

# Special Needs Care and Training System for the Children in their preschool years with Developmental Disabilities

— Support System and Roles of “Frontline” in the Province of British Columbia —

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## Objects and Methods

In April 2007, Japanese Ministry of Education and Science declared to propel the Special Needs Education for children in their preschool years. On December 3rd, 2004, the Diet enacted the Assistance Act for Individuals with Developmental Disabilities, which underlines the importance of life-long support for the people with developmental disabilities. Since this act was enacted, the support in each life stage has begun to be promoted.

Both of the actions suggest that the support system should concern about events of everyday life. Special Needs Education is based on the results of a nationwide survey implemented in 2002. The survey reported that 6.3% of the children in regular classrooms were considered for individual support because they were suspected to have developmental disabilities, such as Learning Disabilities (LD), Attention Deficit/Hyperactivity Disorder (ADHD), and High-Functioning Pervasive Developmental Disorder (HFPDD). This report clarified that many children need to be supported separately in regular classrooms. This is significant as children spend a lot of time at school during the stage of compulsory education.

Assistance Act for Individuals with Developmental Disabilities described above is the fruit of longtime wish and advocate of families that have a member with developmental disabilities. This legislation was generated from the hope of the families who spend everyday life with the individuals with developmental disabilities and from the need of support for the present daily life and a lifelong support.

At the end of the 20th century, the ministry started to adopt the principle to support not only the children with disabilities but also their families, and the Child Welfare Law revised in 2003 strengthened this orientation. The trend has changed from “the socialization of child-care” to “the socialization of child-raising”, which raises the question of how to promote the support for families together with children. What is sought after here is an assisting technique in the field of welfare and well-being, which is attentive to the human sides of individual lives of children and their families.

Then, in 2001, WHO adopted ICF (International Classification of Functioning, Disability and Health) as one of global standards for the conception of disabilities. This should be appreciated since it classifies the disabilities based on the individual lives, rather than medical standpoints such as

diseases and functions. The role of welfare is not charity but assistance and support, which takes each individual's well-being into consideration based on the human rights. In other words, welfare has to have the viewpoint of supporting individual lives, not just aiming at their making a livelihood.

The subject of this study, on the basis of those, is how to promote the support for development of children during their preschool years, especially focusing on the preschool support system for the children with developmental disabilities. It also aims to compare the trend in Japan and the situation in other countries. This manuscript focuses and analyzes the roles of the people called "frontline", who provide assistance for babies and toddlers in the province of British Columbia (abbreviated as B.C.), Canada, from the viewpoint of welfare and well-being. It is because we believe that the assistance for children with developmental disabilities should be provided not only by medical resources but also by daily life activities. The movement in the fields of child-care and healthcare is reviewed through the administrative information and tactics of operating agencies. Also, the aspects of individual support system in preschool age are examined using Nelson's theory for support and technique, framework of Piaget's theory for lifelong development, and Nelson's theory for supporting system according to the levels of micro, meso, macro and exo.

The field of child-raising is shaken now by exhaustion of institutions and new movements to answer various needs. This manuscript is a part of a long-range research, whose themes include how to deal with the development of children in preschool age and link it to that in school age, how to bring up children to become an adult member of society, and how to provide special needs care and training for the children with special needs.

## **1. The movement of legislations for children with disabilities in the province of B.C.**

Since the concepts of children and child-raising are different in various social and cultural contexts, the needs and tasks of residents vary according to their locality. Canada consists of ten provinces and three territories. Since Canada adopts the system of decentralization, broad activities of social welfare are administrated by the provincial government under the control of Canadian Charter, following the concepts of basic human rights and citizenship. The assistance for the children with developmental disabilities is considerably different in each province.

In the province of B.C., located on the west side of Canada, the supporting system for the children with developmental disabilities, especially for Autism Spectrum Disorder, was considerably changed after the Auton Case(\*) in 2002.

Among various developmental disabilities, ADHD has been given much attention in medical and healthcare fields. At the public health center, children diagnosed as ADHD and their family members are provided continuous care support, including professional assistances in the fields of medicine, healthcare, psychology and welfare, as subjects of service for mental health. Meanwhile, children diagnosed as autism or Asperger syndrome can only receive a diagnosis by physician, unless they have other diseases which require medical treatment. They are also excluded from the care of public health center. Moreover, the assistances for the children with Autism Spectrum

Disorder are rare in the preschool age.

After Auton Case, in which the parents of four children with autism appealed the financial support of the special needs care and training for their children, the B.C. provincial government decided to guarantee the financial support for the children with autism spectrum disorder: 20,000 Canadian dollars annually for the children under 6-year-old and 6,000 Canadian dollars for those between 6- and 18-year-old. This financial support increased the number and sorts of assistance and the access to utilize them. A huge variety of aspects of consultation, guidance, care and training are available nowadays.

Then what kind of system will help us to offer such a support? In the province of B.C., the roles of professionals called “frontline” are considered to be important during the process in which the children and their families are introduced to the treatment care and training. People called “frontline” play various roles: getting directly engaged in the life of community residents throughout their life stages, communicating with them in daily activities, providing consultations for their challenges and difficulties, visiting their homes on certain occasions, mediating them to medical care and/or care and trainings, and introducing welfare-support into their daily activities.

The person performing these tasks as a “frontline” is expected to notice the needs for care of the children and their families from the professional viewpoint and to connect them with appropriate care and support. The roles of child nurses/pre-school teachers and public health nurses are especially important, since they work as professionals at the frontline of official system in supporting children of preschool age with developmental disabilities.

## **2. Frontline professionals playing a role of “early awareness”**

In case of autism, it is assumed that early intervention and early care and training in early childhood promote the child's development. Thanks to the expanded implementation of financial support for children with autism spectrum disorder established in 2002, “early awareness” has enabled children to receive a variety of early consultation, guidance, care and training.

### **(1) The role of frontline professionals in child-care of preschool years**

Following the court decision of the Auton Case, it is strongly urged to offer instruction corresponding to a child's disability based on professional knowledge, in addition to the existing assistance provided by the discretion of the child nurses and teachers. “Early awareness” leads to early identification and early care and training, since children with ADHD receive the medical and healthcare support under legislation and children with HPDD including autism and Asperger syndrome reap a benefit of financial support for care and training. “Early awareness” is the entrance to the promotion of child development. Child nurses can effectively suspect some diseases or disabilities in children and connect them with medical care. Some of them turn to be children with developmental disabilities.

Child nurses/pre-school teachers spend time with children in daily activities, so they are able to figure out the children's personalities and difficulties in the places, where children spend time in a

group. The aspects of cognition and emotion, and concomitant difficulties in social interaction and/or communication may be clearly identified in the situation of living in a group. Therefore, the child nurses/pre-school teachers are the persons of frontline of “early awareness”, since they interact with the growth and development of children in daily life.

It is an urgent matter to foster the child nurses/ pre-school teachers who are able to identify children with developmental disabilities and related disorders, because they are qualified to receive official financial support. There are increasing numbers of child nurses/ pre-school teachers who are willing to learn about developmental disabilities. The number of workshops is also increasing, where they can participate and acquire knowledge. Some of these workshops are held by the members of university faculty or NPOs, who are responsible for edification of developmental disabilities.

At the same time, some faculty members, who are professionals in psychology, are required to assist the nurses and teachers. One of those faculty members may prepare “the sheet for identification” to implement a simple assessment of developmental disabilities. The child nurses and teachers dealing with children are required to give individualized special needs care and training in the children's activities in a group, in addition to do the role of frontline.

## **(2) The role of frontline professionals in child healthcare**

Public health nurses are the frontline professionals for children's healthcare and have played important roles in child-raising assistance. In Vancouver, B.C., public health nurses make a call to the family who has a newborn baby. In the society where immigrants occupy a large proportion, there are many young people who are isolated in a community because of language difficulty and who have few relatives in neighborhood to talk with. In case of a big city such as Vancouver, there are a lot of immigrants from Asia who are accustomed to a large family system and welcome the phone call from a public health nurse. Public health nurses call them and sometimes visit their homes. When parents have concerns about child-raising, she/he may offer a longer visit and/or consultation for the family.

Healthcare center provides the primary medical service, and official healthcare activities are under direct control of the B.C. provincial government. When public health nurses suspect the existence of disease or disability in the developmental process of children, they are able to connect children to medical care, even though parents may consider it simply a difficulty of child-raising. They can do the same thing with children with developmental disabilities. As mentioned above, children with ADHD can keep receiving service under the healthcare system for a longer period.

The public health nurses, who are the frontline professionals, commit themselves to the growth and development of children from their births, provide comprehensive support for the children's sound development, and play the roles of “early identification” and “early intervention” for children with developmental disabilities and related disorders. In the province of B.C., early intervention and early care and training are considered to be a significant support for prosperous progress of children.

### 3. The frontline of welfare support

As described above, when a child is diagnosed as ADHD by a physician, he/she becomes entitled to receive medical care under the category of medicine and healthcare. At the healthcare center, children with ADHD and their families are eligible to receive mental health service and are offered a support system in which professionals from the fields of medicine, healthcare, psychology, and welfare are concerned.

On the other hand, once a physician diagnoses a child as having autism or Asperger syndrome, the physician does not offer anything more, unless the child has other conditions which need medical treatment. The child becomes a recipient of welfare, not of healthcare support. However, there are many social workers in healthcare centers and medical institutions, who have psychological background. They interview children and their parents, provide information on social resources, lead them to regional welfare institutions, offer professional guidance and special needs care and training, and introduce them to parental support. Therefore, social workers in medical fields play a role of bridge between medical “diagnosis” and welfare “support”.

There is also a variety of assistance beyond the frontline welfare support. The provincial government, NPOs, and groups of volunteers give official support and practice various kinds of consultation, guidance, care and training.

Although the difficulties of children with autism spectrum disorder are basically divided into three major categories (social interaction, communication and imagination) proposed by Lorna Wing, the actual difficulties of each child differ subtly from each other. The official financial support from the provincial government, 20,000 Canadian dollars annually up to 6-year-old, enables parents to use a variety of special needs care and training for their children. The number of service providers is increasing and alternative service is broadening. In addition to speech-language therapy and occupational therapy, new methods of training have been established, such as social skill training, behavioral therapy, Rovaas method and verbal method incorporating the theory of Applied Behavior Analysis (ABA), and Relationship Development Intervention (RDI) focusing on the progress of social interaction. The roles of social workers are important, since they select care and training which seems to be appropriate to the condition of the child, his/her difficulty, and needs of parents.

While the information on autism becomes more available and the number of children with diagnosis of autism increases, more and more NPOs and social welfare/well-being institutions have come to provide courses, counseling, and/or workshops for parents to learn autism and receive guidance from the professionals, with the help of administrative instruction and assistance. Social workers also play the role of frontline, introducing parents to child-raising support, in addition to the child's. Supports for parents include learning how to accept the disability of their child, parent-training, adjustment of relationship among the family members, and so on.

When a child is diagnosed as having autism, it is a difficult process for many parents to accept that their child has autism, even if the financial support system for special needs care and training and guidance is established. When their child is in early childhood, parents are apt to believe that

their child does not have “disability” but “just developmental delay”. The province of B.C. has many immigrants from all over the world and people have different concepts of disability derived from their cultural backgrounds. The parent’s acceptance of disability is a key point to promote the early intervention for children with disabilities. Therefore, when social workers give advice to parents, it is important to focus on solving the difficulties of autism which become the barrier to live independently in the community, because the parents themselves are struggling to adapt to the society. The early intervention for children with disabilities should include the sense that the intervention is quite significant for the future of children.

The support for parents includes not only assisting parents themselves but also helping children in their home. Because it is essential for parents to have consultations with professionals even after they accept and tolerate the disability, various groups including NPOs provide the workshops to teach parents how to comprehend and contact with their child and to train parents to function as tutors for the children. This parent training helps parents to adjust the relationship among the family members and to intervene with their child at home; as a result, we can expect a higher level of outcome from the training of the child.

In some occasions, supports for siblings are also required in addition to those for parents. When parents devote themselves to the care of a child with disability, influences on his/her siblings can become an issue. The care of the siblings is important, as they are expected to become the closest aid providers for grown-up individual with autism. For these reasons, counseling is provided to adjust the relationship among the family members and to give advice about future concerns of the whole family.

#### **4. Social resources of assistance for children in preschool period**

The effectiveness of the activities of frontline professionals is proportional to the available social resources. Since the provincial governments have an extensive discretion about the measures in welfare and healthcare in Canada, each region uses different measures. In the province of B.C., a kind of governmental organization called Crown Agency owns the rights and duties to decide the measures and to implement them.

The services of CLBC(Community Living British Columbia ), which became independent from MCFD (Ministry of Children and Family Development) in July, 2005, focus mainly on individuals with severe disabilities who are officially authorized to receive home program, children with developmental disability who have special needs, and their families. Autism is one of the important disabilities subject to this measure. The activities for children with developmental disabilities aim at self-fulfillment of the children. There are two targets: to support the special needs care and training for children and to support their empowerment. The latter means promotion of the children's growth in family and community, by helping children has ample social interaction at home and in the community.

Assistance for children with developmental disabilities begins with the application by parents. The contents of services, in the case of autism, include supporting program for children,

self-support, support for parents at home, respite-care, reference for counseling, and financial assistance. Practical services are provided by professionals, corporations, NPOs, and volunteer groups that made a contract based on the demands and choices of users. As regards the choices of users, this system is similar to the one in the Assistant Act for Self-Support of Individuals with Disabilities in Japan.

The front-line of CLBC is a public health nurse, who locates children with disability during medical check-ups of young children and informs their parents of available supports. Another role of them is to pass on the information on these children to their elementary schools.

Let's take a look at the activities of an NPO called ACTBC (Autism Community Training Society British Columbia), which supports children with autism. ACTBC is one of the service providers to which CLBC consigns practical services. ACTBC began its activities as a parents' group for autism children in May, 2003, and it aims to assist the life-long supports of individuals with autism. The goal of their activities is to help children with autism spend satisfactory daily lives at home, in their community, and schools, and to support their self-fulfillment.

ACTBC provides cutting-edge information and training of autism, holds workshops for parents, children, and professionals in service, introduces practical skills of guidance and training in a plain way, and communicates with physicians, psychologists, professionals in speech-language therapy and occupational therapy, and faculty members who take charge of the instruction. It has also published its original textbooks, collaborating with the professionals. The activities of ACTBC include "consulting service" for parents of children with autism and "information service" about medical agencies, scheduling methods for programs of intervention and training, and official support for children and parents to select services and service providers easily.

## Summary

The significant role of child nurses and public health nurses as frontline is to offer professional viewpoints in daily activities of children and their families. The people called frontline open the door to comprehensive assistance for the lives of children and their families. Once they identify the children with developmental disabilities, they can lead the children and their families to appropriate health care, medical care and welfare, give special needs care and training in the fields of child-care and education, and furthermore offer practical individualized support. The roles of such frontline professionals have become even more effective under the amplification of supporting system, which became available thanks to the provincial financial protection for children with developmental disabilities established in 2002.

The frontline professionals sometimes remind the difficulties which children and their parents are not aware of. The financial protection secured by the provincial government will help the child's prosperous growth, as the frontline's identification of disability does not only result in labeling and anxiety of parents but links them with support for self-fulfillment of children in their communities for years to come.

In the province of B.C., the qualities of social resources have allowed a macro system such as

Crown Agency to become functional and micro level systems to link with the macro system. The administrative agency becomes more active when it is operating with much faith in the connection with companies, NPOs, volunteer groups, professionals and associations of families, in addition to the connections among operating agencies. The frontline-system seems to be a micro system itself. And a self-help group has established an NPO as a result of their activities; naturally, the members of the NPO are family members of children with disabilities. Therefore, the activities of such NPOs can be the sources of comprehension of children with disabilities and their families and provide requisite social resources effectively.

The support system for children with developmental disabilities in the province of B.C. focuses on the difficulties of children and their families, based on the principle of human rights, and seek to reduce and solve the difficulties by early identification and comprehensive support. In order to bring this support system to fruition, it is urgently necessary for people on the frontline and professionals providing guidance and training to fully acquire the professional knowledge and techniques in each field.

**\*Information**

THE AUTON CASE: THE DECISION OF THE SUPREME COURT (extract)

The judgment of the Court was delivered by  
THE CHIEF JUSTICE --

I. Introduction

1. This case raises the issue of whether the Province of British Columbia's refusal to fund a particular treatment for preschool-aged autistic children violates the right to equality under the *Canadian Charter of Rights and Freedoms*. The petitioners are autistic children and their parents. They argue that the government's failure to fund applied behavioral therapy for autism unjustifiably discriminated against them. In the background lies the larger issue of when, if ever, a province's public health plan under the *Canada Health Act*, R.S.C. 1985, c. C-6 (*CHA*), is required to provide a particular health treatment outside the "core" services administered by doctors and hospitals.
2. One sympathizes with the petitioners, and with the decisions below ordering the public health system to pay for their therapy. However, the issue before us is not what the public health system should provide, which is a matter for Parliament and the legislature. The issue is rather whether the B.C. Government's failure to fund these services under the health plan amounted to an unequal and discriminatory denial of benefits under that plan, contrary to s. 15 of the Charter. Despite their forceful argument, the petitioners fail to establish that the denial of benefits violated the Charter.
3. The government must provide the services authorized by law in a non-discriminatory manner. Here, however, discrimination has not been established. First, the claim for discrimination is based on the erroneous assumption that the CHA and the relevant British Columbia legislation provided the benefit claimed. Second, on the facts here and applying the appropriate comparator, it is not established that the government excluded autistic children on the basis of disability. For these reasons, the claim fails and the appeal is allowed.

II. The History of the Case

4. The four infant petitioners suffer from autism, a neuro-behavioural syndrome caused by a dysfunction of the central nervous system that impairs social interaction, hinders communication and results in repetitive,



stereotyped behaviour. The symptoms and effects of autism vary from mild to severe. Over 90 percent of untreated autistic children end up in group homes or other residential facilities.

5. The cause and cure of autism remain unknown. However, a 1987 study published by a Texas researcher, Dr. O. Ivar Lovaas, suggested that applied behavioural therapy based on the repetitive use of stimuli and emphasized cues might help some autistic children between ages three and six. The therapy is intensive and therefore expensive -- between \$45,000 and \$60,000 per year. It is not always successful; the trial judge found only that in "some cases" it may produce "significant results" ((2000), 78 B.C.L.R. (3d) 55, 2000 BCSC 1142, at para. 51). While increasingly accepted, Applied Behavioural Analysis (ABA) or Intensive Behavioural Intervention (IBI) therapy is not uncontroversial. Objections range from its reliance in its early years on crude and arguably painful stimuli, to its goal of changing the child's mind and personality. Indeed one of the interveners in this appeal, herself an autistic person, argues against the therapy.
6. The infant petitioners received Lovaas therapy. Their parents, the adult petitioners, funded the treatment, although Connor Auton's mother ultimately became unable to continue for financial reasons. Until the government forbade it on the ground that new options were being evaluated, some families used funds for support services from the Ministry of Children and Families to help finance Lovaas therapy for their children with the tacit support of Ministry workers in some regions. Over a period of years, the petitioners and others lobbied the Ministers of Health, of Education, and of Children and Families for funding for Lovaas therapy, without success. In 1995, the petitioners commenced this action.
7. In the years leading up to the trial in 2000, the government funded a number of programs for autistic children and their families. This was done through the Ministry of Children and Families, which in 1997 had been given responsibility for child and youth mental health. The programs included infant development, supported child care, at-home respite, respite relief, contracted respite, occupational therapy, physical therapy, speech and language therapy, homemaker and home support services, hearing services, child care workers and specific behavioural support. Under the latter category, some programs attempted to positively treat autism. The Ministry provided services to autistic children through contracted agencies, some of which employed some behavioural analysis techniques. However, the focus was on teaching families the techniques to enable them to work themselves with the children.
8. An early intervention ABA/IBI program called LEAP had been established in Ladner but it was underfunded and equipped to serve only six children. Other centres and groups provided some ABA/IBI but the Crown's expert, Dr. Glen Davies, testified that these programs were not intensive, not delivered early enough in the child's development, and were rarely of sufficient duration to maximize the child's development. Finally, in May 1999, the Ministry announced an Autism Action Plan and an Autism Action Implementation Plan, which acknowledged the importance of early intervention, diagnosis and assessment, but stated that services for autistic children had to be balanced with services to children with other special needs. Moreover, the plan did not specifically target ABA/IBI therapy. As of the date of trial a year or so later, the Ministry had not produced much. No new funding had been provided and a concrete plan for intensive early treatment remained to be developed.
9. In a nutshell, at the time of trial the government funded a number of programs for young autistic children, and appeared to be moving toward funding some form of early intervention therapy. However, it had not established funding for intensive, universal ABA/IBI therapy available to all autistic children between the ages of three and six.
10. This delay appears to have been due to a number of factors. The first was the 1997 decision to transfer child and youth mental health from the Ministry of Health to the Ministry of Children and Families, which put a non-medical slant on treatment. The second was financial constraint: in 1998, the deputy ministers of the ministries of Health, Education, and Children and Families informed families that the government was not "in a resource position" to fund ABA/IBI therapy.

11. A final factor may have been the emergent and somewhat controversial nature of ABA/IBI therapy, although by the time of the trial the evidence was sufficient to convince the trial judge that it was "medically necessary" (para. 102). At the time of trial in 2000, ABA/IBI funding for autistic children was only beginning to be recognized as desirable and was far from universal. Alberta established funding for it in 1999, as did Ontario. Prince Edward Island was providing up to 20 hours of ABA/IBI per week at the time of trial, and Newfoundland and Manitoba had instituted pilot projects in 1999. In the United States "several jurisdictions" included ABA/IBI in educational or Medicaid programs, and the New York State Department Guidelines and the 1999 U.S. Report of the Surgeon General on Mental Health recognized ABA/IBI as the treatment of choice (trial judgment, at para. 82).
12. The petitioners sought funding for Lovaas therapy, a particular type of ABA/IBI therapy, from all three ministries. However, the trial judge dealt only with the claim against the Ministry of Health because she considered the issue "to be primarily a health issue" (para. 88).
13. Having thus narrowed the claim, the trial judge went on to find that applied behavioural therapy is a "medically necessary" service for autistic children. I note that she used the term "medically necessary" to mean, in a general way, a medical service that is essential to the health and medical treatment of an individual. She ruled that by denying a "medically necessary" service to a disadvantaged group (autistic children, a subset of the mentally disabled), while providing "medically necessary" services to non-autistic children and mentally disabled adults, the government discriminated against autistic children, since "the absence of treatment programmes for autistic children must consciously or unconsciously be based on the premise that one cannot effectively treat autistic children ... [which is] a misconceived stereotype" (para. 127). She concluded, at para. 139:

The Crown has failed to take into account and accommodate the infant petitioners' already disadvantaged position, resulting in differential treatment. That unequal treatment, which is based on the enumerated ground of mental disability, is discriminatory. Here the only accommodation possible is funding for effective treatment.
14. The trial judge went on to find that the discrimination was not justified under s. 1 of the Charter. She accepted that the government was entitled to judicial deference in allocating finite resources among vulnerable groups, but held that this did not immunize its decision to deny funding for ABA/IBI from Charter review, given that the exclusion of ABA/IBI therapy undermined the "primary objective" of medicare legislation, namely the provision of "universal health care" (para. 151).
15. The trial judge granted: (1) a declaration that failure to fund ABA/IBI breached s. 15 of the Charter; (2) a direction that the Crown fund early intensive behavioural therapy for children with autism; and (3) a "symbolic" award of \$20,000 under s. 24(1) of the Charter to each of the adult petitioners as damages for the financial and emotional burdens of litigation ((2001), 197 D.L.R. (4th) 165, 2001 BCSC 220, at paras. 64-65). She did not direct funding or reimbursement for the specific therapy requested and used, Lovaas therapy, on the ground that it was up to the government, not the court, to determine the nature and extent of ABA/IBI therapy funded on appropriate professional advice (para. 25).
16. The Court of Appeal agreed with the trial judge that the government had discriminated contrary to s. 15 of the Charter and that this could not be justified under s. 1 ((2002), 220 D.L.R. (4th) 411, 2002 BCCA 538). The discrimination lay in "the failure of the health care administrators of the Province to consider the individual needs of the infant complainants by funding treatment" (para. 51). This, to the appellate court, constituted "a statement that their mental disability is less worthy of assistance than the transitory medical problems of others," thus creating a "socially constructed handicap" that worsened the position of an already disadvantaged group (para. 51).
17. The government was unable to satisfy its justificative burden under s. 1 of the Charter. It

failed to establish a rational connection or proportionality between the objective of properly allocating limited resources between multiple demands and the denial of ABA/IBI therapy, given the importance of meeting the needs of autistic children and the potential benefits for the children and the community that would flow from ABA/IBI treatment. The Court of Appeal allowed the cross-appeal by adding funding for ABA/IBI treatment pursuant to medical opinion.

18. The government now appeals to this Court, and asks that these decisions be set aside.  
(Auton (Guardian ad litem of) v. British Columbia (Attorney General) [www.sentex.net](http://www.sentex.net))

**For more information**

1. Autism, Medical Services and the Law ; Position Statement of F.E.A.T. of B.C. (Families for Early Autism Treatment)
2. IN THE SUPREME COURT OF BRITISH COLUMBIA, 2000.7.26. Docket: C984120
3. COURT OF APPEAL FOR BRITISH COLUMBIA, 2002.10.9. Docket: CA027600
4. Autism Society Canada "Supreme Court of Canada Overturns Lower Court Decisions in Autism Treatment Case For Immediate Release "www.autismsocietycanada.ca