they presented the issues to me. It is interesting to note that a number of them have multiple children with autism spectrum disorders. Often it is not just one child that a family can be dealing with; it is not uncommon for there to be multiple children with the ASD at varying levels within one family.

It is also true, as the paediatrician in my area with whom I was talking about this acknowledged, that it is an increasing occurrence. For reasons we do not yet understand, the regularity of ASD in children is increasing significantly. It is, sadly, not a condition that we are seeing decrease over time, but in fact increase. I reinforce the comments of the previous member about the importance of research not only, I suspect, into the nature of the condition and its best treatment but also perhaps into reasons why we are seeing an increasing occurrence of it in our society.

Having said that, one of the most profoundly telling stories that came through to me from these parents was that very initial experience of the often drawn-out, difficult and very worrisome process of identification and diagnosis. Many of us have been referred by our GP to a specialist for particular tests and we come back to the GP to get the results. Few of us realise that that is exactly what happens also with parents whose child has been referred to specialists for testing and they come back to the GP for the result of that testing. Sadly, with the best will in the world, most of our GPs rarely have these cases so they are not well-equipped to actually deal with the parents at that very critical point where they are getting that diagnosis back, at the point where you have the most chance of connecting them to the relevant services and to letting them know that there are supports and particular interventions available.

This was a very common story round the table from all 30 parents. As a result of that, I contacted the Illawarra Division of General Practice to get them to have a look at the issue of providing better service support to our GPs so that when they get a diagnosis back—and I cannot imagine they have too many in their professional career—they can connect with the division of GPs and say: 'I have the diagnosis back; I have the parents coming in. What do I need to be telling them? What is the best way to handle this?' The following most common story is their frustration with knowing that early intervention is critically important and can make a world of difference and then finding access to that early intervention. In some ways it is almost worse than thinking that there is nothing there, to know that there is something and you cannot access it for your child.

That is why I think many of the initiatives under the Helping Children with Autism package are profoundly important for these families—in particular, the Department of Health and Ageing's contribution to that package for helping children with autism, to increase and provide Medicare items. I just want to acknowledge these because they are important to these parents: Medicare items for consultant physicians to diagnose and develop a treatment plan for children aged under 13 on referral from the GP; psychologists, speech pathologists and occupational therapists to provide up to four services per child to collaborate with the psychiatrist or paediatrician on the assessment where required, so they are not left alone to do that; and psychologists, speech pathologists and occupational therapists to provide early intervention treatment following diagnoses of up to 20 services per child. It is a significant increase. I know, for those parents in my electorate, it is a really important initiative which will assist them.

**The DEPUTY SPEAKER (Hon. DS Vale)**—Order! The time allotted for this debate has now expired. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.

#### **Hormone Treatments**

Debate resumed, on motion by **Fran Bailey**:

That the House: