

Early Autism Supports Guide 2025

Overview

Our Early Autism Supports are grounded in optimizing learning opportunities in children's everyday routines within early education classrooms; for example, indoor and outdoor play, cooperative and independent experiences, sensory exploration, mealtimes, toileting, and dressing routines. The service is provided by a Key Worker (with an education or Allied Health qualification) who connects the child, their family, the early education team, and any other service providers to embed learning supports within the child's everyday settings, routines, and interactions. Optional direct service provision of learning support with the child in their classroom can be provided by a Key Worker for an additional hour per week, or by a Therapy Assistant for 1-2 sessions per week (3.5 hour session).

Our teaching strategies strive to be neurodiversity-affirming and build on a child's strengths, preferences and interests. Our work combines a developmental approach (with an emphasis on child motivation, choice, autonomy, and preferences) with behavioural 'science of learning' practices (such as prioritizing fading supports for optimal independence and emphasis on data collection to closely monitor and support each child's progress). The La Trobe University Community Children's Centre team strives to meet early childhood and developmental support best-practice guidelines in innovative and practical ways that empower children, families, and early education teams.

Children's learning goals consider their NDIS plan goals and their family and early education team's identified priorities for current and next learning settings. This generally includes using and understanding communication with others, co-regulating, identifying and meeting physical and emotional needs, and exploring play styles. Goal focus areas build sequentially as listed below;

- 1. initial focus on ensuring child's health, safety and well-being needs,
- 2. participating in classroom routines with minimal support,
- 3. learning new skills within these routines.

Eligibility

To receive our supports children do not need a formal diagnosis of Autism Spectrum Disorder (ASD). Our team will assess each child's skills and presentation of needs and supports accessed to confirm their eligibility (i.e., that the child shows indicators of an Autistic learning profile and would benefit from our services). Families are encouraged to share prior assessments or other service provider reports as part of the enrolment process.

Preschool-aged children (IE under 6 years of age) are eligible to receive autism supports delivered in early education settings, such as long-day-care and kindergarten. Children aged younger than 7 years old can receive specialist supports from allied health and parent coaching staff in their family home, at La Trobe University Community Children's Centre, or in their local early education settings.



Setting Options

Some children receive early autism supports in Kindergarten and All-Day Care rooms at La Trobe University Community Children's Centre (Bundoora campus). Some children receive early autism supports in local community Early Education Services, located within 30 minutes' drive of our Bundoora Centre. Children can also receive supports across multiple early education services, depending on the child's learning priorities and location considerations. Early education classrooms are "mainstream" or inclusive settings with a neurodiverse group of children (both Autistic and non-Autistic) learning together.

If there are service disruptions due to an emergency/unforeseen event at the Centre, we will communicate with families about alternative arrangements for early autism support service provision (e.g., telehealth).

How Will My Child's Supports Start?

As part of the enrolment process;

- We will meet with your family in-person or virtually via telehealth to collect information about your family's previous and current support services, priority goals, and helpful strategies to support your child's learning, and the everyday setting/s you are seeking additional support within
- (if receiving services at community early education service) Our team member will connect with your child's early education service and complete a classroom-based assessment, in partnership with your child and their early education team
- (*if joining La Trobe University Community Children's Centre*) Your family and child meet your child's new education team at scheduled orientation visit/s (30-45 mins) prior to commencing their childcare enrolment

Developing Your Child's Goals

The focus of the assessment process is to identify ways to best support each child's learning, and your family's input is a crucial ingredient. Your Key Worker will meet with your family and child's early education team to assess your child's skills in their everyday settings twice per year (approximately every 5 months). This process includes:

- Reflecting on your child's learning progress, lessons learned by team members, and planning sustainable ongoing strategies to support everyone's learning, particularly strategies that facilitate your child's participation and engagement
- Exploring new learning goals that build on the skill growth of your child, and build on the routines and interaction styles of your family and their education team
- Adjusting our supports to meet your child's individual support needs based on their wider team, including;
 - The focus and types of Key Worker support
 - Considering specialist Allied Health or coaching referrals for assessment and support
 - Increasing/decreasing the number and range of goals to suit the next teaching period's hours and type/s of supports
 - o Increasing/decreasing the number of support hours and type of staff member provided to meet the child's current needs.

This includes considering support plan changes, such as;

a. Step-Down Approach, reducing support (see Appendix 3 – Step-Down Approach) or



b. Step-Up Approach, increasing support (see Appendix 4 – Step-Up Approach).

Monitoring Your Child's Progress in the Program

A child's progress is monitored in several ways, including data reviews and family meetings, to support continued progress.

- Daily; Therapy Assistants take data on children's goals at regular intervals on our secure ASDCapture App during the session.
- Fortnightly; the child's Key Worker will review the data to monitor child's progress for each goal/step, and either move the goal to the next step or adapt the current teaching step to support learning i.e., develop individualised strategies to support their learning and participation.
- Monthly; the child's Key Worker will offer an update either via email or meeting in-person/via telehealth to share learning goals updates and helpful information for topics of relevance (EG toilet skills training, preparing for transition).
- Twice Yearly; New goals are developed for each child in partnership with their family, Key Worker team, education team, and as applicable, community service providers or second early education service.

Transdisciplinary Team

Key Workers are experienced clinicians (qualified speech pathologists, occupational therapists, psychologists, or Bachelor/Diploma-qualified educators). Each family has a Key Worker team of two staff members, who are their main contact regarding their child's supports. The Key Worker team collaborates with family, co-develops goals and monitors the child's learning progress, shares information and strategies amongst the team, and coordinates referrals to specialist supports team as required.

Therapy Assistants facilitate supported learning opportunities, as part of individual Therapy Assistant sessions. They are early childhood educators, or university students completing teaching, psychology, speech pathology or occupational therapy degrees. They receive early autism support training and ongoing supervision to create and facilitate learning opportunities for the child to practice the goals with their peers and early childhood educators. While Therapy Assistants are focused on teaching the individual child's goals, they teach as part of the early childhood education group setting, promoting group participation and interaction with peers and fostering their relationship with their education team.

Specialist staff provide support through consultations and direct input with the child, their family and early education team as required. The team includes qualified speech pathology, psychology, occupational therapy, and parent coaches. Referral for individualised support is made via the child's Key Worker with family's consent as additional fees apply (see Appendix 2 for details).

Coaches are experienced clinicians (including Allied Health and education specialists), who provide individualised coaching support to the child's education team and Therapy Assistants to ensure each child's goals are being delivered to a high standard and with optimal supports and resources.

Please contact us for more information:

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Level 1 – Weekly Key Worker Support These supports are provided on a weekly basis and are a clinical requirement of enrolment; however hours are approximate only and subject to change depending on clinical needs of the participant	Frequency	Price per hour (\$) *	Hours	Term fees (25-week term)	Service estimate per 50- week year
Monitoring Support Needs: • Key Worker works directly with the child and education team in the child's room.		\$193.99 per hour And/or	1 hour a week (average)	\$4, 849.75 And/or	\$9, 699.50 to
 Meetings (Key Worker meetings with family, education team, other care team providers, etc). 		\$86.79 per hour		\$2, 169.75	\$4, 339.50
Travel to Community Early Education Setting — up to 30 minutes travel between work sites, split between participants	Weekly	\$193.99 per hour And/or	1 hour a week (average)	\$4, 849.75 And/or	\$9, 699.50 to
		\$86.79 per hour		\$2, 169.75	\$4, 339.50
La Trobe Uni	versity Con	nmunity Childre	n's Centre TOTAL	\$4, 849.75	\$9, 699.50
			to	to	
					\$4, 339.50
Community Early Education Setting TOTAL			\$9, 699.50	\$19, 399	
				to	to
				\$4, 339.50	\$8, 8679

Level 2 – Weekly Key Worker Therapy These supports are provided on a weekly basis and are a clinical requirement of enrolment; however hours are approximate only and subject to change depending on clinical needs of the participant	Frequency	Price per hour (\$) *	Hours	Term fees (25-week term)	Service estimate per 50- week year
 Monitoring Support Needs: Key Worker works directly with the child and education team in the child's room. Meetings (Key Worker meetings with family, education team, other care team providers, etc). 	Weekly	\$193.99 per hour And/or \$86.79 per hour	1 hour a week (average)	\$4, 849.75 And/or \$2, 169.75	\$9, 699.50 to \$4, 339.50
Teaching Goals: • Key Worker delivers supports to individual child with their peers and education team in daily routines, transitions & play.	weekly	\$193.99 per hour And/or \$86.79 per hour	1 hour a week	\$4, 849.75 And/or \$2, 169.75	\$9, 699.50 to \$4, 339.50
Community Early Education Setting – up to 30 minutes travel between work sites, split between participants	Weekly	\$193.99 per hour And/or \$86.79 per hour	1 hour a week (average)	\$4, 849.75 And/or \$2, 169.75	\$9, 699.50 to \$4, 339.50
Assessment: Key worker completes assessment in naturalistic setting, including family and education team input. Develop and write goals for service provision.	Twice per year (20 - 24 weeks)	\$193.99	approx. 5 hours	\$969.95 And/or \$433.95	\$1, 939.90 to \$867.90
La Trobe University Community Children's Centre TOTAL				\$10, 669.45 To \$5, 309.45	\$21, 338.90 To \$10, 618.90
	Community	r Early Education	n Setting TOTAL	\$15, 519.20 to \$6, 943.20	\$31, 038.40 to \$13, 886.40



Level 3 — Weekly Therapy Assistant These supports are provided on a weekly basis and are a clinical requirement of enrolment; however hours are approximate only and subject to change depending on clinical needs of the participant Monitoring Support Needs Key Worker works directly with the child and education team in the child's room. Meetings (Key Worker meetings with family, education team, other care team providers, etc). Supervising Therapist Assistant who is providing supports for child.	Weekly	Price per hour (\$) * \$193.99 per hour And/or \$86.79 per hour	1 hour a week (average)	\$4,849.75 to \$2,169.75	\$9,699.50 to \$4,339.50
Community Early Education Setting – up to 30 minutes travel between work sites, split between participants	Weekly	\$193.99 per hour And/or \$86.79 per hour	1 hour a week (average)	\$4, 849.75 to \$2, 169.75	\$9, 699.50 to \$4, 339.50
(Flexible Support applicable to teaching goals service provision) Assessment Key worker completes assessment in naturalistic setting, including family and education team input. Develop and write goals for service provision.	Twice per year (20- 24 weeks)	\$193.99 And/or \$86.79 per hour	approx. 5 hours	\$969.95 to \$433.95	\$1, 939.90 to \$867.90
Teaching Goals Therapy Assistant delivers supports to child with their peers and education team in daily routines, transitions & plays.		\$86 per hour	3.5 hours (\$301) 5 hours (\$430)	\$7,525 \$10,750	\$15, 050.00 \$21, 500
Community Early Education Setting – up to 15 minutes travel between work sites, split between participants	Weekly	\$86 per hour	3.5-hour shift = up to 15 mins travel \$21.50 5-hour shift = \$0	\$537.50 \$0	\$1,075 \$0
La Trobe University Community Children's Centre TOTAL			3.5-hour session \$13, 344.70 to \$10, 128.70 5-hour session	3.5-hour session \$26, 689.40 to \$20, 257.40 5-hour session	
	Communit	y Early Educatio	n Setting TOTAL	\$16, 569.70 to \$13, 353.70 3.5-hour session	\$33, 193.40 to \$26, 707.40 3.5-hour session
			.	\$18, 731.95 to \$12, 835.95 5-hour session \$26, 269.20 to \$15, 523.45	\$37, 463.90 to 25, 671.90 5-hour session \$52, 539.40 to \$31, 046.90

Flexible Supports These are additional supports available to families and participants depending on the clinical needs of the participant	Frequency	Price per hour (\$)
Specialist referrals and goals input as required and identified by family/Key Worker.	As required	\$193.99
Key Worker and/or Allied Health reports, to support families i.e., with school transition etc. NDIA requested report; a report that is required at the commencement of a plan that outlines plan objectives and goals, or at plan review that measures functional outcomes against the originally stipulated goals, or that makes recommendations for ongoing needs (informal, community, mainstream or funded supports).	As required	Per hourly rate of relevant staff member (See above)



Hourly rate varies based on key worker qualification according to current NDIS Price Guide categories, staff allocated to weekly supports based on availability and other fluctuating factors. Fees are payable using your child's NDIS Plan and/or direct payment by child's family. La Trobe University is a Registered NDIS Service Provider.

Intervention fees are charged according to the current NDIS Price Guide, against line items for Capacity Building – Improved Daily Living;

- Early Childhood Supports Early Childhood Professional and Psychologist (15_005_0118_1_3)
- Early Childhood Supports Therapy Assistant Level 2 (15 008 0118 1 3)
- Provider Travel Non-Labour Costs (15_799_0118_1_3)

As per NDIS Code of Provider Conduct Section 4 – Act with Integrity, Honesty and Transparency, Item 55 states that "NDIS providers have a responsibility to only recommend and provide supports and services that are appropriate to the needs of the participant". The Step Up and Step Down approaches support this requirement, and supporting families to select a support service choice that matches their child's current NDIS plan budget and plan reassessment date prioritizing continuity of service access over intensity.

Our Centre is committed to child and family health, safety, and wellbeing.

Our service is mandated by law to report all serious incidents and concerns for child/family safety to the appropriate regulatory bodies, for example Child Protection Services, the Department of Education and Training and NDIS Quality and Safeguards Commission.

If you have any questions about this, please do not hesitate to ask.

APPENDIX 2: Specialist Referral Topics

Speech Pathology;

- Augmentative and Alternative Communication assessment, selecting trial systems (e.g., visual support, key word sign), coaching support to tailor system to child and family's needs, supporting with NDIS Assistive Technology funding application.
- Pragmatic language speech assessment and report (EG inform child's goals, support with Department of Education and Training Disability Inclusion funding).
- Feeding issues assessment and strategies plan (collaboration option with Occupational Therapist)

Occupational Therapy;

- Sensory processing differences (e.g., unsafe seeking and/or avoidance of sensory input).
- Complex toilet training needs (collaboration option with Psychologist).
- Feeding issues assessment and strategies plan (collaboration option with Speech Pathologist)

Psychology:

- Positive behaviour support plan and coaching for staff and family for mild behaviours of concern (incl. functional behaviour assessment) (collaboration option with Speech Pathologist/Occupational Therapist).
- Complex emotional co-regulation needs (collaboration option with Occupational Therapist).

Parent Coaching;

- Support for family to generalize key learning into home environment, including communication devices/strategies, support with meals, morning/evening routines, and so on.
- Support for family to embed engagement and teaching strategies with their child, in their home's daily routines.



APPENDIX 3: Step Down Approach

Steps to Reducing Supports

1. Review Child's Support Needs

As part of standard Key Worker supervision, including family meetings and assessments, review;

- Child progress, including whether child's skills are approaching age-matched skill and support level
- Learning opportunities in current settings
- Opportunities for social skill development and peer interactions in current setting
- Ensure NDIS report accurately reflects child's support needs, including Key Worker recommendation to move to less intensive and more community-based universal mainstream services

If review of child support needs indicate that child requires less intensive support;

2. Initiate Step Down Approach

- Key Worker meets with Clinical Manager to review child's support needs with focus on ongoing support required, specifically;
 - o number and focus of goals
 - focus of Key Worker support
 - o capacity building to family
 - o capacity building to external services, for example educators and specialists
- Key Worker and Clinical Manager meets with family to discuss ongoing 'reasonable and necessary' supports
- Ensure NDIS report accurately reflects child's support needs, including Key Worker recommendation to move to less intensive and more community-based universal mainstream services

3. Implement Step Down Approach

Key Worker monitors child support needs, focusing on;

- Child participation in group setting, including by seeking feedback from child's education team
- Child's progress on goals
- Family support required

Ensure NDIS report accurately reflects child's support needs, including Key Worker recommendation to move to less intensive and more community-based universal mainstream services.



APPENDIX 4: Step Up Approach

Steps to Increasing Supports

Review Child's Support Needs;

As part of standard Key Worker supervision, review;

- Child progress, including whether more than 25% of goals are progressing optimally.
 - o If more than 25% of goals are not progressing optimally, identify barriers to learning (teacher discussion, observations, direct engagement with child etc).
- Learning opportunities in current setting, including child's participation in room curriculum and in home environment.
- Ensure NDIS report accurately reflects child's support needs, including whether increased support is required to support learning outcomes.

If review of child support needs indicate that child requires more intensive support;

Step-Up Phase 1; 25-50% insufficient progress – adjusted goals

- Classroom participation. Develop participation plan;
 - Identify priority group experiences and expectation for participation e.g., length of time in key learning routine,
 - number of peers, transition distance etc.
 - Outline strategies to support child's motivation and participation in key routines.
 - Monitor child's participation weekly, as part of data review.
- Learning goals;
 - Consider number of goals and potentially reduce to number and scope to support focus on key areas.
 - o Prioritise key developmental domains relevant across settings.
 - Focus on goals that facilitate child's participation and connection/rapport with others.
- Session Structure;
 - o Reduce Therapy Assistant team to 2 people, where possible.
 - Option to teach 1-2 goals per routine.
 - Highly individualised and updated resources to tap into child's preferences, motivations and priority goals.
- Key Worker Input;
 - Increased Key Worker input to support key classroom routines.
 - Collaboratively identify key early education team staff and routines to co-complete with child.
- Family Meetings;
 - o Monthly meetings offered, including alternating Key Worker capacity-building support with child and family.
 - Update and collaborate with family on planned program adjustments.
 - o Both key workers meet with family, option for room lead teacher to join also.



Step-Up Phase 2; 50%+ insufficient progress – structured goals

- Session Structure;
 - o Develop structured and predictable session plan collaboratively with teacher
 - Might include intermittent teaching periods (with 5-10 min breaks between activities), using same area/location for each activity, using specific resources, focusing on specific goals with specific resources etc
 - Separate teaching space to support child's attention and work 1:1 (e.g., Education room, multipurpose room, hallway visits)
- Increase number of Therapy Assistant sessions
- Highly individualised and updated resources to tap into child's preferences, motivations and priority goals
- Family Meetings; Lead Key Worker and Clinical Manager meet with family monthly to discuss program changes and child and family's support needs.