

Government of Canada Response to *Pay Now or Pay Later: Autism Families in Crisis*

A. INTRODUCTION

The Government of Canada is pleased to present this Response to the Report of the Standing Senate Committee on Social Affairs, Science and Technology, *Pay Now or Pay Later B Autism Families in Crisis* (the Senate Report), which was tabled in the Senate in March 2007. The Standing Senate Committee on Social Affairs, Science and Technology (the Senate Committee) is commended for having conducted such a thorough inquiry into funding for the treatment of Autism Spectrum Disorders (ASD). The Report, which reflects a growing awareness of the challenges that confront families affected by ASD, contains insights and recommendations that offer a positive direction for present and future considerations on the issue.

The Government of Canada recognizes that ASD is not just a health issue, but also has overarching implications for Canadian society as a whole. While the provision of services for those affected by ASD falls under the jurisdiction of the provinces and territories, this government recognizes B consistent with the observations of the Senate Committee around knowledge gaps B the appropriate leadership role it can continue to play as a facilitator of enhanced evidence.

Autism Spectrum Disorders: an Overview

ASD are a group of disorders characterized by difficulties with social interaction, communication, and repetitive behaviours. Individuals with these conditions are affected to varying degrees with the most heavily affected having severe, often violent, behavioural problems and little or no communication ability. While an ASD diagnosis can be made by the age of two to three years, these conditions are life-long and have a significant impact on families.

A variety of studies conducted around the world suggest that the prevalence of ASD is approximately 6/1,000 children (Newschaffer, CJ et al. *The epidemiology of Autism Spectrum Disorders* in *Annual Review of Public Health* 2007.28: pp. 235-258). A recent study of school children in Montreal found that the prevalence of ASD has increased (Fombonne et al., *Pediatrics* 2006; 188; 139-150). The authors attribute the increase in prevalence to a rise in the number of children diagnosed with ASD, resulting from broadened diagnostic criteria, increased awareness and improved access to services. Currently, there is insufficient evidence to support the claim that the incidence of ASD is actually on the rise.

Issues Related to Autism Spectrum Disorders

As identified within the Senate Report, key challenges facing those affected by ASD and their families include: the complexity of the condition; a lack of consensus and evidence regarding terminology, prevalence, treatments, and interventions; and difficulties in accessing effective and affordable care. Furthermore, ASD therapies are offered in a broad range of settings through health, social, psychological and educational services and many of these areas are facing shortages of personnel.

In light of the clear need for greater consensus and evidence in relation to so many aspects of ASD, the Government of Canada is pleased to provide details on a number of relevant federal activities.

The Impact of Autism Spectrum Disorders on First Nations and Inuit Communities

The Government of Canada supports the provision of health services and programs, as well as social and other services, to First Nations living on reserve and to Inuit communities. First Nations and Inuit children represent the fastest growing segment of the population in Canada. The First Nations birth rate is more than twice that of the Canadian population at large, contributing to a population that is much younger in comparison to the general Canadian population. Notwithstanding this high proportion of First Nations and Inuit youth, there are no known statistics on the number of First Nations and Inuit individuals with ASD.

Current Government of Canada Initiatives Impacting Autism Spectrum Disorders

The Government of Canada recognizes the role it can continue to play in fostering a stronger ASD evidence base which will in turn help the provinces and territories to make informed policy decisions regarding the allocation of resources to ASD issues. Given the complexity of the issues, the Government of Canada believes its support is valuable in generating new knowledge, focussing expertise and building capacity for ASD research. Current federal initiatives on ASD research and information include:

- § ongoing research through the Canadian Institutes of Health Research (CIHR) and the Canadian Research Chair Program (CRCP);
- § an ASD research symposium, November 8-9, 2007;
- § a Web site to provide up-to-date ASD information to Canadians from all walks of life (this will be updated as ASD work continues to be advanced across relevant federal departments);
- § a research chair focussing on the study of ASD treatments and interventions; and
- § an examination of ASD surveillance opportunities.

There are also a variety of other avenues through which the Government of Canada is supporting enhancements to Canada's capacity to provide effective health and social care, including care to those affected by ASD. For example:

- § Health Canada administers the Pan-Canadian Health Human Resource Strategy (which seeks to secure and maintain an optimal health workforce in Canada), and programs which are accessible to First Nations and Inuit;
- § Finance Canada provides a number of tax measures to families with children with disabilities; and
- § Human Resources and Social Development Canada (HRSDC) has provided support to ASD issues through the Social Development Partnerships Program.

ASD affects Canadians from all walks of life, and is not just an issue for children. That being said, there are many recent studies into children=s health B such as the work underway by Dr. Kellie Leitch, Advisor to the Minister of Health Canada on Healthy Children and Youth, and the recent Senate Committee report *Children: the Silenced Citizens* B which have touched upon the importance of addressing young Canadians with special needs. The Government of Canada agrees that this is an important issue and looks forward to supporting continued collaboration and knowledge development, within the context of its framework for autism activities, which will benefit Canadians of all ages who are affected by ASD.

B. RESPONSE TO THE RECOMMENDATIONS

The following section provides the Government of Canada=s response to the Senate Committee=s recommendations and includes greater detail on the activities noted in section A.

I. A Strategic Approach to ASD

The Senate Committee has recommended that the federal government strategically address issues related to ASD. The Government of Canada is enhancing Canada=s capacity to address autism through activities to strengthen ASD knowledge, and to enhance our capacity to care for Canadians with special needs.

This government recognizes the importance of collaborating with stakeholders, and provincial and territorial governments, to support the well-being of all Canadians, including those with autism. Furthermore, the Government of Canada is certain that the most appropriate role it can play in regard to ASD is to strengthen the evidence base. As identified by the Senate Committee, there is a lack of consensus, and evidence, on ASD issues. Accordingly, governments do not yet know enough about ASD and its treatments to implement effective and well-informed strategies that would lead to meaningful outcomes. The Government of Canada is pleased to report that federal work is underway to address knowledge gaps so that stakeholders and governments may be better equipped to pursue strategic work on ASD.

In order to address the dearth of evidence on ASD, the Government of Canada is leading work in many areas and across federal departments. For example, the Public Health Agency of Canada (PHAC) is exploring the feasibility of establishing an ASD surveillance system to provide data on ASD, such as its prevalence B amongst both children and adults . This exercise is being informed by a broad array of stakeholders and governments. As work on ASD progresses, PHAC=s *Best Practices Portal* B which is a knowledge exchange mechanism around clinical practice guidelines for chronic diseaseB may also be a useful tool for the dissemination of information pertaining to best practices in ASD treatment and intervention.

Furthermore, through CIHR, the Government of Canada is funding peer-reviewed ASD research in universities and hospitals across Canada. Canada is fortunate to have a community of outstanding ASD researchers working in institutions across the country and, since 2000, CIHR has invested \$26.1M in research related to ASD. This investment is improving our understanding of ASD, training a new generation of ASD researchers, and building the evidence base needed to inform policy and program development. Through this work, CIHR is partnering with national autism organizations on research and training programs, and is working with them to translate new knowledge into action.

In addition, the federal government B through CIHR and Genome Canada B is funding the Autism Genome Project, along with a group of Canadian and international partners. This project is an international collaboration that has brought together geneticists, clinicians and genome scientists from Canada and ten other countries for the purpose of uncovering the genetic basis of autism. Canadian researchers have played a lead role in this initiative. In a paper published in February 2007, this team of researchers announced the discovery of a chromosomal region containing autism susceptibility genes. This is a great step forward in efforts to better understand autism and to improve diagnosis and treatment.

Building on the announcement made in November 2006, Health Canada is working to establish an ASD research chair who will study ASD treatments and interventions. Cross-jurisdictional engagement will be a cornerstone of this initiative.

To further strengthen collaboration and information-sharing around ASD, the federal government is supporting a research symposium this Fall which will bring together service providers, policy-makers, representatives from provincial/territorial governments, researchers and those affected by ASD to help identify gaps in ASD research.

Further details on knowledge-centred activities being led by the Government of Canada are presented in section III.

In addition to initiatives to support a stronger ASD evidence base, the Government of Canada has also facilitated work to enhance Canada=s capacity to care for Canadians with special needs, including those with ASD. For example, through HRSDC=s Social Development Partnerships Program - Disability Component (SDPP-D), which has supported initiatives that benefit Canadians of all ages, Autism Society Canada has received grant funding to assist in the areas of governance, policy and program development, and community and organizational administration. Furthermore, the SDPP-D has also contributed funding to the Miriam Foundation to create a learning centre for children and adults with autism and developmental disabilities. The goal of the learning centre is to improve quality of life for people with developmental disabilities by offering increased and improved opportunities to learn, communicate, and participate in community life. The organization has also received funding for a project to produce and disseminate a discussion document identifying standardized Canadian best practices for the screening and early diagnosis of children with ASD.

Furthermore, PHAC funds four Centres of Excellence for Children=s Well-Being, two of which are doing important work on autism. As the Centres of Excellence are arms-length federal entities, their work plans are determined in consultation with external partners.

The Centre of Excellence for Early Childhood Development has chosen autism as a key theme and is studying autism from a policy, research, and service delivery perspective. To date, the Centre has supported 50 publications on the issue. These documents are accessible through the Centre's Web site. Furthermore, funding of \$30,000 has been provided to study ASD in the Encyclopaedia on Early Childhood Development, which is a compilation of papers from leading experts covering 33 topics related to the social and emotional development of young children.

The Centre of Excellence for Children and Adolescents with Special Needs is also undertaking work on autism. The Centre recently concluded a literature review of diagnostic approaches and is currently examining best practices to support autistic children. The Centre's task force on Early Intervention Resources has completed work on "ACredentialing Institutions", "Commonly used assessment tools for children with special needs ages birth to six and their families", and "Personnel Preparation for Early Intervention". Further activities on autism include the "Special Needs Information Services Online" and "Distance Learning on Special Needs for ECE Workers in Aboriginal Communities". These valuable resources are accessible through the Centre's Web site.

The Centres of Excellence for Early Childhood Development and for Children and Adolescents with Special Needs are planning to host an autism policy forum on November 15, 2007. The Centres have invited 30 policy makers from provincial/territorial governments and selected federal representatives to review the latest research on detection and early intervention, and discuss policy implications and perceived challenges to developing effective provincial/territorial policies on autism. This is in addition to the planned research symposium, which will have a research focus and a broader target audience.

In addition to the Centres of Excellence supported by PHAC, the Community Action Program for Children (CAPC) provides funding to community-based groups to provide early intervention and prevention programs that promote the health and social development of children (0-6 years) and their families living in conditions of risk. Communities that sponsor CAPC projects may provide programming to support children with special needs, including children with autism, depending on the individual community's assessment of its needs. There are a limited number of CAPC projects with programs or resources specifically directed to children affected by autism and their families.

With respect to the unique challenges faced by children with special needs in First Nations and Inuit communities, the Government of Canada is administering a variety of relevant activities and programs including: the Aboriginal Head Start on Reserve program; the Maternal Child Health program; the Fetal Alcohol Spectrum Disorder program; the Federal Early

Childhood Development Strategy; and the First Nations and Inuit Home and Community Care program.

The Aboriginal Head Start on Reserve (AHSOR) program is designed to prepare young First Nations children for their school years by meeting their emotional, social, health, nutritional and psychological needs. In 2005/06, the program served over 9,000 children and families in almost 328 communities across Canada. A 2002 enhancement to AHSOR enabled many community-based projects to put supports in place to allow a limited number of children with special needs to participate.

The Maternal Child Health (MCH) program will strengthen the coordination of services for First Nations children and their families. The long-term goal of this on-reserve program is to improve the health and social outcomes for pregnant First Nations and Inuit women and for families with infants and young children. This program will provide home visits by nurses and family members during pregnancy, postpartum and early childhood on-reserve. It will also link children and families with special needs to related services. In the North, the MCH investment will focus on disease prevention and health promotion activities to complement the direct health services families receive from provincial and territorial governments.

The Fetal Alcohol Spectrum Disorder (FASD) program promotes early diagnosis and intervention for First Nations pre-school aged children with FASD. Multi-disciplinary teams provide holistic, family-centred support before, during and after diagnosis. These teams incorporate a wide variety of expertise including doctors, social workers, psychologists, elders, and educators. The program supports community coordinator positions in some areas, with a focus on improving access to multi-disciplinary teams. Although the program is focussed on children with FASD, it may also provide increased opportunities to children with other special needs, such as those with ASD, through the assessment and diagnosis process.

Through the Early Childhood Development Strategy, federal departments are collaborating to improve the coordination of federal services for Aboriginal children with special needs. The strategy supports an integrated continuum of programming at the community level by promoting community-based decision-making, and responsiveness to diverse needs, including those of children who maybe affected by autism. To this end, Aboriginal organizations are engaged in policy development to address the requirements of children with special needs. For example, the strategy has supported Inuit Tapiriit Kanatami to develop training tools, and the Assembly of First Nations to examine gaps in services and to develop culturally relevant tools.

The First Nations and Inuit Home and Community Care (FNIHCC) program delivers basic home and community care services to First Nations and Inuit of all ages, and is available in over 95% of First Nations and Inuit communities. In 2005/06, there were 28,000 clients, of which 1,139 were children aged 0-16. FNIHCC services are based on assessed need, not diagnosis, and services delivered to children with autism may include nursing, in-home respite and facilitating linkages with other professional and social services.

II. Federal/Provincial/Territorial Collaboration on ASD Treatment

The Committee has called on federal/provincial/territorial governments to collaborate on ASD treatment. While the federal government supports Canada=s capacity to address the special needs of children, including those with autism, provincial/territorial governments are responsible for delivering health and social services within their respective jurisdictions, with some exceptions for service provision to selected populations, including First Nations and Inuit. To assist provincial/territorial government to deliver these services, the federal government contributes funding through the Canada Health Transfer (CHT) and the Canada Social Transfer (CST) respectively. Provincial and territorial governments also have exclusive jurisdiction over primary and secondary education. More specifically, this provincial/territorial role includes responsibility for the allocation of jurisdictional resources to treatments for specific disorders and conditions.

In terms of funding through the CHT and the CST, Canada=s New Government is supporting renewed equalization. Providing \$1.5B more in 2007/08 than last year, the Government of Canada is supporting fair treatment of Canadians in all parts of the country and enabling provinces and territories to provide their residents with comparable levels of services at comparable levels of taxation. All Canadians will benefit from provincial and territorial governments being well-equipped to invest in health care, post-secondary education, modern infrastructure and social programs. Moreover, through the 2004 Health Accord, the Government of Canada is providing provinces and territories with an additional \$41.3B to support enhanced access to quality health services.

With respect to First Nations and Inuit health and social services, the Government of Canada supports the provision of supplementary health benefits, the delivery of public health and health promotion services, and the provision of primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available. The Government of Canada is actively engaged in efforts to enhance First Nations involvement in the delivery of health services, and to promote better integration and coordination of federally and provincially funded services.

III. Supporting ASD Research, Knowledge Exchange and Awareness

The Committee has called for federal support toward enhanced ASD knowledge creation and exchange. The Government of Canada is aware of the need to address a shortage of evidence around ASD issues. It is also cognisant of the important role it can continue to play as a facilitator and supporter of knowledge development and exchange. As such, actions have already been taken to improve the evidence base and infrastructure for knowledge exchange regarding ASD B actions that will ultimately result in enhanced awareness and understanding of ASD by all Canadians.

The Government of Canada continues to fund innovative research, at universities and hospitals across Canada, through CIHR and other federal research funding agencies. In collaboration with Autism Speaks, CIHR is funding a team of researchers from McMaster, Dalhousie and McGill

Universities. These researchers are studying a group of children with autism, from the point of diagnosis until the end of grade one. This study is the largest of its kind ever conducted. It will provide valuable information about the developmental pathways of children with ASD and identify what factors, services and interventions promote the healthiest development of these children. This is just one of many examples of ASD research projects being funded by CIHR.

The federal government is also helping to train a new generation of ASD researchers. To this end, CIHR is funding two strategic training programs in autism, based at Queen's University and McGill University. Students in these programs are being mentored by a team of experienced researchers in sites across Canada and are being exposed to a high quality, multi-disciplinary research environment.

The Canada Research Chairs program is another mechanism the federal government is using to build research capacity. Research Chairs are a magnet for research funding and provide inspiration to young researchers and trainees. There are currently ten Canadian Research Chairs working in areas related to ASD. In addition, Health Canada is working on a process to establish a new ASD research chair, to examine issues related to treatments and interventions. To ensure that this work is relevant to all provinces and territories, cross-jurisdictional engagement will be an intrinsic element of this position.

To further enhance knowledge exchange, planning is underway for the first Government of Canada led research symposium on ASD, which will showcase the latest research in the areas of genetics, screening, diagnosis, treatments and interventions across the lifespan. This Fall 2007 event will be attended by researchers, health and educational professionals, policy-makers, provincial/territorial governments, and those with ASD or their families. It will be an opportunity for participants to: network; hear presentations from the research community regarding current evidence on ASD; discuss knowledge gaps; and identify priorities for future research.

PHAC has also initiated work to address ASD data gaps through an in-depth examination of the feasibility and potential structure of an ASD surveillance program that would collect and interpret national data related to ASD, and enhance Canada's capacity for policy and program decisions on autism. This initiative is being informed through consultations with provincial/territorial governments, ASD stakeholders, and researchers and will identify options regarding data collection, interpretation and dissemination.

To promote the accessibility of information and enhanced awareness of ASD, Health Canada is in the process of developing a Web site for ASD information. This resource will be located on the Health Canada Web site and will provide access to up-to-date information and links regarding ASD. This site will be useful to policy-makers, researchers, professionals, and the Canadian public.

The Government of Canada is confident that these initiatives will contribute to enhanced public awareness, an infrastructure for knowledge development and exchange, and a stronger ASD evidence base.

IV. Comprehensive Consultation

The Committee has recommended inclusive consultations take place in the Government of Canada=s work on ASD.

Given the complex nature of autism, many individuals, families, organizations and governments wish to have a voice in future consultations. This government looks forward to engaging these partners and stakeholders in dialogue regarding ASD. The planned Fall 2007 symposium will provide such an opportunity and will be attended by researchers, health and educational professionals, policy-makers, provincial and territorial governments, and those affected by ASD. The goal of this research focussed symposium will be to update governments and stakeholders about the scientific evidence base for ASD, and to guide future research. Anticipated outcomes include the establishment of greater understanding regarding ASD, enhanced connectivity between ASD stakeholders and researchers, and the identification of gaps in ASD research.

In addition to consultation at the symposium, the Government of Canada plans to consult with provinces and territories, and a broad cross-section of stakeholders, as it examines the feasibility of establishing an ASD surveillance system.

V. Human Resources for ASD

The Senate Committee has proposed that the Government of Canada address human resource issues related to ASD. This government recognizes that provincial and territorial governments are responsible for developing and implementing their own human resource policies and plans. Within this context, the Government of Canada acknowledges that it has a role to play in supporting best practices and in working with the provinces and territories to address inter-provincial labour mobility.

In its capacity as a facilitator of cross-jurisdictional collaboration on health care system issues, Health Canada is administering the Pan-Canadian Health Human Resource Strategy (HHR Strategy), which seeks to secure and maintain an optimal health workforce in Canada. To this end, supported by \$20M per year, Health Canada is collaborating with provinces and territories, and health stakeholders on initiatives to enhance recruitment and retention of providers, to strengthen Canada=s capacity to plan, and to promote interprofessional education of HHR. It is anticipated that this work will have broad impacts on HHR in general, benefiting all areas of the health care system. Furthermore, the Strategy=s focus on interprofessional education may have particular relevance for ASD in light of the many disciplines that are involved in its treatment.

This government is also cognisant of the advantages of an economically strong Canada where Canadians can live and work in the place of their choice. Canada is privileged to have a well-educated, highly skilled and mobile workforce, making it one of the most flexible and adaptable labour markets among countries in the Organization for Economic Co-operation and Development. The Government of Canada is mindful that this strength must not be taken for granted and that we must move forward together to meet the new labour market challenges facing Canada, including labour shortages and inter-provincial mobility for regulated

occupations. To this end, the departments of Industry, Finance, and Human Resources and Social Development are engaged in addressing Chapter 7 of the *Agreement on Internal Trade (AIT)*. Signed by First Ministers and effective since 1995, the AIT aims to reduce barriers to the movement of persons, goods, services and investments within Canada. Chapter 7 focusses specifically on reducing barriers to labour mobility by enabling any worker qualified for an occupation in one part of Canada to access employment opportunities within that occupation in any other province or territory. A deadline of April 1, 2009 has been established for governments and regulatory bodies to achieve full compliance of their obligations under Chapter 7. Through a process of negotiation with provinces and territories, and regulatory bodies, it is expected that Mutual Recognition Agreements will be achieved. These agreements will contribute to strengthening inter-provincial labour mobility for regulated health (and other) professionals.

VI. Tax Assistance for Families Affected by ASD

The Committee has recommended that the Government of Canada seek to ensure the future financial security of autistic children and reduce the financial burden on families affected by ASD.

In the personal income tax system, income is used as the measure of ability to pay tax. The Government of Canada is cognisant that in certain cases individuals B for example, persons with a severe disability B face non-discretionary costs which reduce their ability to pay tax. To ensure fairness, this is recognized through various tax measures for which children with ASD may be eligible.

For example, the Disability Tax Credit (DTC) recognizes the impact of general disability-related costs on an individual's ability to pay tax. This credit can be transferred to a spouse or other supporting relative of the individual. Eligibility for this credit gives rise to entitlement to other tax measures and benefits such as:

- § the DTC supplement for children, which provides additional tax relief to families caring for children who are eligible for the DTC;
- § the Child Disability Benefit (CDB), a supplement of the Canada Child Tax Benefit, which is payable in respect of children who are eligible for the DTC; and,
- § the Registered Disability Savings Plan (RDSP) which was announced in Budget 2007. Commencing in 2008, RDSPs will provide substantial government support within a tax-effective savings vehicle for individuals who qualify for the DTC. This will help to ensure the long-term financial security of individuals with disabilities.

Eligibility for the DTC also results in enhancements under a number of other tax measures as well. More specifically:

- § enhancements to the Children's Fitness Tax Credit for children eligible for the DTC; and,

§ the Child Care Expense Deduction has a number of enhancements for DTC-eligible and infirm children.

In addition to these important tax measures for which children with disabilities such as autism may be eligible, families with children with ASD may also avail themselves of the following tax measures:

§ Some expenses incurred as a result of ASD may be eligible under the Medical Expense Tax Credit (METC), which recognizes the effect of above-average itemizable medical or disability-related expenses on an individual's ability to pay tax; and,

§ The proceeds of a deceased individual's registered retirement savings plan (RRSP) or registered retirement income fund (RRIF) may be transferred on a tax-deferred basis to the RRSP of a financially dependent child or grandchild who was dependent on the deceased individual by reason of physical or mental infirmity.

With respect to the recommendation that autism qualify as an eligible disability for purposes of the RDSP, eligibility for the RDSP is based on eligibility for the DTC. No specific impairment or condition automatically grants eligibility for the DTC. Rather, eligibility for the DTC is determined on a case-by-case basis, contingent on the effects of the impairment(s). The DTC is generally provided to those whose impairment markedly restricts their ability to perform a basic activity of daily living, and as such, all individuals with autism who meet these criteria are eligible for the DTC. This approach ensures a fair application of the DTC, irrespective of the type of impairment

In terms of the recommendation that the government study the impacts of income splitting, it is important to note that income splitting would provide different levels of tax relief depending on how wide the income gap is between parents, and would provide no tax relief to single parents. Furthermore, the personal income tax system provides tax relief in recognition of the fact that caring for a child with a disability reduces a family's ability to pay tax (e.g. the DTC supplement for children), and contains a number of provisions that recognize interdependence between family members, such as the spousal or equivalent-to-spouse amount and the ability to transfer or pool certain credits (e.g. Medical Expense Tax Credit, Age Credit) between family members.

Regarding the recommendation that the government issue the results of the review of the RRSP rollover rules undertaken in response to recommendation 4.2 of the Technical Advisory Committee on Tax Measures for Persons with Disabilities, the Department of Finance is presently examining the issue of permitting the rollover of the proceeds of a deceased individual's RRSP or RRIF to a discretionary trust for a financially dependent child or grandchild with a disability. The recent introduction of the RDSP has significantly changed the context in which this recommendation would be considered and this will now need to be taken into account.

C. CONCLUSION

The Government of Canada acknowledges the complexity of the challenges related to ASD and agrees with the Committee that there is much work to be done to enhance collaboration and evidence on this issue. The Government of Canada will continue to support the development of the ASD evidence base to ensure provincial and territorial partners, stakeholders and families, have up-to-date information related to treatments and interventions. To this end, we will continue to work with governments, stakeholder organizations, and those affected by ASD, to build the foundation for better understanding of this serious spectrum of disorders, which has implications not only for the health sector, but for social services and education more broadly. A key step in enhancing this understanding will be the upcoming ASD research symposium, the first Government of Canada led event of its kind. To further strengthen collaboration and information-sharing around ASD, this government looks forward to gathering with service providers, policy-makers, representatives from provincial/territorial governments, researchers and those affected by ASD to enhance our understanding of the existing scientific evidence pertaining to ASD, and to identify gaps in this evidence.

Once again, the Government of Canada would like to thank the Standing Senate Committee on Social Affairs, Science and Technology for the time and effort devoted to their valuable report on ASD.

