

Autism and the early years: what support coordinators need to know

Webinar summary

myintegra

NDIS Plan Management

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Data and statistics on autism spectrum disorder:

- WHO estimates globally that one in 100 children have autism
- Autism Spectrum Australia estimates that one in 70 people in Australia have autism
- 31% of all NDIS participants have a primary autism diagnosis

Identifying autism:

- How we identify autism has changed over the years
- Increased prevalence is reflective of greater awareness, cultural shifts, increased focus on autism and identifying across the different community streams (e.g., education and health) and changes in diagnostic criteria
- From age one a diagnosis can be pursued
- Early identification is a key factor in positive outcomes. Appropriate diagnosis allows for the best supports to be provided

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Co-occurring needs are often the areas needing support

Signs and indicators include:

- Adults may notice a difference in a child's early development such as delay in speech, milestones, or communication challenges
- Some children can be undiagnosed until they get to school, where differences may become more obvious, e.g., they have challenges forming friendships or participating in groups
- There is increasing awareness and understanding around girls on the spectrum, who may mask some indicators and are harder to identify
- We are learning all the time how to differentiate between different diagnoses and disorders

Assessment and diagnostic process:

- Assessment usually involves a multidisciplinary team, involving a social worker, speech pathologist and a paediatrician

Assessment and diagnostic process cont:

- A comprehensive assessment involves many hours and information from a range of channels, looking at any biological or neurological health needs, cognition, development, language as well as autism and co-occurring areas
- Looking at an individual and their supports does take time, but doing this robustly from the outset is extremely helpful in the longer term

Co-occurring needs:

- Co-occurring needs are often the areas needing support
- A functional assessment and functional view are most helpful, rather than categorising as autism
- Co-occurring areas include intellectual disability, language disorder, with or without developmental delay, ADHD, anxiety

The Neurodiversity Affirming Paradigm

- Does not view autism as a mental illness
- Is different to the pathologizing-DSM approach to autism
- Claims that there is no scientific basis for calling autism a disorder
- Autistic ways of being to be accepted, and not changed with therapies
- Supports to focus on self-selected, functional goals and the community adapting

Autism is a lifelong disorder and a person's needs will change over time

The latest evidence-based practice guidelines

- In 2022 national guidelines for supporting the learning, participation and well-being of autistic children and their families in Australia was published by the Autism CRC
- The guidelines seek to have a comprehensive and consistent approach to how we work with autistic individuals and provide them with appropriate supports
- They recognise there is no 'one-size fits all' and support best practice care
- In consultation with a healthcare professional/s, parents need to make decisions about which of the available intervention options are a best fit for their child and family

Choosing interventions for children with autism:

- Broadly, there is little understanding about evidence-based practice
- Families are often overwhelmed and/or confused, and typically focused on cost, proximity to home and next available appointment times
- There is 'lots of noise' in the market in terms of available information
- Important to understand that autism is a life-long disorder and needs will change over time
- Parents will trial a number of intervention approaches

Categories of intervention include:

- Parent-led, behavioural, relationship-based, sensory, naturalist developmental behaviour, alternatives or pharmacological

Therapy options include:

- Includes speech pathology, psychology, occupational therapy, parent coaching, Early Start Denver Model, JASPER, Project imPact, tele-therapy, specialised play groups, autism specific early learning centres, key worker model, Applied Behavioural Analysis, early childhood educators, allied health assistants



Every child and family are unique, and unique at that point in time

Working with autistic children and their families

- Throw assumptions out the window!
- Every child and family are unique, and unique at that point in time
- While the child may be identified, there may be traits throughout the family
- The rate of progress for each child will be different
- Focus on the child's strength and the communication and interactive styles which will work best

Common misconceptions:

- Most autistic people have an intellectual disability
- Autistic people who do not speak do not understand
- Autistic people do not experience a full range of emotion
- Autistic children are not interested in social interaction

Identify and access appropriate support

- Look for evidence-based practice and research evidence from good quality sources
- Parental involvement and education
- Neurodiversity affirming approach

Other support options:

- Workshops through;
 - Earlydays.com.au
 - Triple P
 - Positive partnerships
 - AMAZE support hotline
- Reliable online sources
 - Raising Children Network
- Hospitals and local child health clinics

About Early Start Australia:

- We are a team of therapists working with families across Australia to provide the best start for each and every child.
- Our team consists of
 - Early Intervention Therapists
 - Occupational Therapists
 - Speech Pathologists
 - Psychologists & Provisional Psychologists
 - Mental Health Accredited Social Workers
 - Allied Health Assistants.