

# OLGA TENNISON AUTISM RESEARCH CENTRE



Located at La Trobe University, the Olga Tennison Autism Research Centre is Australia's first centre dedicated to autism research, established in 2008.

We are supported by generous philanthropic donations from the late Mrs Olga Tennison AO.

Our research aims to support Autistic people and their families in actively participating in their community, education, and employment, finding enjoyment in life, and making meaningful contributions aligned with their goals.



Mrs. Olga Tennison, AO



# RESEARCH SHOWCASE 2025





# ACKNOWLEDGEMENT OF COUNTRY

La Trobe University acknowledges our campuses are located on the lands of many Traditional Custodians in Victoria and New South Wales. We recognise their ongoing connection to the land and value their unique contribution to the University and wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching, learning, research and partnerships across all our campuses.



# CONTENT WARNING & SUPPORT SERVICES

Content warning: Some presentations will include discussions of mental health, self-harm and suicide.

Please take care of your emotional wellbeing and feel free to step out or seek support if needed.

## **Lifeline Australia – 13 11 14**

24/7 Online and phone personal crisis support & suicide prevention services to all Australians.

## **Suicide Call Back Service – 1300 659 467**

24/7 telephone, online and video counselling & crisis support to all Australians affected by suicide.

# HOUSEKEEPING

**MOBILE PHONES AND SMARTWATCHES:** Please switch to silent mode.

**RESTROOMS:** Female, male and gender neutral  
(with ambulatory section to allow wheelchairs/ mobility aids) toilets.

**BREAKOUT ROOMS/SPACES:** Available throughout the floor.

**QUIET SPACE:** As well as several quieter communal spaces across the floor, we have a dedicated Quiet Room available for anyone who needs a peaceful space to rest, decompress, or recharge. Please see a staff member for the swipe card to access the Quiet Room.

**REFRESHMENTS:** Served during breaks, a café is also available on the ground floor.

**PRESENTATION FORMAT:** There are 3 sessions today, each with 3 speakers. Each speaker will speak for 8-10 minutes. Once all speakers have finished, there will be 10 minutes for questions.

# SESSION 1

12.45PM – 1.30PM (45 MINUTES)

**Prof Dawn Adams: LEANS in Australian schools**

OTARC Endowed Chair in Autism Research

**Prof Alison Lane: Sensible Approach**

OTARC Director

**Dr Anne Southall: Self-sense**

La Trobe School of Education

Followed by Q&A

# PROF. DAWN ADAMS

Bringing **LEANS** to Australia

Creating a school culture that welcomes and celebrates all kinds of minds

# SCHOOL OUTCOMES OF AUTISTIC AND NEURODIVERGENT CHILDREN

## Over 800,000 students across Australia identify as neurodivergent

Despite 80% of neurodivergent students being enrolled in mainstream schools, Australian data shows deep disparities in educational outcomes and experiences.

- Autistic students move schools twice as often as their non-Autistic peers, miss 6x more days of school and have 10x more days off school due to school can't/refusal  
(Adams et al., 2019; Adams et al., 2022; Mitchelson et al., 2022)
- Neurodivergent students are more likely to be bullied, have lower school belonging and feel more alienated than their peers  
(Fotheringham et al., 2023; Simmons & Antshel, 2021)
- Neurodivergent students do not achieve at the academic level predicted by their IQ  
(Arnold et al., 2020)

Despite good intentions, these statistics show that schools are failing Autistic and neurodivergent students academically, socially, and emotionally.

This will not change without a new and transformative approach



# WHAT COULD A REIMAGINED APPROACH LOOK LIKE?

Currently, we tend to rely on individualised supports that focus on the child (e.g. IEPs). But we have mounting evidence to show issues in the system:

- Our large (n = 866) Australian survey found that 37% of teachers identified their lack of knowledge and understanding of autism, neurodiversity, and inclusion as a cause of educational problems for Autistic students. (Adams et al., 2023)
- Our recent interviews with almost 100 autistic students and adults, parents and teachers highlight poor understanding, attitudes, and harmful stereotypes towards neurodiversity from teachers **and** peers, as contributing to the poor educational outcomes and experiences

**But what if we could flip the focus....**



What if we focus on changing teacher and peer knowledge, attitudes and behaviours towards Autistic and neurodivergent students to create a school culture where they feel accepted, welcomed and valued?

# LEANS: LEARNING ABOUT NEURODIVERSITY IN SCHOOL

A free programme for mainstream primary schools to introduce pupils aged 8-11 years to the concept of neurodiversity, and how it impacts our experiences at school.

Designed with input from Autistic and neurodivergent people and those working in education.

Delivered to the whole class: 15-19 hours over a term.

Linked to the UK primary curriculum using hands-on activities, “explainer videos”, and storytelling.

7 topics/modules including communication, needs and wants, fairness, friendship and reflecting on our actions.





# LEANS UK: RESEARCH TO DATE

## **Alcorn et al. (2024) Trialled LEANS in 7 Scottish classrooms (140 children)**

- Delivered at least 6 of the 7 modules, no harm indicated
- Outcomes: Neurodiversity knowledge score improved from 17.7% to 59.7% (MCQ) ( $p < .001$ ), Neurodiversity attitude scores increased by 1.14, ( $p < .001$ ).
- Authors conclude LEANS is an acceptable and feasible programme that can successfully teach children terminology and ideas about neurodiversity and neurodivergence, and this also increases positive attitudes and intended actions.

## **But... not an RCT, plus LEANS is very “UK-centric”**

- All linked to UK curriculum
- Images and examples reflect UK schools
- No First Nations input or content
- Limited content to address teacher understanding of neurodiversity



# THE OPPORTUNITY

## LEANS – Australian Cultural Adaptation

- **Adapting LEANS to Australian context and curriculum with input from an Advisory group which includes teachers, young people, First Nations people**
- **Neurodivergent illustrator**

OTARC will be independently evaluating Reframing Autism's cultural adaptation (LEANS-Australia) when it is trialled in 8 schools (QLD, VIC, possibly NSW)

- **Know of schools who may be interested in being the first to trial LEANS-Australia? Let me know!**
- **Want to help shape the evaluation and outcomes measured? Let me know!**

# THE POTENTIAL BENEFITS ARE HUGE

## Creating neuroinclusive classrooms would...

- Enable neurodivergent young people to attend a school with teachers and peers who understand and accept them.
- Improve attendance, retention, and achievement, reduce bullying and victimisation for neurodivergent students.
- Change the way neurodivergent people are viewed, and how they see themselves.

## Not forgetting the bigger picture...

- “An inclusive society starts from an inclusive education” (Save the Children)
- Inclusive education is “crucial to fostering tolerance between people and contributes to more peaceful societies.” (United Nations)

# LET'S SHAPE THE FUTURE, **TOGETHER**

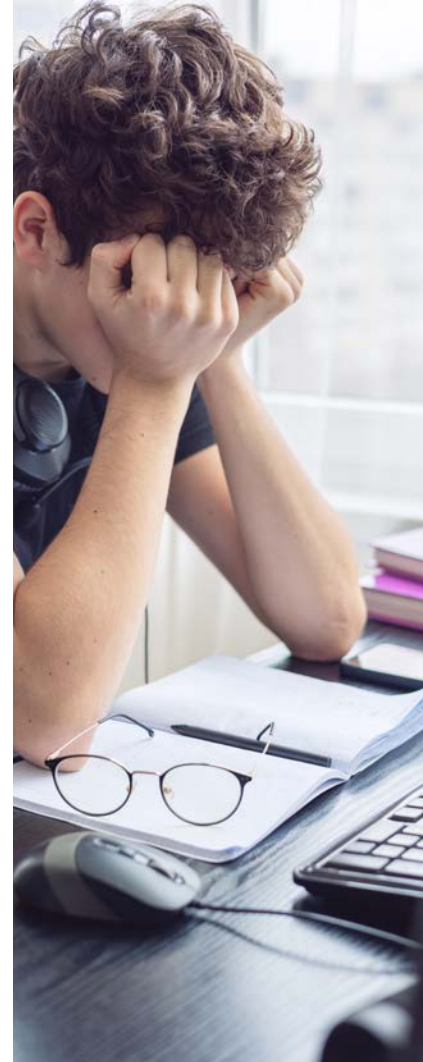
dawn.adams@latrobe.edu.au



# PROF. ALISON LANE

## A Sensible Approach

# SENSORY ISSUES MAKE SCHOOL HARD



- Bells and fire alarms
- Signs, artwork, notices, craftwork on the bench
- Hot in summer, cold in winter
- Echo in the school hall
- Scratchy uniform tags
- Students laughing and chattering, bouncing balls, running feet in the hallway

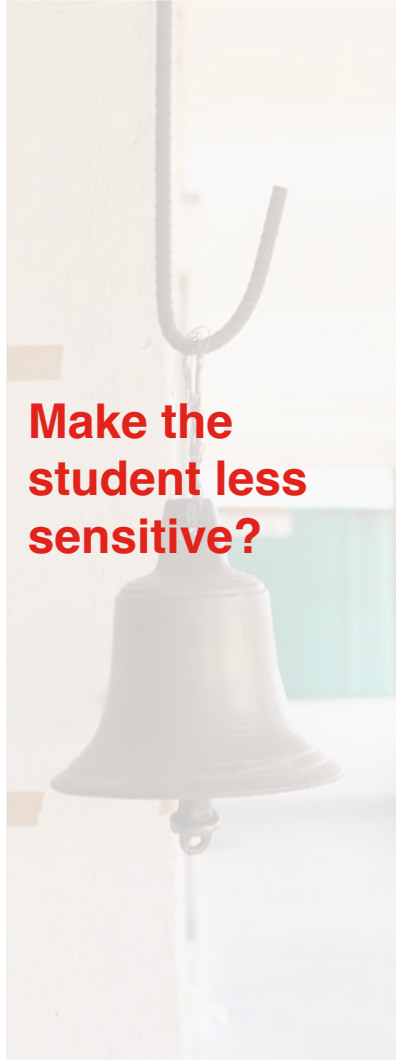
**Exhaustion**

**Distress**

**Distraction**

**Learning?**

# WHAT CAN BE DONE TO ADDRESS THIS?



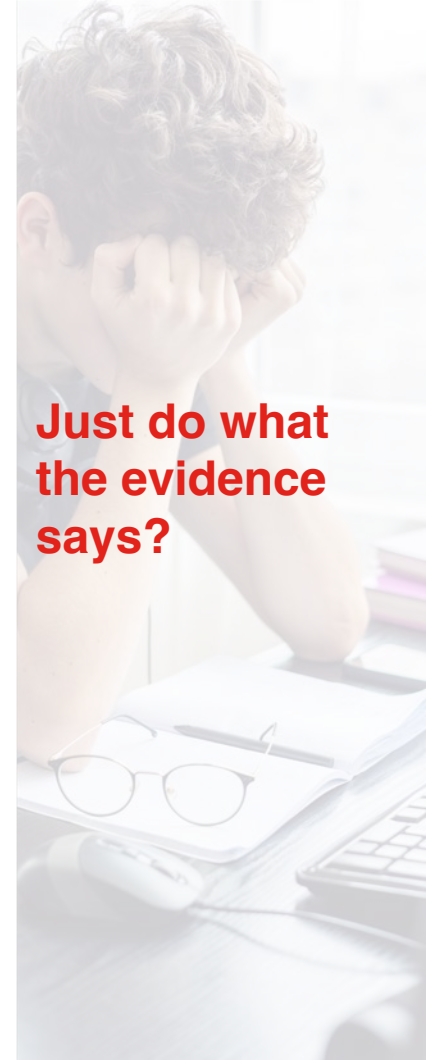
**Make the student less sensitive?**



**Retrofit all learning environments?**



**Increase training for teachers?**



**Just do what the evidence says?**

- Bells and fire alarms
- Signs, artwork, notices, craftwork on the bench
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**Exhaustion**

**Distress**

**Distraction**

**Learning?**



# WHAT IS THE **SENSIBLE** APPROACH?

**Sensory-Informed Best Practices for Learning**  
(a **sensible** approach)

A Decision-Making Framework for School Staff

A **sensible** approach:

- best evidence
- principles of inclusive education

A **sensible** approach:

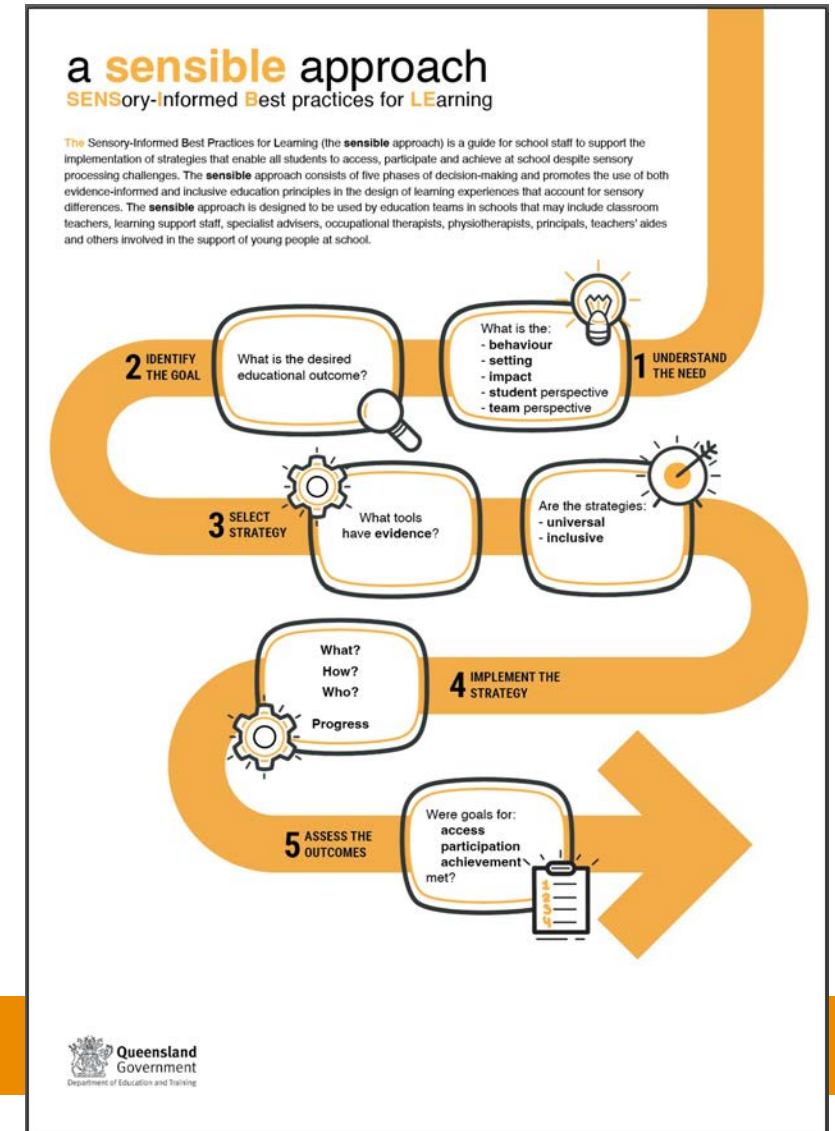
- collaborative
- classroom teachers, learning support staff, specialist advisers, occupational therapists, physiotherapists, principals, teachers' aides, and others

a **sensible** approach



# A SENSIBLE APPROACH

1. Understand the need
  - Student centred
2. Identify the goal
  - Reflect on desired educational goal
3. Select a strategy
  - Evidence-informed
4. Implement the strategy
  - Plan the action
5. Assess the outcome



# UNDERSTAND THE NEED

What is the need that may be related to sensory processing challenges?



## a **sensible** approach

Worksheet.

### understand the need

The first step in the SENSE-~~able~~ approach is to clearly describe the need presented at school that may be related to sensory processing challenges. The need should be characterised by answering the following key questions:

#### Child/ren behaviour

– what is the behaviour that has been observed? How frequently is the behaviour observed? Where possible, document any findings from observations or other data collected.

#### School and classroom setting

– where and when does the behaviour occur

#### Educational impact

– how does the behaviour impact access to, participation in or achievement of critical educational activities

#### Student perspective

– how does the student describe their experience when the behaviour occurs?

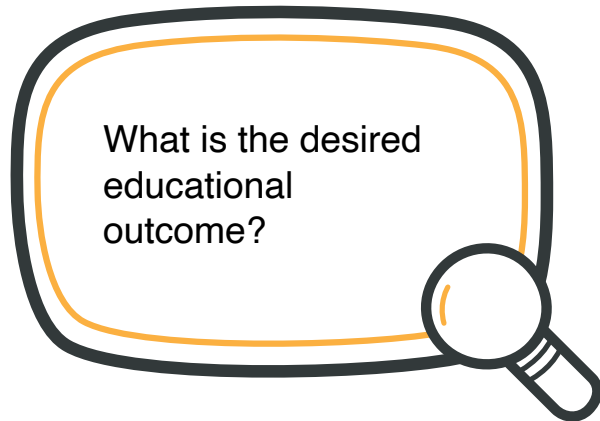
#### Team perspective

– what do others involved in the child/ren's education observe about this **behaviour**? Are there any existing reports from specialists services?



# IDENTIFY THE GOAL

What is the desired goal that will be achieved by addressing students' sensory processing challenges?



a **sensible** approach  
Worksheet

**Identify the goal**  
- what is the goal/s for addressing the educational impact of the student's sensory processing challenges? How will success be measured, monitored, and reviewed?

**Implementation plan**

<b>what:</b>	<b>progress:</b>
<b>how:</b> - what relevant experience and expertise is already within the school or accessible to us?	
<b>who:</b>	
<b>outcomes assessment / review:</b>	

Queensland Government  
Department of Education and Training

# SELECT A STRATEGY

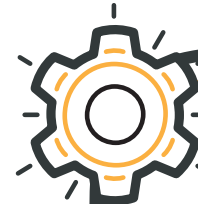
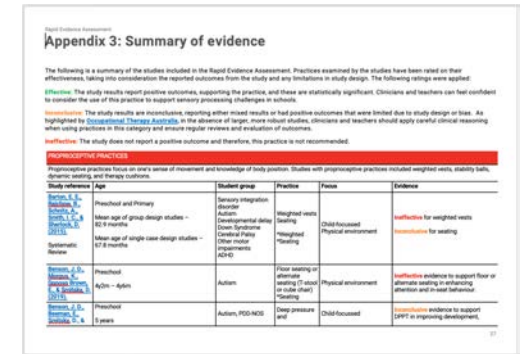
What strategy/s is likely to be effective in addressing the need?

## Evidence-Informed Practice resources:

- Rapid Evidence Assessment
- Compendium
- Summary of Evidence
- Spotlight summaries

## Inclusive Education Resources:

[DOE policy](#)  
[Online Module](#)



What tools have evidence?

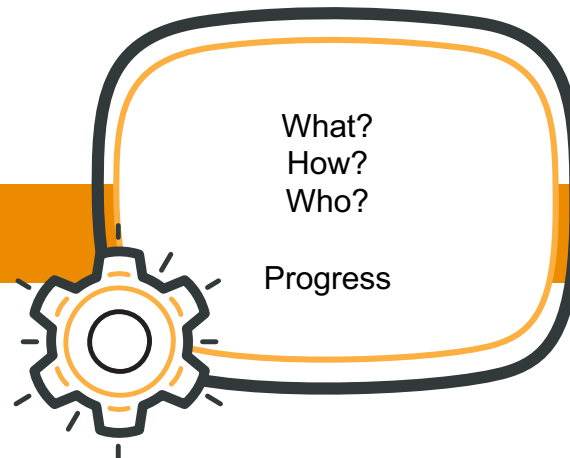


Are the strategies:  
- universal  
- inclusive

# IMPLEMENT THE STRATEGY

Detail and track the plan by specifying:

1. what strategy/s has been selected,
2. how the strategy will be implemented,
3. who is required or involved in implementing the strategy, and
4. progress at agreed timepoints



a **sensible** approach  
Worksheet

**Identify the goal**  
- what is the goal/s for addressing the educational impact of the student's sensory processing challenges? How will success be measured, monitored, and reviewed?

**implementation plan**

<b>what:</b>	<b>progress:</b>
<b>how:</b> - what relevant experience and expertise is already within the school or accessible to us?	
<b>who:</b>	

**outcomes assessment / review:**

Queensland Government  
Department of Education and Training

# ASSESS THE OUTCOMES

What was the impact of the strategies used to address the students' sensory processing challenges?



a **sensible** approach  
Worksheet

**Identify the goal**  
- what is the goal/s for addressing the educational impact of the student's sensory processing challenges? How will success be measured, monitored, and reviewed?

**implementation plan**

**what:**

**progress:**

**how:**  
- what relevant experience and expertise is already within the school or accessible to us?

**who:**

**outcomes assessment / review:**

Queensland Government  
Department of Education and Training



# SENSORY INFORMED BEST PRACTICE CAN MAKE A DIFFERENCE

a **sensible** approach



# DR. ANNE SOUTHALL

Improving student self-regulation and  
engagement in school through co-teaching:  
a pilot study in Regional Victoria

## **TRANSDISCIPLINARY APPROACHES CO-TEACHING**

The goal of transdisciplinary collaboration is to dismantle the silos so that information from many subjects may be integrated. This method acknowledges that problems in the real world call for complex answers that incorporate knowledge from several academic fields.

## **UNIVERSAL DESIGN FOR LEARNING**

(UDL) as a unifying vision, we seek to clarify how beginning special and mainstream educators can be co-prepared to build collective expertise to better meet the needs of students with exceptionalities in the general education classroom

## **BEHAVIOUR DYSREGULATION**

Since the return to school after the COVID -19 extended lockdowns experienced in Australia, teachers have been reporting higher levels of behaviour dysregulation among their students (Fray, 2023) Regional areas have been particularly impacted due to a severe lack of allied health professionals working in these areas.

## **TEACHER ATTRITION**

Teachers feeling overwhelmed by these and other challenges are leaving the profession in unprecedented numbers (Independent Education Union report 2021).

# SELF-REGULATED LEARNING

Improving self-regulation through explicit teaching of internal awareness of body and emotions (internal states), as well as reducing the impact of triggers in the environment (external states) can improve attention, motivation, learning and behaviour.

The teacher, a critical part of the external environment, can play a major role in the development of self-regulation in students.

Alongside this understanding of their student, the teacher needs to also model high levels of emotional regulation themselves.



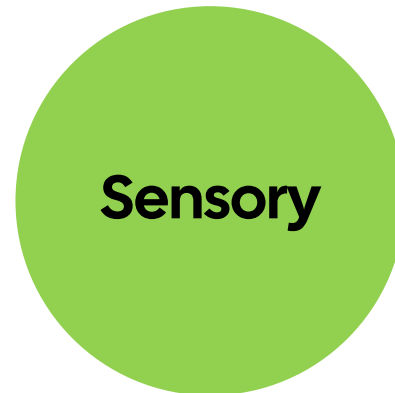
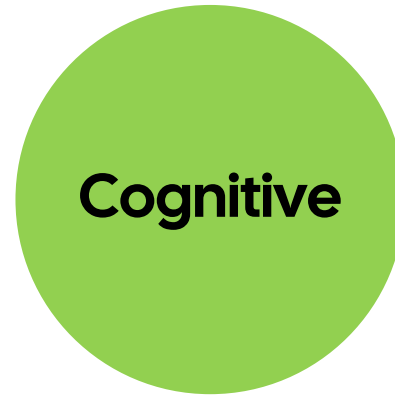


**DOES A CO-TAUGHT  
(TEACHER AND  
OCCUPATIONAL  
THERAPIST)  
SELF-REGULATION  
PROGRAM IMPROVE  
STUDENT  
SELF-REGULATION  
AND TEACHER  
CAPACITY?**



# THE **SELF SENSE** PROGRAM

- Understand self-regulation
- Learn terminology
- Problem-solving
- Self-reflection



- Learn about sensory systems
- Understand own preferences
- Develop specific sensory strategies



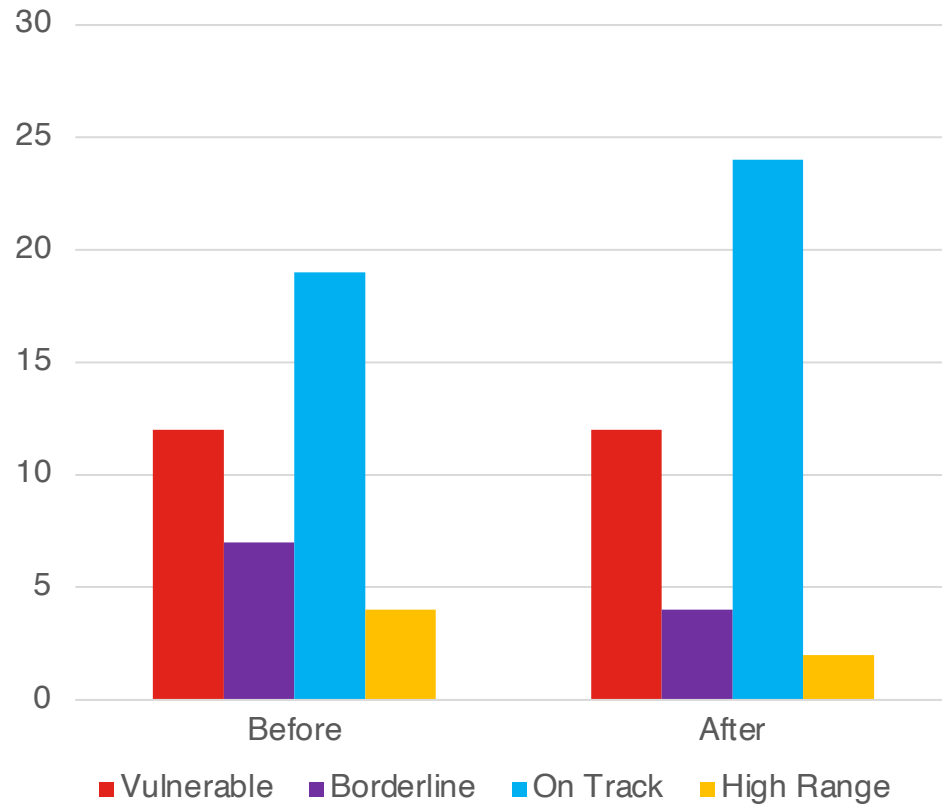
**GRADE 3 AND 4**  
PARTICIPATING STUDENTS N=42

**GRADE 7**  
PARTICIPATING STUDENTS N=38



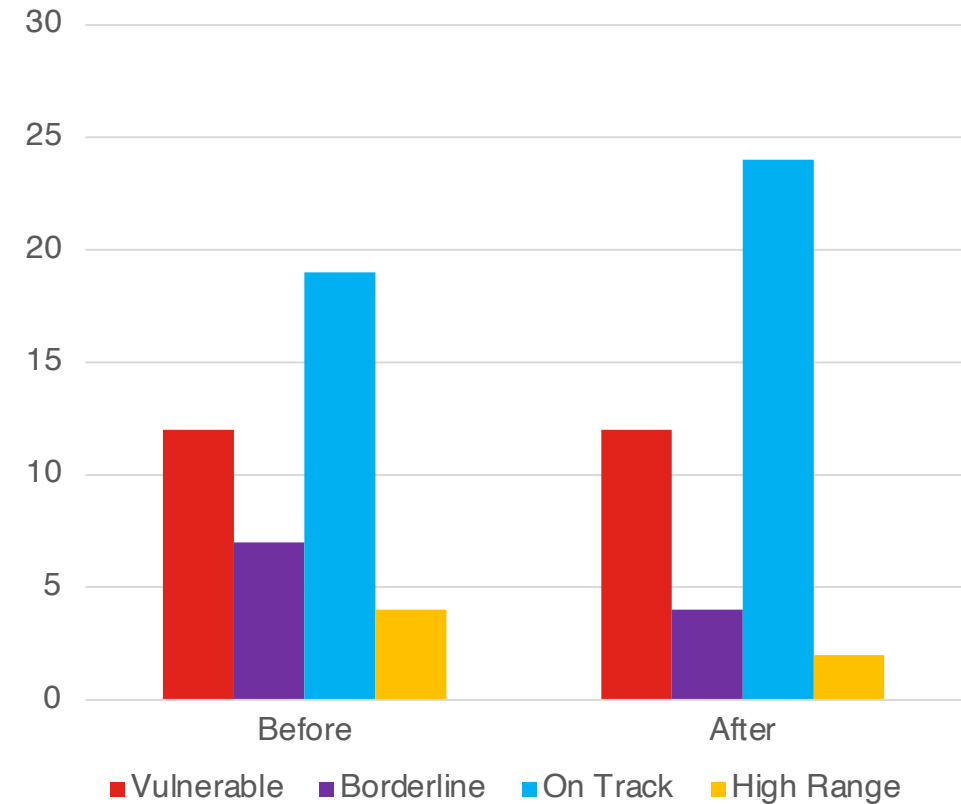
# OVERALL WELLBEING

Years 3 and 4 combined



# SELF REGULATION

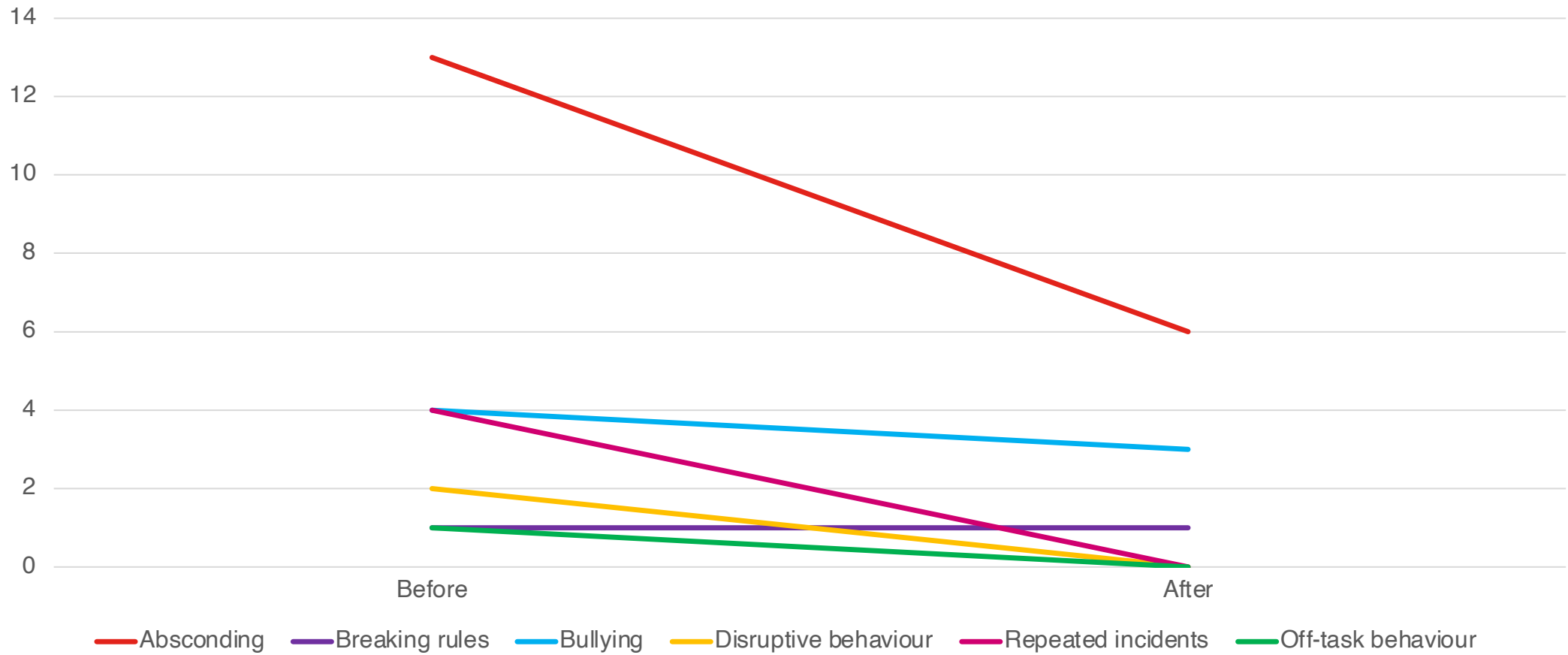
Years 3 and 4 combined



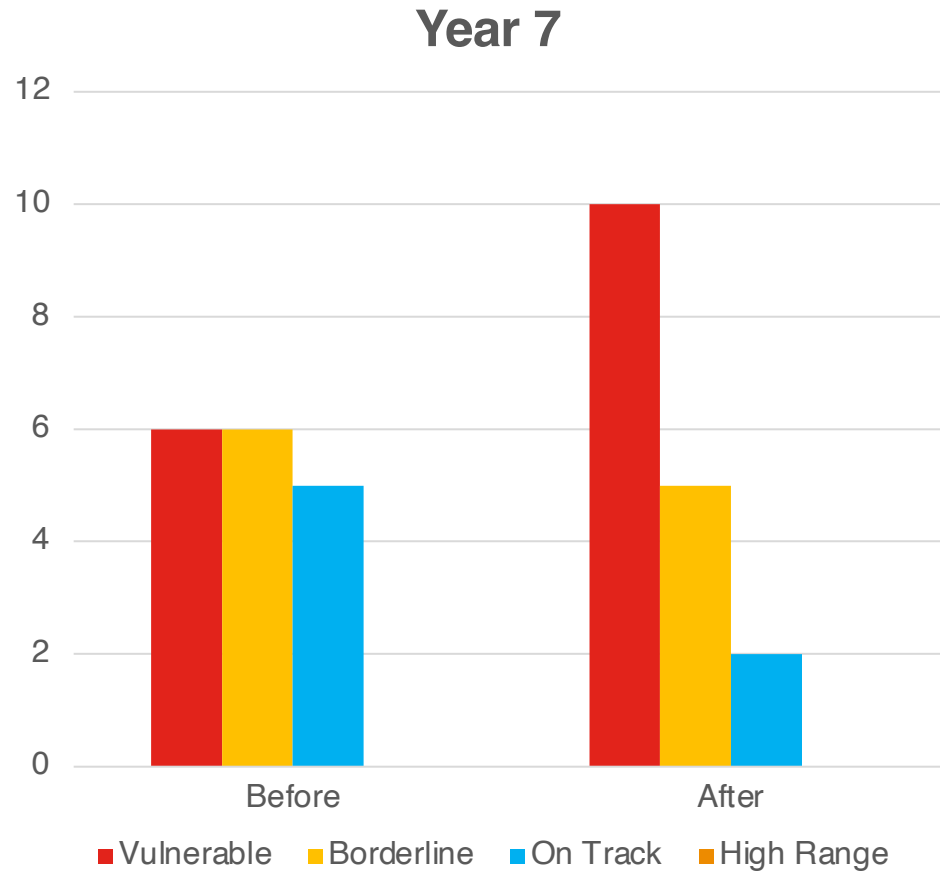


# CLASSROOM BEHAVIOUR

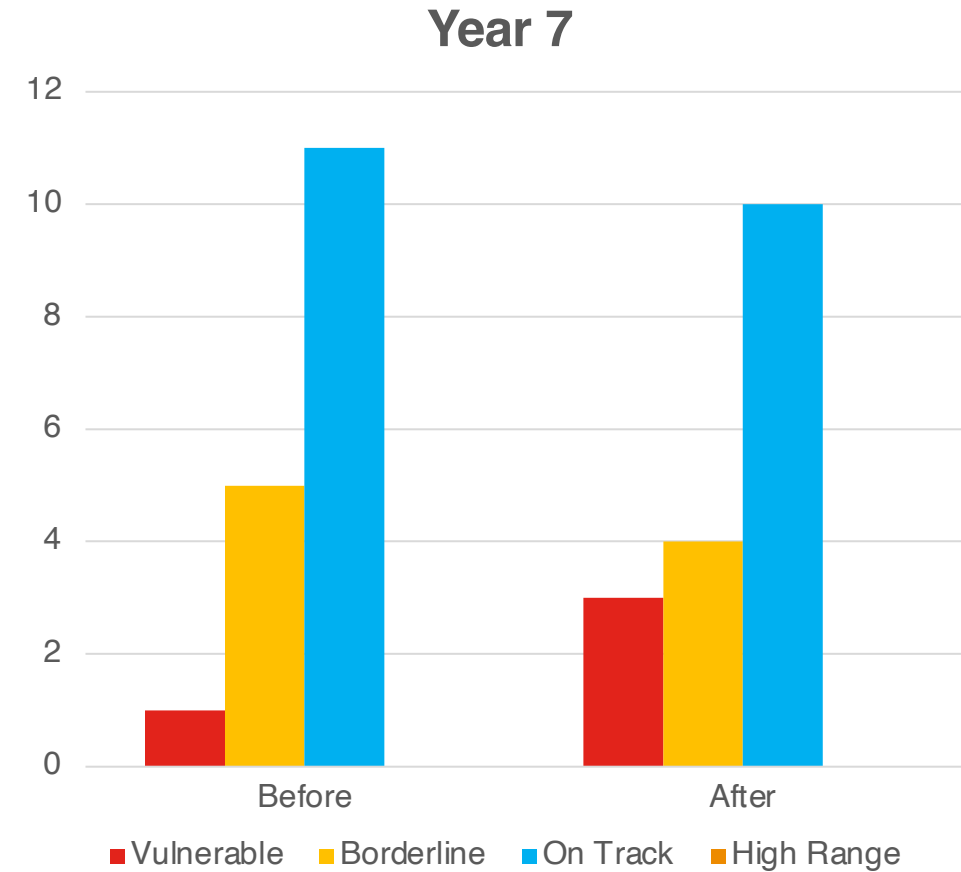
Years 3 and 4 combined



# OVERALL WELLBEING

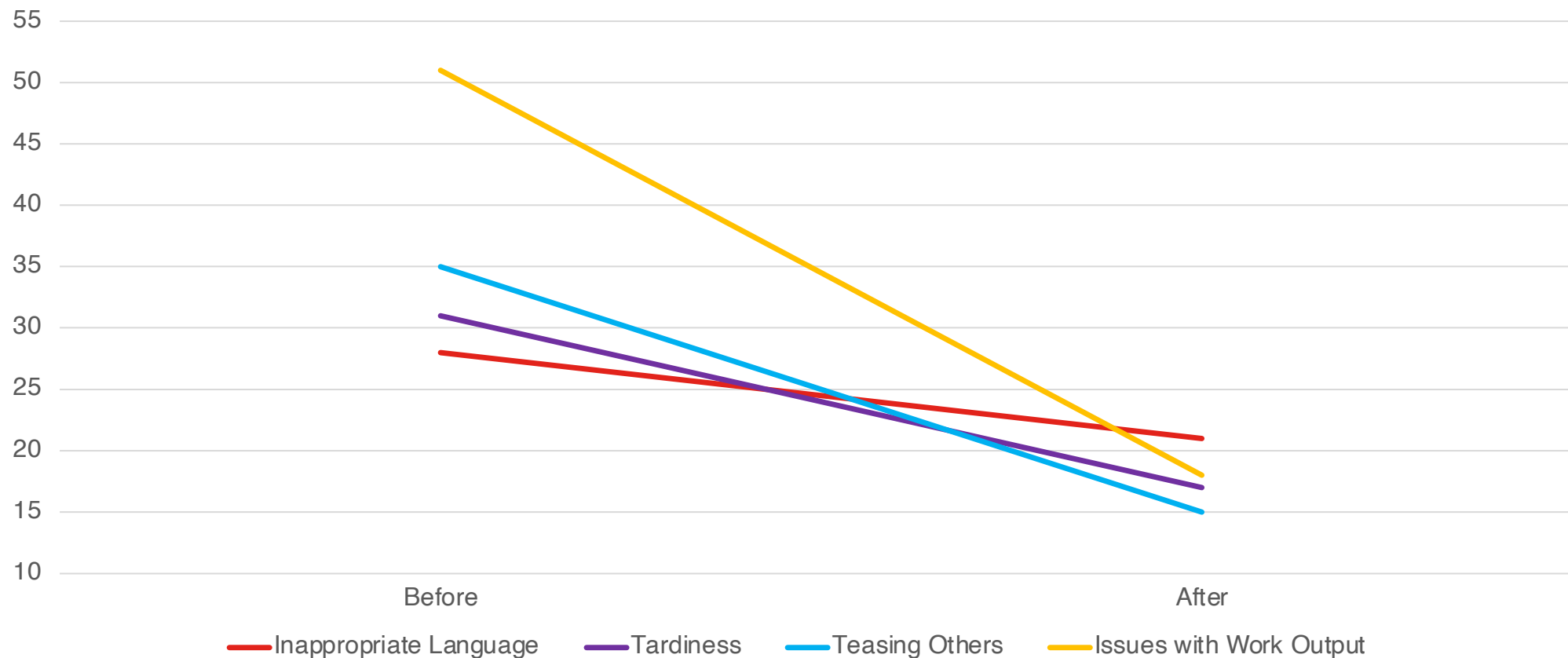


# SELF REGULATION



# CLASSROOM BEHAVIOUR REPORTED INCIDENTS

Year 7 Combined



# TEACHER PERCEPTIONS OF **CO-TAUGHT** SELF-REGULATION PROGRAM

## 1. UNIVERSAL BENEFITS

Better teacher  
and student  
capacity

Use of shared  
language

## 2. SUCCESS FACTORS

Cohesive  
collaboration

Teacher training  
and co-design



# SESSION 1. Q&A

# BREAK

1:30pm – 1:45pm

# SESSION 2

1.45PM – 2.30PM (45 MINUTES)

**Dr. Claire Brown:** National Suicide Prevention resource hub

Post-Doctoral Research Fellow, OTARC

**Dr. Kathryn Ambrose:** Bloom

Post-Doctoral Research Fellow, OTARC

**Prof. Nora Shields:** Fit-Skills

Research Director, OTARC

Followed by Q&A

# DR. CLAIRE BROWN

Co-development of the  
National Autism Suicide Prevention Resource Hub

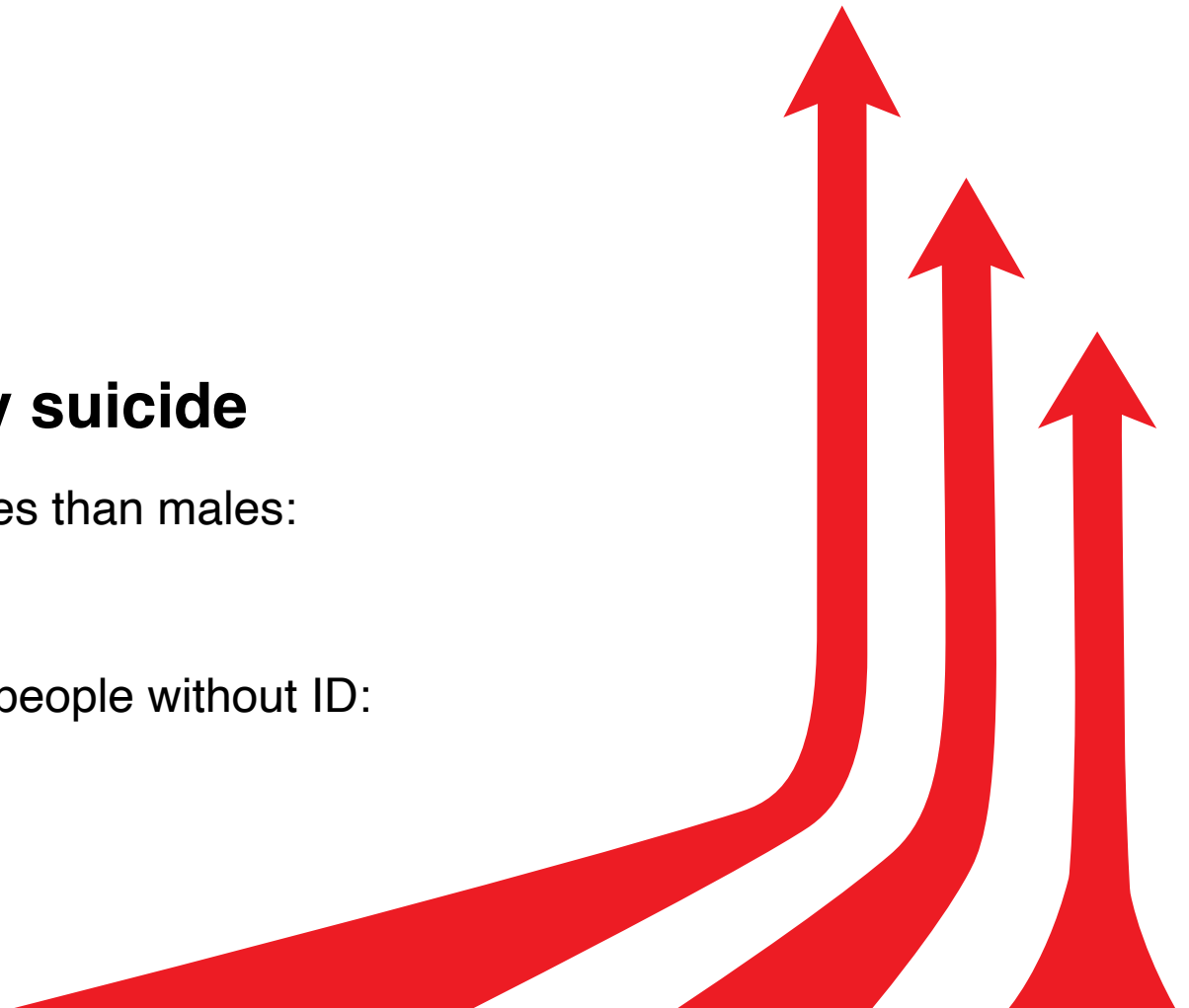
# BACKGROUND

## Autistic people experience **high rates** of suicidal thoughts and behaviour

- Ideation: 34.2% (95% CI [27.9, 40.5])
- Plans: 21.9% [13.4, 30.4]
- Attempts: 24.3% [18.9, 29.6]

## **3-to-5-fold increased** risk of death by suicide

- Sex difference: Higher risk for Autistic females than males:  
RR= 4.17 [2.65-6.47] > 2.37 [1.52-3.71]
- Intellectual disability: Higher risk for Autistic people without ID:  
RR= 4.34 [3.15-5.97] > 3.04 [2.18-4.21]





# BACKGROUND (CONTINUED)

## Risk factors include

- Co-occurring mental health conditions (e.g., depression, sleep disorders)
- Intersectionality & multiple sources of marginalisation (e.g., LGBTQIA+, bullying, social exclusion)
- Complex clinical presentations, masking, delayed or missed diagnoses

## Mental health professionals report

- Lacking confidence & expertise to support Autistic people
- Limited access to evidence-based resources & training



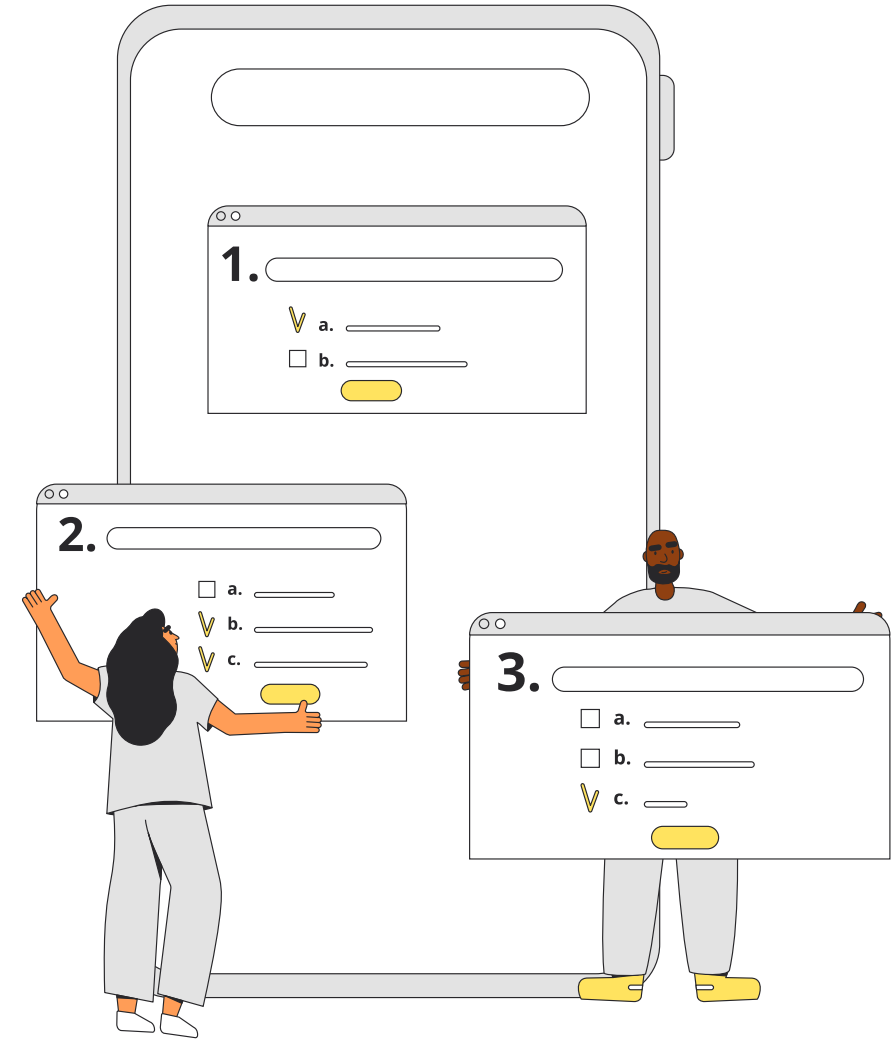
# HOW ARE WE ADDRESSING IT?

## Develop a digital resource hub to equip mental health professionals with resources to:

- Improve identification of Autistic people experiencing suicidal thoughts and behaviour
- Provide high quality, evidence-based interventions to prevent suicide in Autistic people

## Ensure the resource hub will be:

- Co-developed with Autistic people & informed by Autistic lived and living experience
- Evaluated as fit-for-use by Autistic people and mental health professionals



# METHOD

## PHASE 1: Co-development

- Work with Autistic adults & mental health professionals
- Co-produce neuro-affirming education & training materials
- Develop policy & protocols for autism-modified model of care



## PHASE 2: Critical evaluation

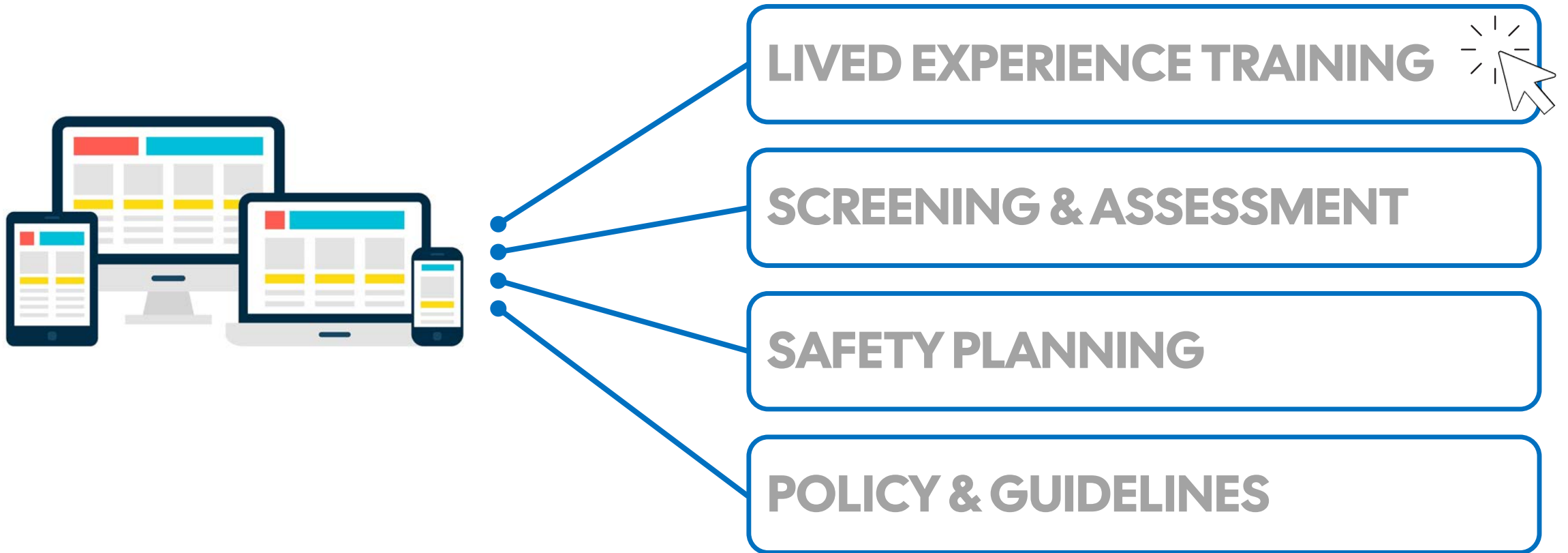
- Pilot test resource hub training materials
- Identify barriers to adoption & iteratively refine content
- Evaluate success of co-production processes



## PHASE 3: Implementation

- Launch resource hub & track use by mental health professionals
- Deliver workshops to clinicians & community members
- Evaluate implementation & knowledge sharing outcomes

# National autism suicide prevention resource hub

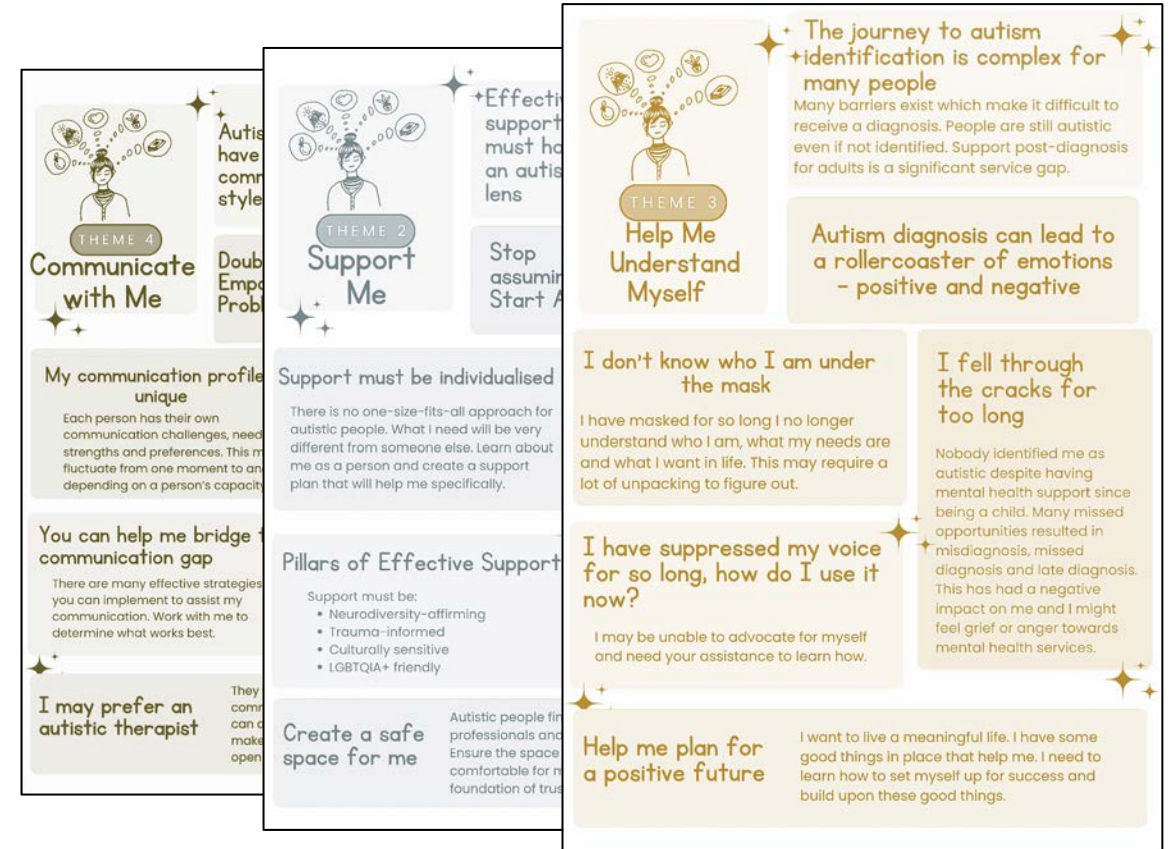


# LIVED EXPERIENCE TRAINING



**A/Prof Wenn Lawson**

Autistic clinician, researcher, lived experience expert

















## Fact sheets

What Autistic people want clinicians to know & do



# SCREENING & ASSESSMENT

<p><b>1. Think about the last 4 weeks. Did you think about deliberately killing yourself?</b></p> <ul style="list-style-type: none"> <li>Choose a <b>HIGH</b> number if you thought about killing yourself a lot</li> <li>Choose a <b>LOW</b> number if you did not think about killing yourself much</li> <li>If you <b>did not think about killing yourself</b> in the last 4 weeks: choose 0</li> </ul> <p><b>Deliberately:</b> on purpose, planned Thinking about hurting yourself is not the same as thinking about killing yourself if you did not want to die</p>  <p>*Score = None of the time; skip all remaining items and score a total of zero</p>	<p>Please indicate if you completed the questions by yourself, or with the help of someone else</p> <ul style="list-style-type: none"> <li>By myself</li> <li>With the help of someone else             <ul style="list-style-type: none"> <li>Relationship (e.g., parent)</li> </ul> </li> </ul> <table border="1"> <tr> <td>1</td> <td>Think about the last 4 weeks. Did you feel so sad that nothing could cheer you up or make you happy?</td> <td>  </td> </tr> <tr> <td>2</td> <td>Think about the last 4 weeks. How often did you feel that something was going to happen that would make you happy?</td> <td>  </td> </tr> <tr> <td>3</td> <td>Think about the last 4 weeks. How often did you feel intense shame or guilt?</td> <td>  </td> </tr> <tr> <td>4</td> <td>In the past 4 weeks, how often did you feel worthless?</td> <td>  </td> </tr> <tr> <td>5</td> <td>Have you ever tried to kill yourself?</td> <td> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> </td> </tr> <tr> <td>5a. (if S+Y es)</td> <td>a. How many times have you tried to kill yourself?</td> <td> <ul style="list-style-type: none"> <li>One time</li> <li>Two times</li> <li>Three or more times</li> </ul> </td> </tr> <tr> <td>5b. (if S+Y es)</td> <td>b. How long ago did you last try to kill yourself?</td> <td> <ul style="list-style-type: none"> <li>In the past 2 months</li> <li>2-6 months ago</li> <li>6-12 months ago</li> <li>1-2 years ago</li> <li>More than 2 years ago</li> <li>I don't remember</li> </ul> </td> </tr> <tr> <td>6</td> <td>Is something bad that happened to you still making you feel bad now?</td> <td> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> </td> </tr> </table>	1	Think about the last 4 weeks. Did you feel so sad that nothing could cheer you up or make you happy?		2	Think about the last 4 weeks. How often did you feel that something was going to happen that would make you happy?		3	Think about the last 4 weeks. How often did you feel intense shame or guilt?		4	In the past 4 weeks, how often did you feel worthless?		5	Have you ever tried to kill yourself?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	5a. (if S+Y es)	a. How many times have you tried to kill yourself?	<ul style="list-style-type: none"> <li>One time</li> <li>Two times</li> <li>Three or more times</li> </ul>	5b. (if S+Y es)	b. How long ago did you last try to kill yourself?	<ul style="list-style-type: none"> <li>In the past 2 months</li> <li>2-6 months ago</li> <li>6-12 months ago</li> <li>1-2 years ago</li> <li>More than 2 years ago</li> <li>I don't remember</li> </ul>	6	Is something bad that happened to you still making you feel bad now?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>
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<p><b>2. Think about the last 4 weeks. How difficult was it for you to stop thinking about deliberately killing yourself?</b></p> <ul style="list-style-type: none"> <li>Choose a <b>HIGH</b> number if it was hard for you to stop thinking about killing yourself</li> <li>Choose a <b>LOW</b> number if it was easy for you to stop thinking about killing yourself</li> </ul> <p>If something is difficult or hard it might seem like it is impossible to do If something is easy it does not take much effort to do it</p> 																									


**Suicide Assessment Kit-Modified (SAK-M)**  
**Suicidal Ideation Attributes Scale-Modified Interview (SIDAS-M)**



**Clinical demonstrations & guidance**  
 Using visual analogue response scales



# SAFETY PLANNING

**My Safety Plan** 




This form is to help you plan for times when you have strong thoughts, feelings or urges to end your life. There is also space for you to provide information about how people can best support you when you feel this way. Follow the steps below until you feel safe.

This form can be completed by the person experiencing suicidal feelings, or with support from a trusted friend or family member, health care professional, or support worker.

**My reason for living is**

(Please use this space to write a message to yourself for when you feel suicidal. You may also like to attach a photo to this form and/or something meaningful to you that you can focus on when you feel suicidal).

Contact: Dr Sarah Cassidy, University of Nottingham. Email: [sp-mhautism@external.nottingham.ac.uk](mailto:sp-mhautism@external.nottingham.ac.uk) Website: <https://files.google.com/view/mhautismhealthautism>




  

**Step 1: What are the warning signs that I / the person I support may start to have strong thoughts, feelings or urges to end life?**  
(e.g. reduced enjoyment in a strong interest, change in routine, change in patterns of sleep, eating, mood):

**Step 2: What I can do to help distract myself/the person I support?**  
(e.g. engage in a particular activity or interest, a relaxation technique, or physical activity):

**Step 3: People I can contact to ask for help (e.g. family, friends, mentor, support worker):**

Contact: Dr Sarah Cassidy, University of Nottingham. Email: [sp-mhautism@external.nottingham.ac.uk](mailto:sp-mhautism@external.nottingham.ac.uk) Website: <https://files.google.com/view/mhautismhealthautism>

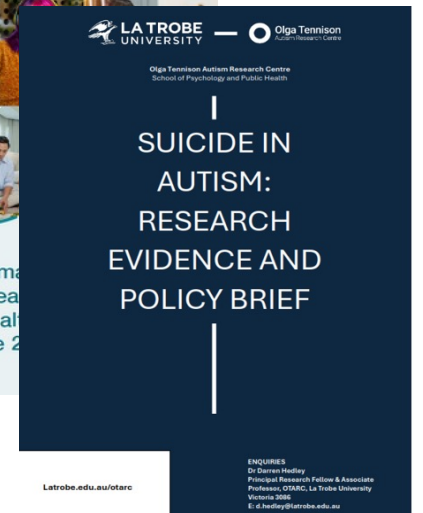
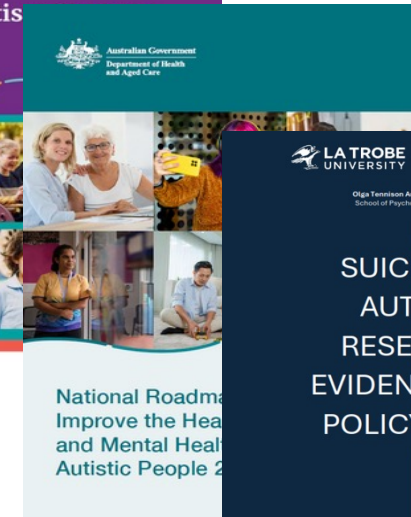
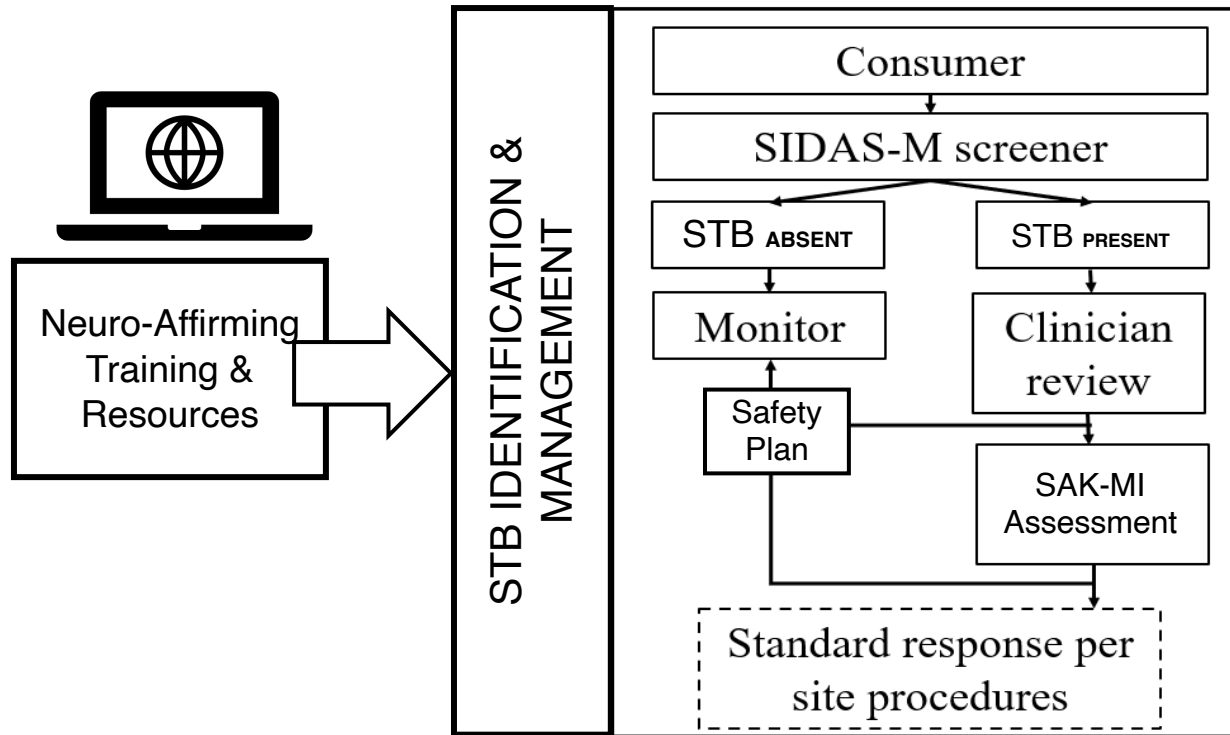


## Autism Adapted Safety Plan (AASP)

A/Prof Sarah Cassidy, PhD

Supporting Autistic adults to recognise warning signs

# POLICY & GUIDELINES



Modified Care Model is consistent with national frameworks

# ACKNOWLEDGEMENTS

## Research team

**Brown, C. M., Hedley, D.,** Stokes, M. A., Batterham, P., Deady, M., John, T., McKeown, G., Moseley, R., Rabba, S., & Trollor, J. N.

## Funding

Claire Brown receives financial support from a Suicide Prevention Australia, National Suicide Prevention Post-Doctoral Research Fellowship

## Partners



# DR. KATHRYN AMBROSE

Co-producing Bloom

# ENHANCING QUALITY OF LIFE THROUGH AN EARLY INTERVENTION CO-DEVELOPED WITH THE AUTISTIC COMMUNITY

## E-QOL-ITY

MRFF 2016147

# CO-PRODUCTION: BUILT TOGETHER, FROM START TO FINISH





# CO-PRODUCTION: BUILT TOGETHER, FROM START TO FINISH



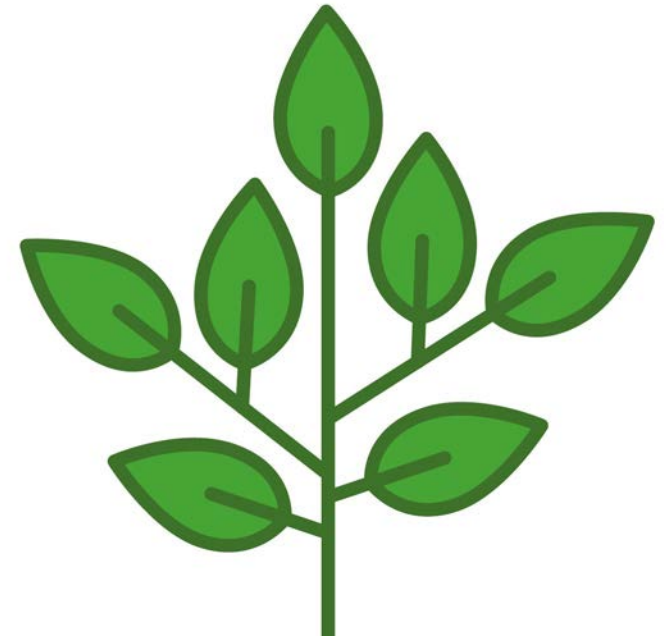
# HOW CAN WE IMPROVE WELLBEING AND QUALITY OF LIFE OF AUTISTIC CHILDREN?

There has been a recent surge of research relating to quality of life (QoL) and wellbeing of Autistic children.

Few studies have explicitly aimed to enhance Autistic children's overall QoL.

- A systematic review and meta-analysis of parent-mediated interventions for Autistic children aged 2–17 found no studies that measured child QoL as a primary outcome (Conrad et al., 2021).
- Systematic review of mental health interventions for Autistic adults found only 1 fully powered trial that measured QoL (Timmerman et al., 2025)

Qualitative research with Autistic people and parents of Autistic children highlight that Autistic children's QoL and wellbeing is shaped by the people and environments that surround them (e.g. Lichtle et al., 2022, Øverland et al., 2024, Simpson et al., 2024).



# PROCESSES

## YEAR 2. CO-PRODUCING BLOOM

- Content for groups co-produced over five rounds of feedback from partners and Autistic, otherwise neurodivergent and non-Autistic researchers
- Manualised, 8 sessions, each co-delivered between Autistic Guide and Allied Health Professional

## YEAR 3. ACCEPTABILITY & FEASIBILITY TRIAL

- 75 parents of Autistic children aged 3-8 enrolled to trial Bloom online.
- Completed questionnaire (standardised ratings of health/wellbeing incl. child and family QoL, parent wellbeing, and interview before and after Bloom (T1, T2) and 3-month follow up (T3))

**Research Question: Is Bloom safe, acceptable and feasible to deliver? Do trial processes work?**

## YEAR 1. LEARNING FROM LIVED EXPERIENCE

- Over 70 hours of interviews with 28 Autistic adults, 29 parents of Autistic children (Simpson et al., 2024)
- Online survey and interviews with 42 Autistic young people (Ambrose et al., in preparation)
- Existing research literature



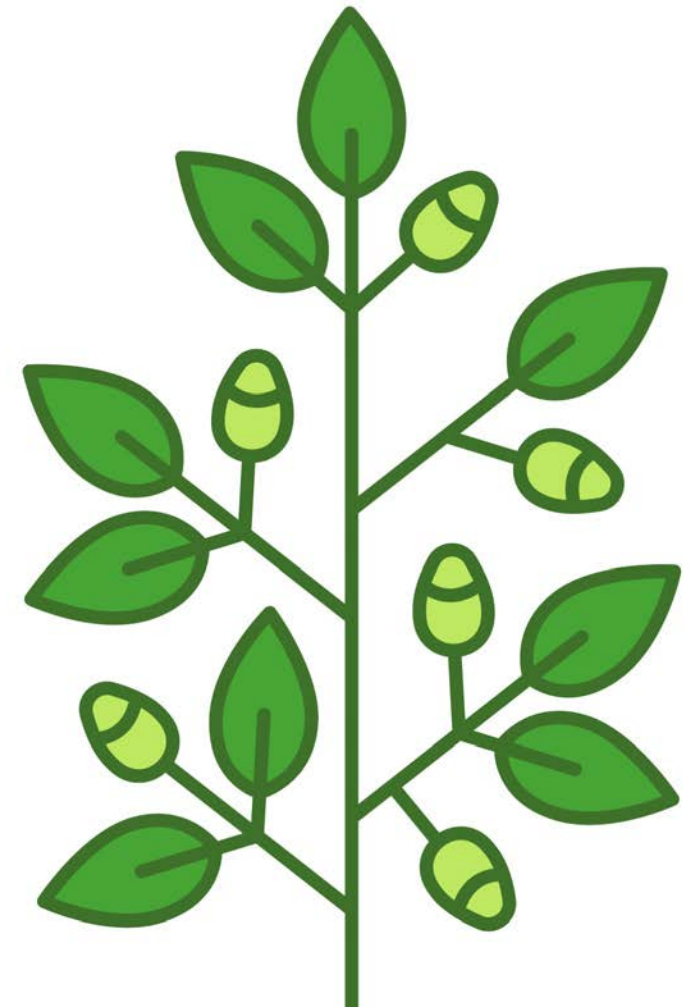
# OUTCOMES

## Acceptability and feasibility:

- Bloom was deemed acceptable by parents
- The Bloom co-facilitation format and the trial design is feasible
- No adverse events linked to Bloom

## Measures:

- Improvements in child wellbeing and QoL in multiple areas including child anger, depression, life satisfaction, global health
- Improvements in parent and family wellbeing on multiple measures



# OUTCOMES

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- Improvements in parent and family wellbeing on multiple measures

## Global Impression of Change

- **86-91% reported improvement in child's wellbeing**
- **85-86% reported improvement in parent wellbeing**



# OUTCOMES: PARENT INTERVIEWS

**Bloom was a safe space for me to learn**

“**Rose:** *all these people are in the same boat and there's no judgment. And just to know you're not alone in all of it.*”

**My learning was enhanced by the experiences of others**

“**Lily:** *I just love that it's a community that can be built within each other and you're meeting other parents who are going through exactly the same thing. And that's how you learn. You learn from these programs but also learn from other parents as well*”

**My wellbeing has improved, and that helps my child**

“**Daisy:** *I'm more confident about the decisions I'm making for him now and in doing that, I suppose he feels a lot more supported*”

**I can support my child to Bloom**

“**Violet:** *we've seen less of meltdowns through school and home through just developing that small connection. Yeah. Small thing we've taken, but it's made a big difference in our lives.*”



# OUTCOMES: CO-FACILITATOR INTERVIEWS

## Co-facilitation: “the best of both worlds

**Saleem:** That dual approach meant that the material landed with the parent in a credible way, but also in a relatable way. It showed the parents that different types of knowledge are equally valuable.

**Maya:** We were kind of modelling the back and forth, through modelling the acceptance of each other and different ways of communicating and supporting each other.

## Learning and growing together

**Robbie:** It was an incredible experience to bear witness to the growth in the parent participants, and watch them connect and grow together and grow within themselves.

**Hannah:** It helped me acknowledge how strong I am in my own positive identity and that I do feel capable of providing that mentoring role and that I do know a lot more than I perhaps thought that I did. So that was actually a great outcome for me.

# CONCLUSIONS AND NEXT STEPS

- First parent program to specifically focus on improving child QoL
  - Fully co-produced, based in lived experience and co-delivered
  - Safe, acceptable, feasible and promising effects for both child and parent outcomes
- Model and outcomes align with purpose of Foundational Supports
- Full randomised controlled trial
- Bloom for adolescents and adults?
- Co-facilitation model works

# LET'S SHAPE THE FUTURE, **TOGETHER**

[kathryn.ambrose@latrobe.edu.au](mailto:kathryn.ambrose@latrobe.edu.au)

# PROF. NORA SHIELDS

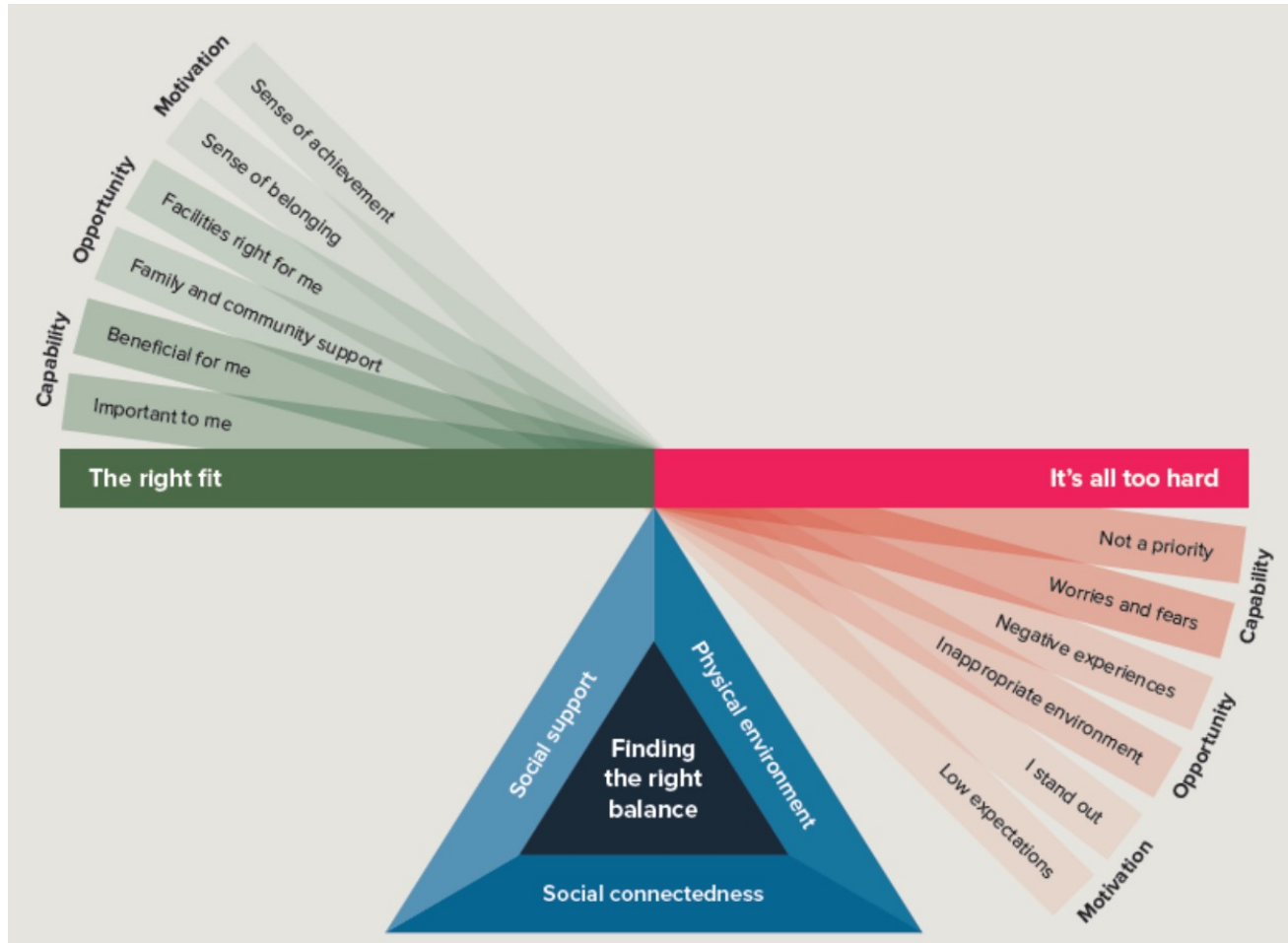
FitSkills

# ADAPTING THE SOCIAL ENVIRONMENT TO FACILITATE PARTICIPATION IN COMMUNITY EXERCISE

**‘A SOCIAL ACTIVITY THAT  
HAPPENS TO BE IN THE GYM’**



# BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY



Physical activity participation for young people and adults with physical disability is ***primarily influenced by environmental factors***

Opportunity for social connection is an important motivator

# THE 'SOCIAL' ELEMENT

***'If you can make it social,  
you're in!'***

- Consistent
- Systematic review of qualitative studies involving adults with neuromuscular conditions (SCI, MS, CP, ABI, PC, MMC, Stroke, MND, MD)

**Social support reported as a facilitator in every included study**

## Disability and Rehabilitation

An international, multidisciplinary journal

<http://informahealthcare.com/dre>  
ISSN 0963-8288 print/ISSN 1464-5165 online

Disabil Rehabil, Early Online: 1-10  
© 2015 Informa UK Ltd. DOI: 10.3109/09638288.2014.996676

### REVIEW PAPER

## Understanding factors that influence participation in physical activity among people with a neuromusculoskeletal condition: a review of qualitative studies

Rosemarie Newitt, Fiona Barnett, and Melissa Crowe

*Institute of Sport and Exercise Science, School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University, Townsville, Australia*



- A model of exercise for young people with disability that overcomes environmental barriers to participation
- Match a young person with disability with a student mentor
- Pair exercise together at their local gym
- 12-week program, 2 sessions a week (24 sessions total)
- Individualised



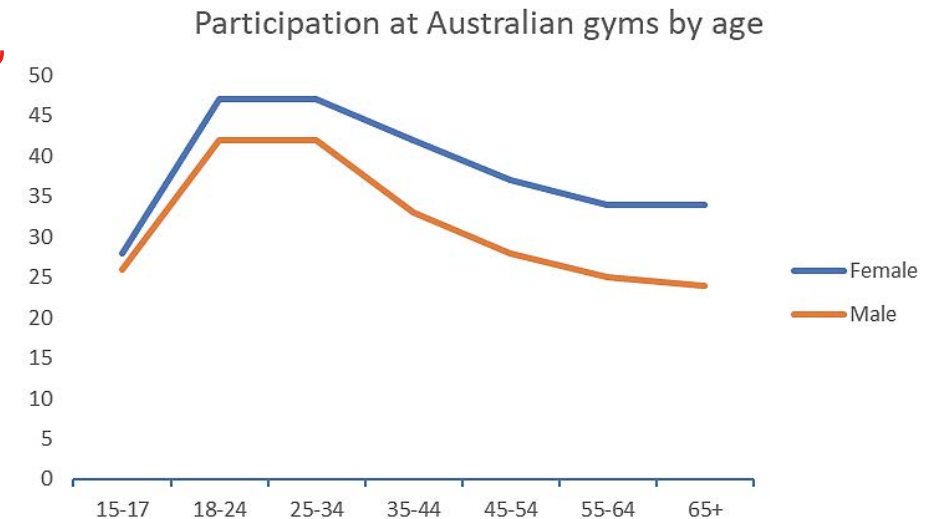
# WHY THE GYM?

Where young people with disability want to exercise

“Take exercise out of the ‘clinical’ or ‘therapy’ space”

This is where young adults exercise

- 36% and 29% of adults with and without disability
- 18 to 34 years peak age of gym attendance



# AUTISTIC YOUNG PEOPLE'S EXPERIENCES OF FITSKILLS



- 1** Support from the student mentor 'made it'
- 2** Autistic young people got to know and learnt to navigate the gym alongside their mentor
- 3** FitSkills was perceived to improve psychosocial outcomes



# EXPLORING HOW SOCIAL SUPPORT CAN BE USED IN COMMUNITY GYMS





# 8 TYPES OF SOCIAL SUPPORT STRATEGIES

LOGISTICAL	Assistance a person gets to help them access a gym venue.
ORIENTATION	Being shown how to use the gym space and equipment by a member of staff.
SPECIALIST SUPPORT	Support provided by a specialist in exercise or health usually a physiotherapist or an exercise physiologist.
SUPERVISION	This is direct support a person receives while exercising in the gym, usually from a professional. Supervision was usually provided to an individual (one-to-one) or in small groups by staff experienced in disability.
MOTIVATION	Strategies that encourage a person to continue to exercise in the gym.
PEER SUPPORT	Exercising with a peer with or without a disability.
SOCIAL ACTIVITIES	Dedicated time and space for social activities after exercise
EDUCATION	Receiving information about exercise and health beyond orientation to the gym.



Kennedy et al 2022

	LOGISTICAL	ORIENTATION	SPECIALIST SUPPORT	SUPERVISION	MOTIVATION	PEER SUPPORT	SOCIAL ACTIVITIES
Standard Support		Orientation to facility Personal trainer assessment/program show		Floor staff 1:1 Personal training	Goal setting Program review (every 6-8 weeks)		Member events
Inclusion Support	Website accessibility Social stories Apps Alternate communication Inclusion officers Pre-start information gathering	Extended orientation process Matching to staff - safety Carer orientation	Exercise Physiologist assessment/program show Ongoing 1:1 EP sessions	Sunflower scheme Gym employed support worker Disability groups	Matching to staff – personality/ preference Frequent program review (2-3 weeks) Structured check in program	Disability groups	Inclusion events Informal social activities after internally run groups
External Support			Input from external EP/ Physiotherapist Attending with own EP/Physiotherapist	Own support worker/carers		Support workers Volunteers	Informal social activities after externally run groups

McKenzie et al 2025 Disabil Rehabil



McKenzie et al 2025 Disabil Rehabil

# SPECIALIST SUPPORT




Many young adults with disability enjoy exercising with a friend or peer, who can provide social support and physical assistance.

This can help reduce feelings of awkwardness or anxiety and create a more relaxed experience.

Encourage young adults with disability to consider exercising with a friend or peer.

Peer support

 GYM-SPARC - Everyone thrives when they feel supported

 LA TROBE  
UNIVERSITY



VISIT THE WEBSITE

 funded by  
VicHealth®

This work was supported by VicHealth, through its Impact Research Grants Initiative.

Support provided by a health professional

- **Who:** For person with disability or person providing peer support (e.g. mentor) or supervision (e.g. fitness trainers)
- **How:** in-person gym visits, remote support via telephone/email/online apps
- **What:** transition to the gym, training sessions for staff, advice on motivational or behaviour strategies, adapting equipment or tailoring exercise
- **When:** regular scheduled support or as required

 LA TROBE  
UNIVERSITY

 Olga Tennison  
Autism Research Centre



# OPEN ACCESS RESOURCE

[www.gym-sparc.com.au](http://www.gym-sparc.com.au)



### Be their guide

Young adults with disability often need help to navigate the entire gym experience.

The more information you can give them about the space before they arrive, the more they can prepare for their visit and enjoy the experience.

Share practical advice such as information on car parking and how to access the changing rooms.

Logistical support

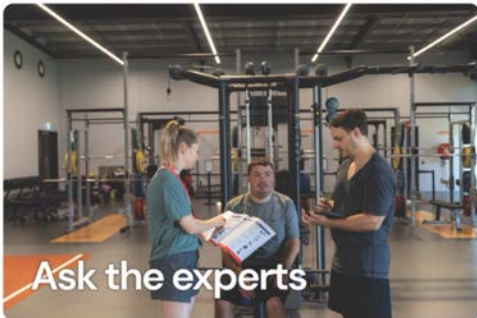
 GYM-SPARC - Everyone thrives when they feel supported

 LA TROBE UNIVERSITY

 VISIT THE WEBSITE

 funded by VicHealth

This work was supported by VicHealth, through its Impact Research Grants initiative.




### Ask the experts


Access to specialists like physiotherapists and exercise physiologists is a huge draw card for young adults with disability.


Knowing there are professionals on hand who can tailor exercises to their specific needs offers peace of mind to young adults with disability.


Reach out and connect with specialists who can often provide further information and education on the young adult's disability and needs.

Specialist support

 GYM-SPARC - Everyone thrives when they feel supported

 LA TROBE UNIVERSITY

 VISIT THE WEBSITE

 funded by VicHealth

This work was supported by VicHealth, through its Impact Research Grants initiative.



### Bring a friend

Many young adults with disability enjoy exercising with a friend or peer, who can provide social support and physical assistance.

This can help reduce feelings of awkwardness or anxiety and create a more relaxed experience.

Encourage young adults with disability to consider exercising with a friend or peer.

Peer support


 GYM-SPARC - Everyone thrives when they feel supported

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### Check in


Let young adults with disability know you're here to help and where they can find you on the gym floor.


Welcome support people who are assisting the young adult with disability.


Offer help with exercise and equipment, for example moving the pins on pin-loaded machines.


Some young adults with disability will require one to one support in the gym.

Supervision

 GYM-SPARC - Everyone thrives when they feel supported

 LA TROBE UNIVERSITY

 VISIT THE WEBSITE

 funded by VicHealth

This work was supported by VicHealth, through its Impact Research Grants initiative.

- Posters
- Industry report
- Recordings of workshops
- Podcasts
- Links to our publications

# ACKNOWLEDGEMENTS

Participants with disability, their families and caregivers

Student mentors

Disability Advisory Committees

Project Steering Committees

Consumer representatives

## Partner organisations



## Research team members

Dr Rachel Kennedy  
Dr Georgia McKenzie  
Yeshna Bhowon

Alesha Southby  
Dr Claire Willis  
Dr Stacey Cleary



GYM-SPARC was supported by a VicHealth Impact Research grant



FitSkills was supported by Australian National Health and Medical Research Council Partnership Project funding (project number 1132579).

# SESSION 2. Q&A



# BREAK

2:30pm – 2:45pm

# SESSION 3

3:00PM – 3:45PM (45 MINUTES)

**Rob Anderson: Victorian Early Assessment Clinic**

Associate Director Community Programs, OTARC

**Prof. Jenn MacIntosh: Walk in together**

Director, Bouverie Centre

**The Hon. John Brumby AO**

Chancellor, La Trobe University

# ROB ANDERSON

Victorian Early Assessment Clinic

# VICTORIAN EARLY ASSESSMENT CLINIC

Less than 3% of Autistic Australian children receive an autism diagnosis before two years of age. Our research indicates that an early autism diagnosis (before age 2) significantly improves outcomes. Barriers to diagnosis include lack of training, long waitlists, and high costs.

To address these barriers, OTARC launched the Victorian Early Assessment Clinic (VEAC) in October 2023 as part of the Victorian Autism Plan, backed by the Victorian Government. For children aged 12-36 months.

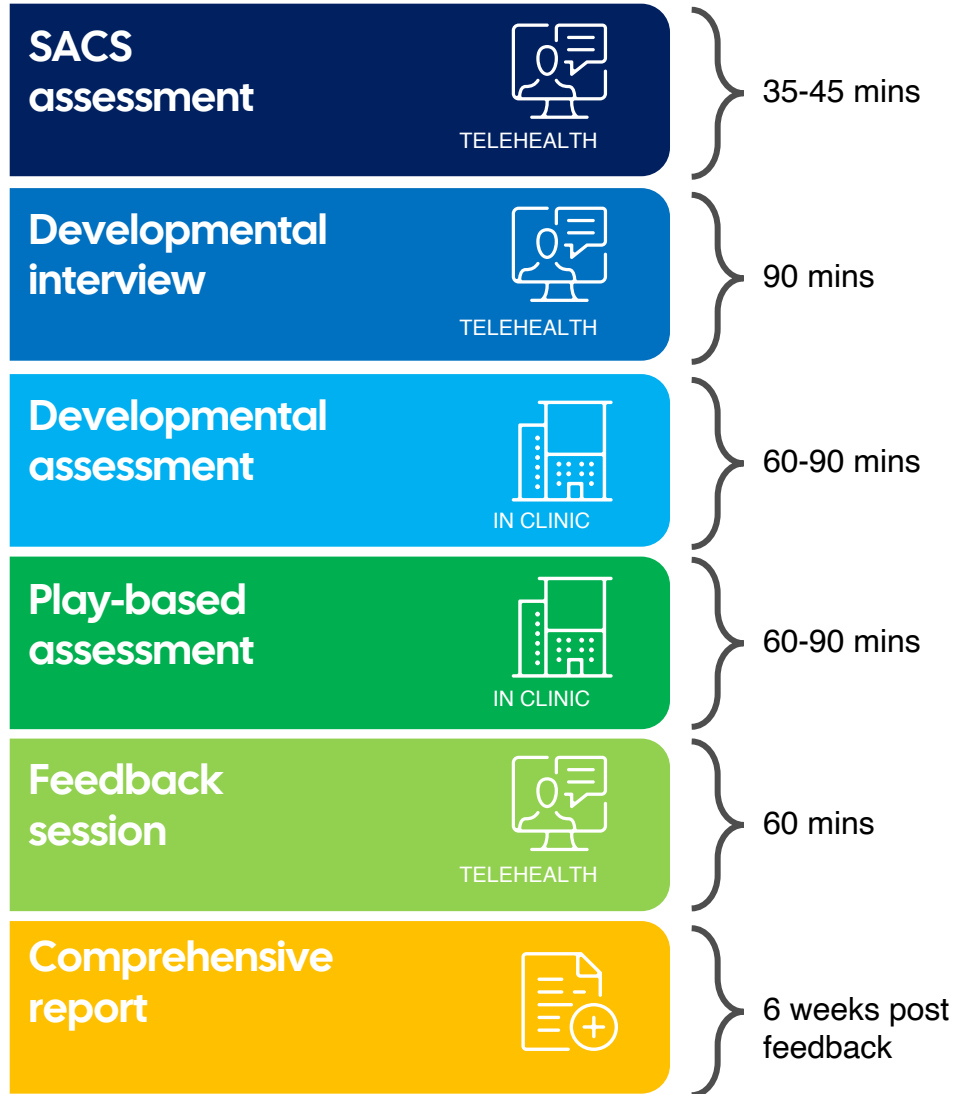
Established and overseen under the Clinical Direction of Assoc. Prof. Josephine Barbaro.

- ✓ **Neurodiversity-affirming care**
- ✓ **Evidence-based neurodevelopmental assessments**

- ✓ **Clinic housed at the OTARC Research Unit**
- ✓ **Affordable**



# 5 STEP ASSESSMENT



**We have a multidisciplinary team of clinicians, offering a 5-step assessment process.**



Three sessions are via telehealth, whilst the other two are in-clinic assessments at VEAC (La Trobe University, Bundoora).

# OUR FAMILIES

## Since November 2023...

- Over 170 Victorian families
- Referral Maternal and Child Health Nurses (MCHN)
- SACS trained
- Person-centred, self-directed
- Health equity focus



# **HEALTH EQUITY** **CONSIDERATIONS**

**Neuro-affirming considerations**

**Economic considerations**

**Geographic considerations**

**Cultural considerations**

**Gender/Sexual identity considerations**





# NEURO-AFFIRMING CONSIDERATIONS



## VEAC Centric

- What to Expect at VEAC
- Appointment, Assessment Descriptions and Neurodiversity Affirming Information
- Directions
- Sensory room
- Flexible schedule – we work with families on what is best for them and their child
- Social stories
- Lighting
- Transition support
- Parental support where required
- Literacy differences – sending paper form copies of questionnaires, having someone sit with caregiver to go through them together etc.,
- Communication difference – some caregivers prefer emails only, some prefer phone calls
- Cater to all sensory requirements
- Positively celebrate and welcome differences

# ECONOMIC CONSIDERATIONS

- Victorian Government subsidised service
- Assessment cost **\$800** and **\$500** (Health Care Card) compared to \$2,500 to \$4,000.
- Philanthropic support – free



# GEOGRAPHIC CONSIDERATIONS

Taking VEAC to Victorian regional areas

Utilising La Trobe regional campuses

(Bendigo, Shepparton, Mildura, Albury-Wodonga)

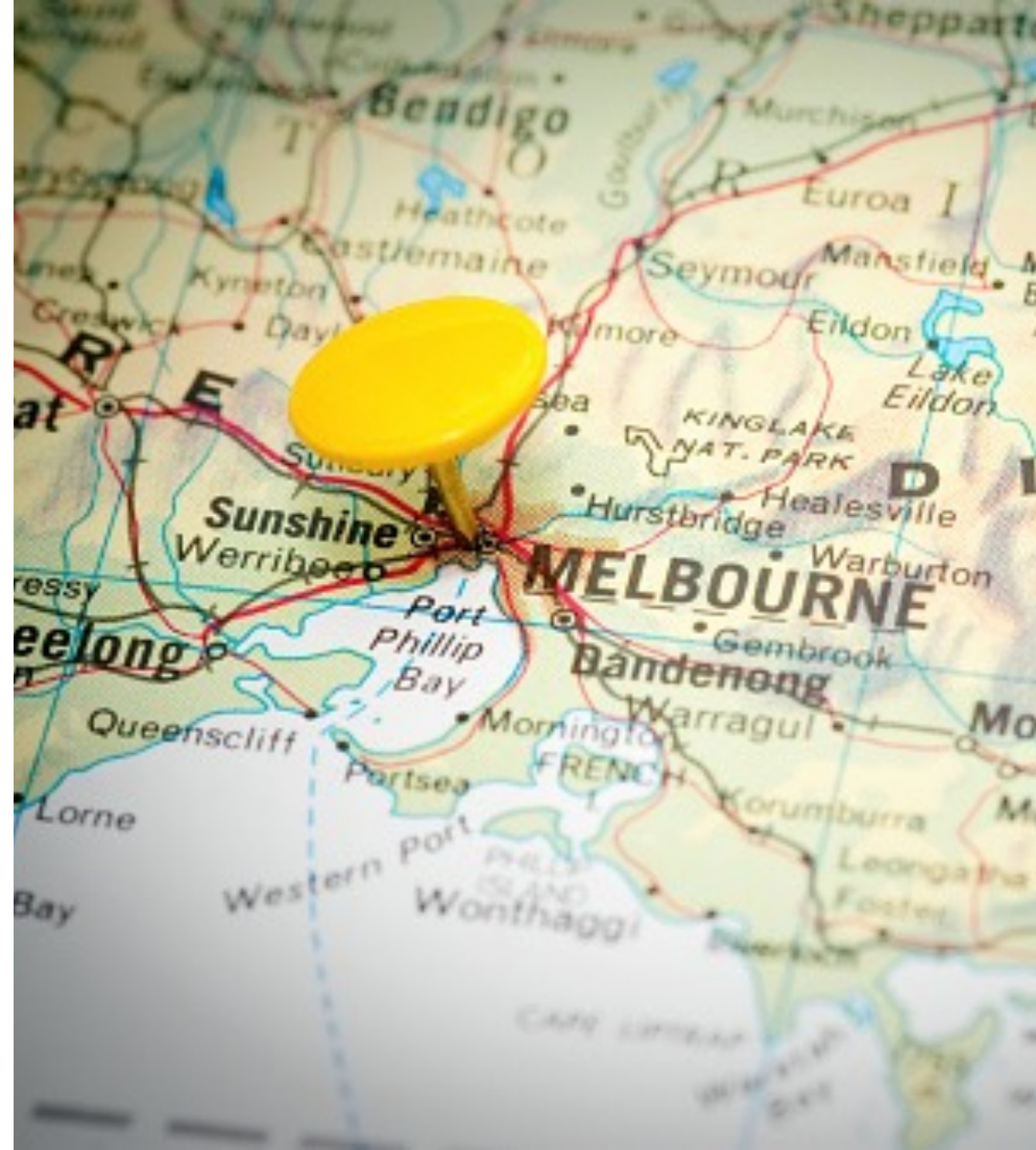
Building local support systems

Adjusting appoint time to

accommodate travel times/limitations

Financial support

54 Families from regional Victoria





# CULTURAL CONSIDERATIONS

Cultural support

Reflected in resources

Reflected in imagery

13 families identified as First Nations

41 Culturally and Linguistically Diverse  
(CALD)



# GENDER AND SEXUAL IDENTITY CONSIDERATIONS

Asking about preferred pronouns

Being considerate of gender stereotyped language  
(i.e. mum/dad/parent/carer, breast/chest feeding)  
- enquire as to the participants' preferences and  
communicate that to the team

Be considerate of the intersection of cultural  
identity, gender and neurodivergence

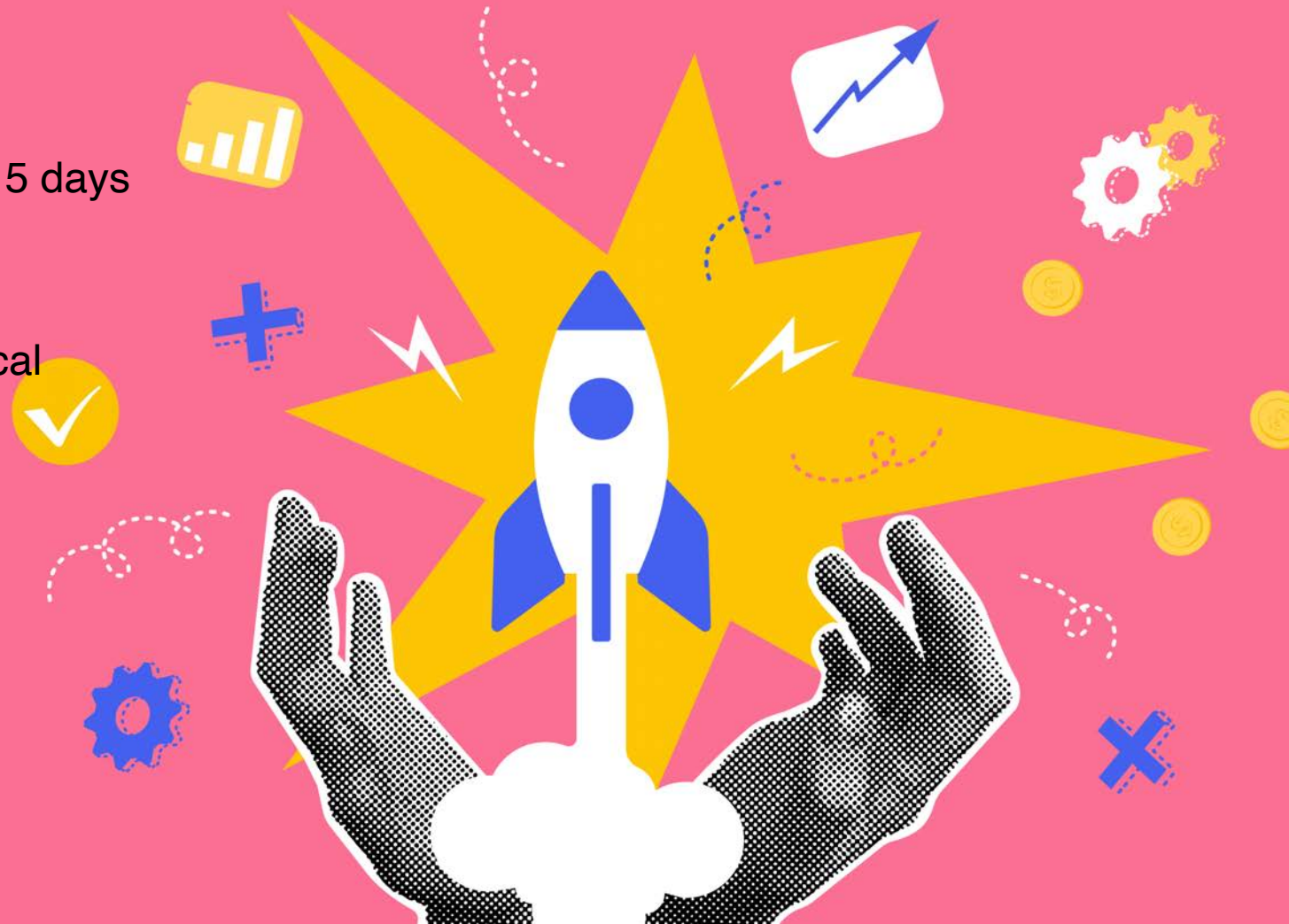
Female 67- Male 103





# CLINICAL SERVICES **NOW** AND INTO THE **FUTURE**

- Expand the service from operating 2 days to 5 days
- Deliver the service within other jurisdictions
- We are looking at other complementary clinical assessment services across the lifespan
- **AI – NAVIGATOR**
- Family support



# PROF. JENN MCINTOSH



## Walk-in together

Enabling family adjustment and cohesion, post-autism diagnosis

### On behalf of the Bouverie team:

Dr Holly Foster , Dr Zoe Cloud, Ellen Welsh, Franca Buteri-Prinzi, Martin Pradel

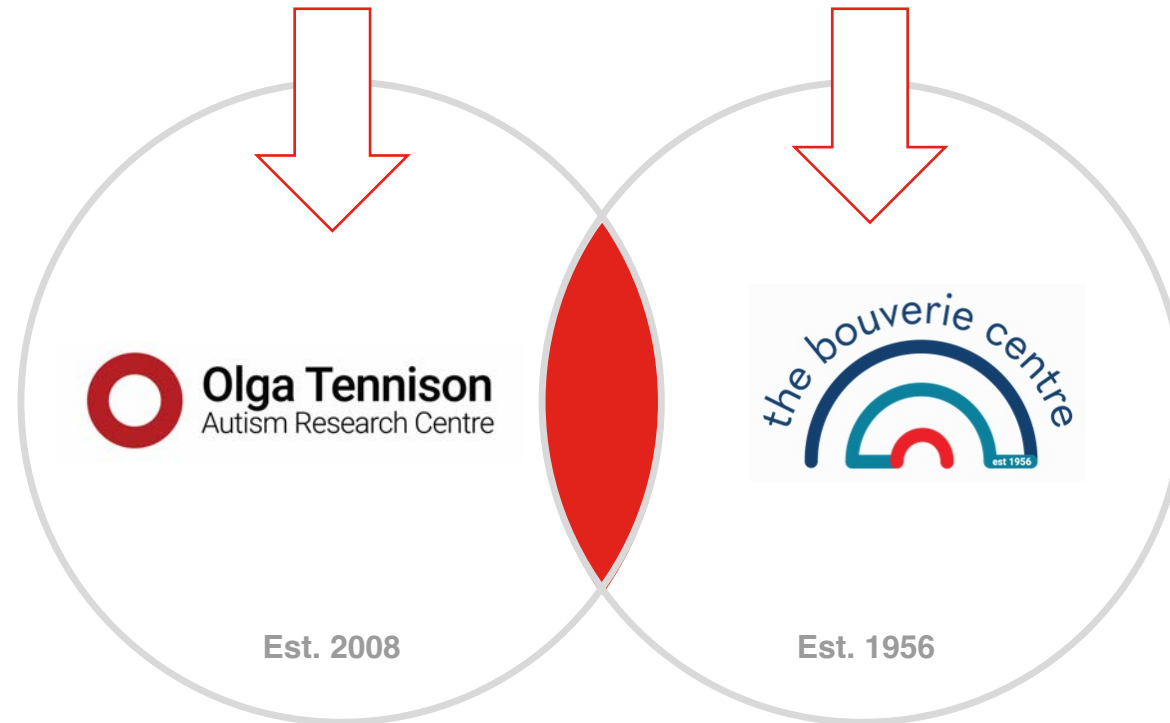


# BOUVERIE AND OTARC: “COUSIN” RESEARCH CENTRES



**LA TROBE**  
UNIVERSITY

SCHOOL OF PSYCHOLOGY AND PUBLIC HEALTH



# THE BOUVERIE CENTRE

An integrated practice-research centre  
of La Trobe University

Australia's oldest and the world's largest  
family therapy organisation.

Integrated clinical, teaching, training and  
research programs.



# OTARC – OLGA TENNISON AUTISM RESEARCH CENTRE

- Australia's first Centre dedicated to autism research, through the support of **Mrs Olga Tennison AO**
- A platform for collaborative research, training and program design initiative

VEAC - A centrepiece offering an affordable, comprehensive needs assessment and differential diagnosis for infants and toddlers

**victorian  
early  
assessment  
clinic**



# **VEAC FULLY ALIGNS WITH BOUVERIE'S** **HEALTH EQUITY FOCUS**

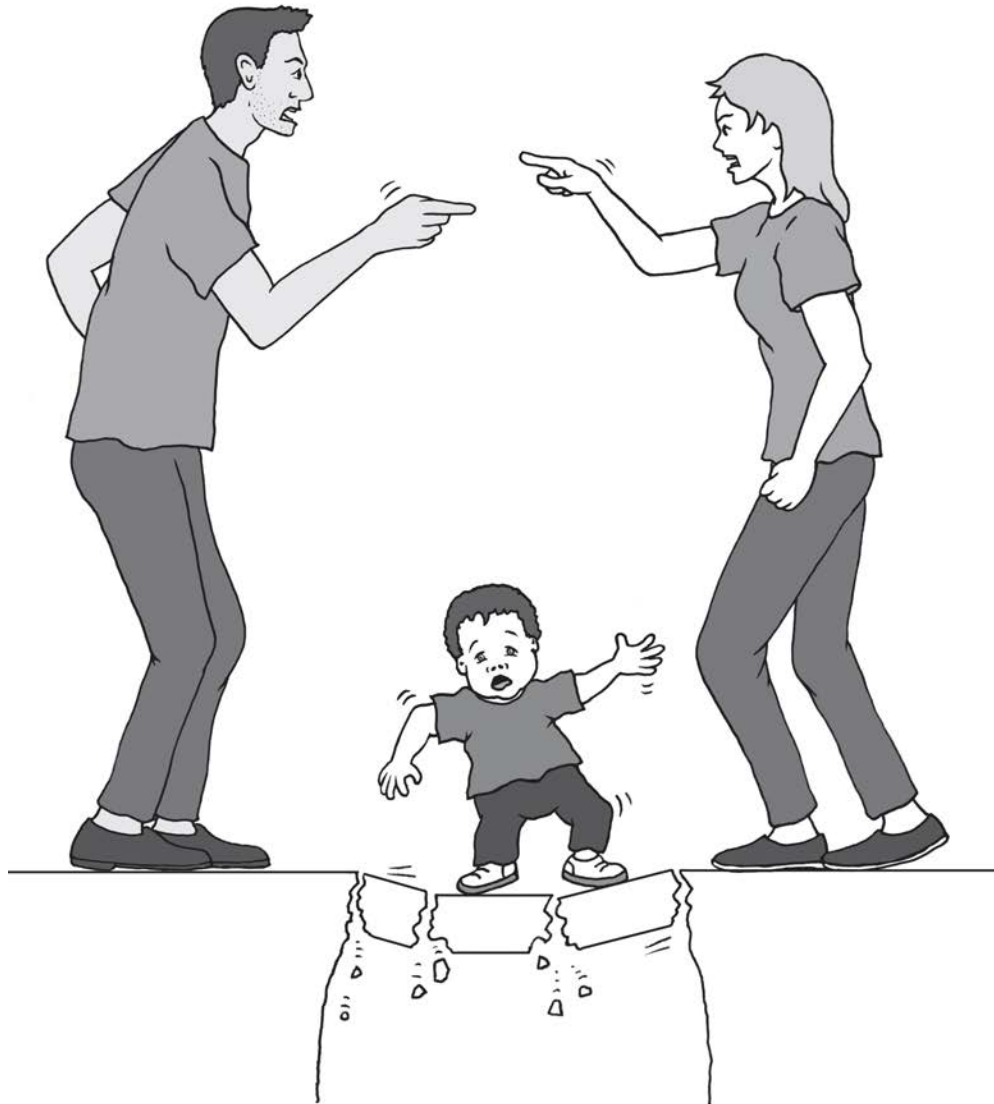
**Reduced costs**

**Regional Access**

**Reaching marginalised communities**



# THE 'WICKED' PROBLEM ...



Relative to both the general population and to children with other developmental diagnoses, following their child's autism diagnosis, parents are significantly more likely to experience

- chronic heightened stress
- higher objective and subjective burden
- greater risk of mental health problems
- poorer health-related quality of life
- increased risk for separation
- more frequent psychological distress
- lower social support.



The way families adapt, cooperate and cohere post-diagnosis is of critical importance to their well-being, and to early intervention outcomes for their child.





# MEETING A BIG PROBLEM WITH A LITTLE FAMILY INTERVENTION, **THAT MAKES A DIFFERENCE...**



## Walk-In Together

Connecting and empowering  
families following an autism  
assessment



**Olga Tennison**  
Autism Research Centre



**LA TROBE**  
UNIVERSITY



**Where Families Matter**

# WALK-IN TOGETHER (WIT) IMPACT ... IN 90 MINUTES.

Deep evidence foundations in Bouverie's single session thinking approach to family therapy

- 90-minute single-session family therapy
- Online – no wait list
- 2 Family Therapists
- Families take home the session notes
- Is it as effective as multiple sessions?
- Our Medibank funded PhD research says “yes” ...  
***timely, empowering response is key.***



# WALK-IN TOGETHER (WIT)

Application for VEAC family's post-diagnosis

A safe and relational family discussion:

- an opportunity to name challenges and hopes
- coming together as the caregiving team
- aiding adjustment to the diagnosis
- strengthening relational health and resilience

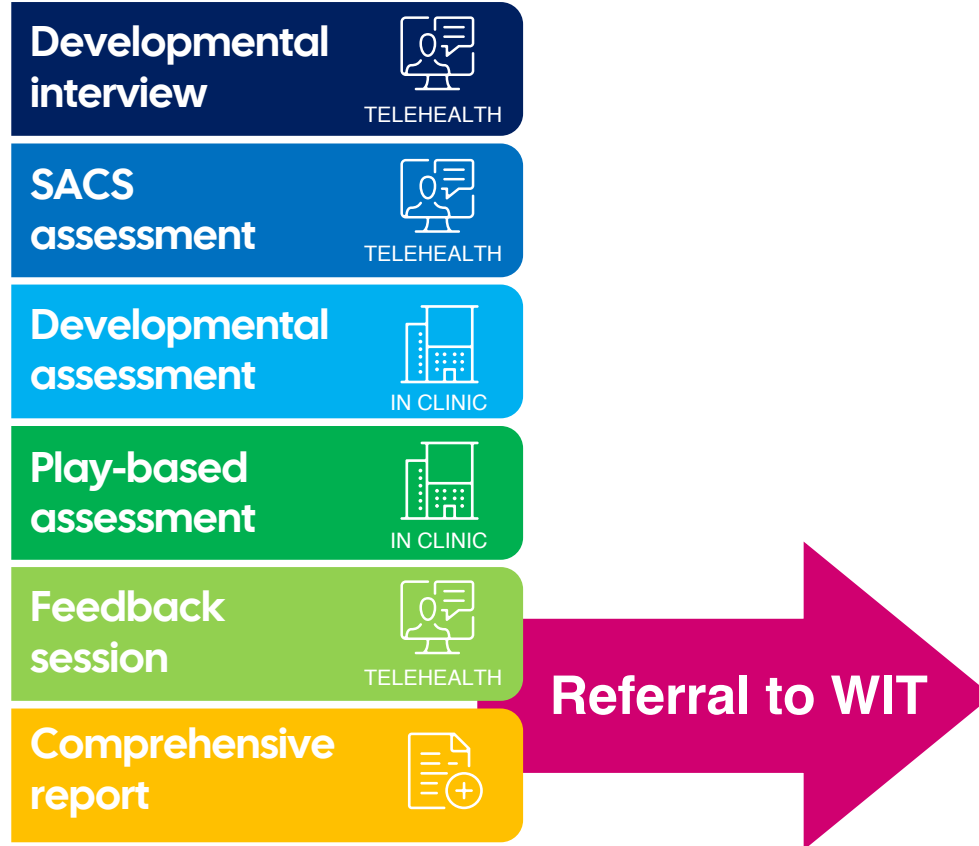
**DRAWS ON EXISTING RESOURCES,  
OPENING UP NEW POSSIBILITIES**

**CLARIFIES THE 'HERE & NOW' NEXT STEPS**

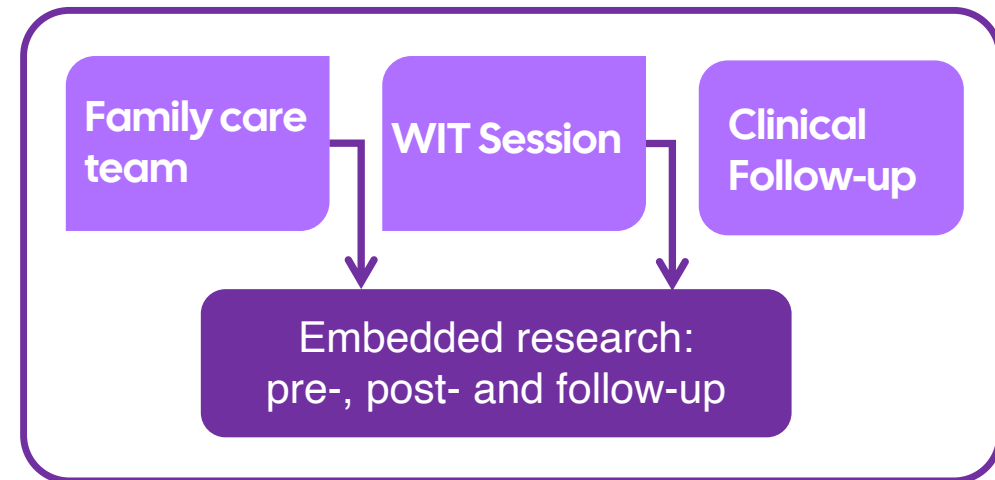


# WHAT ARE WE DOING?

## VEAC Process



## Bouverie WIT Process



# PROOF-OF-CONCEPT PILOT UNDERWAY

1. **Is there demand and/interest for family-based support?**
2. **Is an accessible, rapid access family service viable?**
3. **Can WIT help improve Relational, Developmental & Family Health?**
4. **Can WIT foster hope and capacity to manage challenges into the future?**
5. **What capability uplift would this bring to the VEAC service?**

OTARC provided seed research money. Bouverie donating clinical services

Bouverie: Embedded depth research x 10 families

Completion by November 2026





# EARLY FINDINGS.... **WE ARE ONTO SOMETHING IMPORTANT**





# SELECTED REFERENCES

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# THANKYOU

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# THE HON. JOHN BRUMBY AO

Closing

# FIN.