



AUTISM PARTNERSHIP AUSTRALIA

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PROGRESS REPORT

PARTICIPANT AND PROVIDER INFORMATION

Child's Name	Samar Hasan
NDIS Number	432118161
Date of Birth	09/08/2020
Parent/carer Name	Asiya Hassan
Key Worker	Paris Azic
Report date	07/05/2024

Autism Partnership Australia

Autism Partnership provides a range of behavioural intervention and allied health services delivered by both behaviourally trained clinicians and allied health professionals. Autism Partnership exists to empower autistic children. We support them to build the foundations for lifelong learning, opening up a world of independence, choice and opportunity. We put our heart and soul into delivering exceptional services and championing every child and family, every single day. That's why we've been supporting autistic children and their families for over 24 years.

As of 14 September 2023, Autism Partnership Australia has restructured to a not-for-profit organisation. Despite our previous status as a private company, the organisation's primary objective has always been to provide exceptional services rather than to generate a profit.

By transitioning into a not-for-profit, we are protecting our mission into the future:

- Ensuring that autistic children in Australia have access to appropriate services
- Our decisions and services continue to be driven by children, families and the science of learning
- Our impact with children and families remains our most significant measure of success.

SUMMARY OF SERVICES PROVIDED

Prior to commencing with Autism Partnership Samar has previously participated in weekly speech therapy and attended childcare five days a week. ***Please see our recommendation letter dated 08/12/2023 for a comprehensive outline of Samar's previous history of intervention, presenting concerns and difficulties.***

Samar started Early Intensive Behaviour Therapy (EIBI) with Autism Partnership on 11/12/2023. Samar currently receives 27 hours per week of EIBI, which is primarily delivered in a 1:1 teaching format, with some time each day spent in small groups with a 1 staff: 2 child ratio. Both 1:1 and group time are individualised to meet Samar's specific learning goals.

PARENT/CARER CAPACITY BUILDING AND SUPPORT

Families are an integral part of the intervention program and there is regular communication between families, Behaviour Therapists and the Behaviour Consultant. This includes:

- Daily sharing of information on important information, progress and concerns, communicated between staff and parents at drop off and pick up times.
- Weekly shared videos, photos and written communication on goals, programs and progress
- Family Clinics, conducted fortnightly where Samar, her family, her 1:1 therapists and Behaviour Consultant come together to collaborate on goals, discuss concerns about behaviour or skill development and the families get support from the clinical team to develop practical skills needed to manage their child's challenging behaviours and to implement strategies to improve their child's engagement and development at home and in community settings.
- Behaviour Consultant to develop strategies with the family around daily living skills, communication skills and targeted strategies for particular goals including support with night time and morning routine and sleeping. Based on the goals of the child and family, regular home sessions for the child with their Little Learners behaviour therapist can be conducted at home, overseen by the Behaviour Consultant.

Samar's mother Asiya works across the week; however, during her time caring for Samar she regularly implements Samar's goals in everyday life. Samar's Behaviour Consultant has worked alongside Asiya to assist her to select and try out different strategies, to improve Samar's learning, independence and social participation in the home, with extended family and while out in the community. Examples of goals and strategies Asiyahave implemented include:

- Using “first____then____” strategies to assist Samar to understand daily routines and increase cooperation, particularly with sitting down at the table during meal times
- Designing strategies to reduce Samar’s focus and fixations on climbing furniture at home, to allow her to spend more time engaged in other play activities such as cause and effect toys, building with magnets/ blocks, looking through the pages of books and water play.
- Assisting Samar to remain calm during transitions (e.g., packing up a toy and transitioning to mealtime)
- Building Samar’s expressive language by using communication temptation strategies, modelling simple sounds/ words, singing preferred songs and providing Samar with an opportunity to participate in singing some of the lyrics
- Building Samar’s receptive language skills by pairing vocal communication with gestures and visual representations, shortening phrases and gaining Samar’s attention before talking to her
- Supporting Samar’s social skill development, to attend to and interact with others through structured practise of turn taking and swapping items
- Supporting Samar with her night time routine and helping her to fall asleep earlier in the evening

Asiya works tirelessly to implement her goals in everyday life. She is very aware of Samar’s goals and learning needs. Since commencing Little Learners, Asiya has seen Samar’ make noticeable progress, due to the skills being broken down to her level, the repeated opportunities Samar has to practise these skills, and the way Asiya and the Little Learners team work in partnership to implement her goals.

Despite family involvement, Samar’s learning needs are significant. She requires hundreds of repetitions of new skills in order to learn and retain them. She has developmental needs in multiple domains which require simultaneous targeting, meaning the amount of things she needs to learn is extensive. Samar’s learning needs are therefore above and beyond what can be expected for her family to provide for her. While her family-implemented learning provides some opportunities for Samar to learn, she requires additional high intensity direct intervention for many hours each week to maximise her progress.

Strengths

- Samar has adequate gross motor skills for her age. For example, Samar is able to run and climb on playground equipment and stack blocks
- Samar has some skills in her ability to non-verbally communicate such as pulling an adults hand and reaching towards a desired item and pushing away a non-desired item
- Samar has strengths in her visual reception skills and is able to visually scan materials and discriminate between objects
- Samar is able to articulate a range of different sounds when babbling or imitating people around her such as ‘okay’, ‘wow’, ‘buba’, ‘nee’, ‘sit’, ‘go’. However, it is important to note that most words are not under stimulus control meaning they are not within the correct context and are usually said to herself and not directed towards others

Challenges

- Samar currently has no effective form of communication and is not able to communicate her wants and needs
- Samar does not have independent self soothing skills or the ability to regulate her own behaviours and therefore does not cope well with transitions, denied requests, daily tasks, adult led instructions and routines
- Samar demonstrates unsafe problem behaviours such as flopping to the floor, screaming, scratching others, biting others and throwing objects when access to something desired is denied (e.g., a favourite toy)

- Samar demonstrates aggressive and unsafe behaviours if she is asked to do something that she does not want to do such as walking to the bathroom for nappy changes, putting her shoes on, or packing away a toy when she is finished playing with it
- Samar has restricted and repetitive interests and limited play skills, which impacts her ability to learn, play and socialise
- Samar's personal self-care skills are delayed and she is therefore unable to complete self-care tasks expected for her age. Another barrier to this is her willingness to participate in daily routines such as hairbrushing
- Samar's motivation and willingness to participate in daily routine activities, less preferred activities or learning style tasks is low and she will engage in avoidance behaviours (e.g., running away, flopping to the floor, pushing people away). For example, when her therapist instruct her to the bathroom to change her nappy she will often run away, flop to the floor and not cooperate with the instruction
- Samar's socialisation skills are significantly delayed, displaying limited interest in other children her own age, and tends to be object-focussed rather than interactive with others
- Samar's behaviours can be of high risk, including climbing and jumping off high fixtures, turning taps on, running towards roads when in the community and putting unsafe objects in her mouth (e.g., sticks, leaves, other peoples food, food from the ground ect).

ASSESSMENTS

Please find attached a copy of Samar's assessment results

Assessment type	Administered by	Report date
Mullen Scales of Early Learning (MSEL)	Karen McKinnon	8 February 2024
Vineland Adaptive Behaviour Scales- Survey Interview Form (VABS)	Karen McKinnon	8 February 2024

PARTICIPANT GOALS

<p>DOMAIN: COMMUNICATION</p> <p>NDIS GOAL: Asiya would like Samar to continue to develop her receptive and expressive language skills, in order to communicate clearly across all environments.</p>
<p>Outcomes</p> <p>Samar has made the following progress towards her communication:</p> <ul style="list-style-type: none"> • Samar is showing some understanding of simple gestures. For example tapping on the chair (sit down), transitioning with an adult when they hold out their hand, and following a 'come here' gesture. • Samar is learning to communicate through non-vocal methods such as reaching for items she wants or taking an adult's hand to a location she wants to go to. As well as making choices between two items by reaching towards the desired item. • Samar is learning to communicate through the use of the Picture Exchange Communication System (PECS) to help her effectively communicate her wants and needs. • Samar is increasingly echoing back sounds made by an adult, or engaging in 'fill the gap' type statements such as "ready, steady...GO" • Samar is able to follow a simple one step routine instruction when paired with a gesture such as putting two corresponding items that go together in the same location.

- Samar is learning and developing her receptive understanding of visuals to help appropriately and accurately respond to instructions as well as understand and follow routines throughout the day
- Samar is beginning to increase her tolerance to separating from the familiar people in her life and transition into the EIBI centre with her familiar therapists
- Samar is showing emerging awareness of when an adult is speaking to her, they will turn their body towards the speaker whereas previously she was inconsistently attending to speakers in her environment
- Receptively, Samar understands some different words that are familiar within her daily routine including words for food items (e.g., “apple”, “water”, “milk”). She is also beginning to follow some familiar, one step instructions such as “sit down”, “give it to me”, “spit it out” when paired with particular gestures. Samar is also beginning to respond to understand the tone of some spoken words, but is not yet recognising facial expressions of others.

Barriers and further development

Samar is in the early stages of her intervention and although she has shown progress she has significant delays in her communication skills as shown in her developmental assessments where she is scored ‘very low’ (see attached report dated February 2024).

Samar currently does not have an established form of communication that allows her to be understood by others. The people in her life understand her wants and needs by anticipating them or when Samar will hand lead others hands to what she wants, however this can also be inconsistent and Samar can become frustrated and use behaviours such as scratching and hitting other people’s body, screaming, vocally protesting, swiping toys off tables/ shelves, flopping to the floor and thrashing her legs around.

In order for Samar to be better understood by her family and others in the community, she requires continued teaching of language and establishing core vocabulary that will assist her to better communicate. Samar requires intensive intervention in order for skills to be broken down in an individualised manner, and taught using sophisticated teaching strategies. Over the coming 12 months, Samar will work on the following areas:

- Developing her capacity to express her wants and needs with known adults and peers
- Develop her understanding of words and sentences
- Develop her use and understanding of non verbal communication such as gestures
- Develop her functional communication skills so she can effectively get her wants and needs met
- Follow simple, everyday receptive instructions related to her learning and daily routines
- Understand and respond to safety instructions such as “stop”, “wait”, and “come here” particularly when out in the community to increase her safety

DOMAIN: BEHAVIOUR

NDIS GOAL: Asiya would like Samar to develop her ability to self-regulate her emotions, and communicate her thoughts and feelings.

Outcomes

Samar has made the following progress towards her behaviour and emotional regulation:

- Samar is calmly transitioning from her Mum and other members of her family to her behaviour therapists at drop off, and walking independently into the centre. Previously she would hold on tightly to her Mum, cry, vocally protest and would require her Mum to transition her into the centre to help settle her in.
- Samar is learning to understand the contingency between her behaviour and the effect on the environment. She is beginning to follow a contingency which consists of firstly participating in a small task and then playing something highly preferred.

- Samar is learning to respond to a 'wait' gesture (hand out with a finger countdown). She is beginning to wait for up to 10 - 15 seconds for preferred items.
- Samar is some of the time tolerating when preferred toys are paused whilst she completes a learning activity or daily task. However still at times, Samar engages in behaviours such as hitting other people's bodies, screaming, vocally protesting, swiping toys off tables/ shelves, flopping to the floor and thrashing her legs around. Although these behaviours still occur, there has been a decrease in behaviours across the day such as hitting other people's bodies, screaming, vocally protesting, swiping toys off tables/ shelves, flopping to the floor and thrashing her legs around.

Barriers and further development

Samar is in the early stages of her intervention and although she has shown progress with her ability to self-regulate and engage in safe behaviours, there is still progress to be made. Over the coming 12 months, Samar will work on the following areas:

- Working with the team to develop appropriate strategies that help Samar be able to calm down (e.g. taking a break, listening to music)
- Teaching Samar how to communicate her thoughts and feelings, in particular how to communicate 'no' or that she does not like something, instead of using unsafe behaviours such as hitting, scratching and biting.
- Teach Samar how to follow a visual schedule to communicate to her what is coming up in her day and when she will be able to access the desired activity. For example, first we brush our hair, then we can spend time watching tv. Or first we need to participate in an adult led learning task and then we can spend time at the playground.
- Samar requires further support to teach her how to cope when asked to relinquish a desired activity or toy.
- Samar requires further support to develop her ability to follow transitions including transitioning to change her nappy, transitioning to the car, transitioning to the dinner table

DOMAIN: LEARNING & COGNITION

NDIS GOAL: Asiya would like Samar to further improve her attention and concentration skills in order to fully participate in activities.

Outcomes

Samar has made the following progress towards developing her cognition and learning skills:

- Samar is learning to participate in learning tasks for progressively longer periods of time. When Samar commenced EIBI it was difficult for her to sit or stay in one place for more than 20 seconds and now she can participate for a few minutes.
- Samar is beginning to participate in simple activities to teach learning how to learn skills. This involves Samar's behaviour therapist pausing Samar's preferred toy or pausing during a song Samar likes, completing a task such as putting shapes in a shape sorter, and then continuing with the play.
- Samar is demonstrating more sustained attention and engagement to stay with her behaviour therapist, instead of walking away and engaging in unsafe climbing
- Samar is progressively engaging in longer periods of joint attention with her behaviour therapists.
- During group learning opportunities, Samar is staying in a designated play space e.g. a particular group table with peers.
- Samar is able to calmly transition to an activity approximately 50-79% of the time whereas previously she consistently avoided adult led instructions. Strategies to support this have included increasing motivation, increasing understanding of the instruction through systematically breaking steps down and pairing them with visual supports.

Barriers and further development

While Samar has made progress in her attending in order for learning to occur, she is still only engaging in this learning for brief periods of time. Samar has difficulty sustaining her attention for longer periods of time and as a result her learning can be slower to progress. With continued intervention her ability to attend is expected to improve.

Currently, the biggest barrier to Samar developing her cognitive skills and engaging in learning is her willingness to cooperate and participate (difficulty with transitions, flexibility and cooperation with others requests and directions) as discussed throughout this report. Samar's behavioural difficulties currently pose limits to her engagement in learning and cognitive skill development.

Samar is working on developing her 'learning how to learn skills', such as remaining in the learning area, attending to the teacher and materials, refraining from grabbing and/or manipulating learning materials, transitioning away from preferred activities to engage in learning, and coping with the requests and directions of others. As well as learning from feedback and giving new things a go.

The need for Samar to continue to access EIBI is essential has been repeated throughout this report, so she has the opportunity to access a highly specialised, behavioural focussed, comprehensive curriculum to support her overall participation and engagement learning opportunities.

DOMAIN: PLAY & SOCIAL

NDIS GOAL: Asiya would like Samar to develop her social skills in order to interact with her peers, initiate and maintain friendships, and enhance participation.

Outcomes

Samar has made the following progress towards developing her play and social skills:

- Samar is beginning to explore new and novel toys such as building and creating structures with magnets, completing insert puzzles and ring stackers
- Through structured practice Samar has learnt how to take turns with her behaviour therapists. She is demonstrating the ability to wait for up to 15 seconds whilst her therapist has their turn. We will continue to systematically increase the time in which the other person has their turn to increase cooperation and participation of social skills.
- Samar is demonstrating an increase in tolerance to peers playing alongside her
- Samar is now staying in the same area with other children and playing alongside them. This typically looks like 'parallel play' where the Samar sits next to peers either playing with her own toy or supported by a behaviour therapist to share the same toy
- Through highly structured support in place, Samar has developed the ability to calmly enter the centre and separate from her parents, therefore increasing the likelihood to access other social opportunities in her community
- Samar is showing an increase in awareness of other children close by and what they are doing
- Samar participates in meal times with a group of same aged peers, sitting and eating alongside them
- Samar is now participating in some small group time per week, where she sits alongside peers, engaging in independent play activities and learning to follow group instruction for transitions such as 'everyone come and sit down' or 'it is time to go to the playground'
- Samar is beginning to demonstrate an increased tolerance to sharing preferred toys and activities with other peers
- Samar is beginning to participate in shared excitement activities with her peers (e.g. listening to music and dancing, participating in obstacle courses and popping bubbles)

- Samar has developed an interest to interact with her therapists and will often seek them out to engage in play activities such as blowing bubbles, tickles, piggy backs, singing and playground activities

Barriers and further development

Samar is in the early stages of her intervention and although she has shown progress in her play and social skills, there is still progress to be made. Samar requires specialised 1:1 support to remain safe around her peers. When there is a reduced staff ratio, Samar will engage in unsafe mouthing of objects, unsafe climbing and tearing objects with her teeth. Samar is in the early stages of developing an effective form of communication which greatly impacts her ability to socialise, join in with peers, share toys, follow ideas from others and understand social situations. Continued intervention will focus on supporting Samar's speech and language goals, helping her understand how to take turns and share toys, expose her to enjoyable shared excitement activities with others to help her create positive experiences around other people.

DOMAIN: MOTOR SKILLS

NDIS GOAL: Asiya would like Samar to continue to improve her fine and gross motor skills.

Outcomes

Samar has made the following progress towards her motor skill development:

- Samar has had exposure to and made attempts to participate in a range of play activities that require gross motor movements such as climbing, running, jumping, throwing and play on the playground
- There has been considerable progress towards Samar's fine motor abilities such as creating formations out of magnets, completing ring stackers and putting blocks into an insert tub
- Samar has shown some participation in and enjoyment of fine motor activities such as messy painting and play dough
- A huge focus on her intervention is teaching her how to be safe and helping her to follow limits. For example, teaching her how to safely jump down from structures and which points are too high. In order to keep her safe, Samar requires 1:1 support when around furniture and playground equipment.

Barriers and further development

Throughout Samar's time in intervention thus far, a major barrier has been her willingness to participate in teacher led activities. Samar's cooperation with following instructions is inconsistent and requires extrinsic reinforcement systems in place to encourage her to participate. Activities and skills that target motor skills need to be broken down and taught systematically in order for skills to be achievable. Samar sensory seeking behaviours include mouthing a range of different objects and she particularly prefers wooden objects such as pencils. This has posed great challenges to participate and learn how to draw and increase her motor skills. Samar has been seen to break pencils with her teeth and chew on the wood and lead, creating great risks to her health. Therefore, motor skills need to be carefully chosen and gradually introduced. Samar shows a keen interest in climbing.

DOMAIN: DAILY LIVING SKILLS

NDIS GOAL: Asiya would like Samar to continue to develop her self-care skills.

Outcomes

Samar has made the following progress towards developing her independence and daily living skills:

- With assistance from her behaviour therapists, Samar is beginning to follow and participate in the daily routines of the EIBI centre, including mealtimes, packing away, washing hands and bedtime.

- Samar is beginning to work on strategies to increase her independence with eating such as retrieving her lunchbox from her personal bag, opening and closing her lunch box, requesting for help to open up packets of food and using cutlery
- Samar is developing her coordination and strength to be able to pick up and carry her own lunchbox
- Samar is learning to stay seated for longer durations of time during meal times. She is now sitting at the table for around 10 minutes and independently eating her snacks.
- Samar is beginning to cooperate with her team supporting her to pack up her belongings at the end of the day and get ready to go home. When Samar started at Autism Partnership, she was unable / not willing to follow directions from her team to pack up and collect her bag. She would engage in behaviours such as running away from her therapists, continue to play and interact with toys and not attend to the routine. Whilst sometimes this does still occur, transitions are much faster, and Samar will go with her team to collect her bag.

Barriers and further development

Samar is in the early stages of learning her daily routines at Autism Partnership. She has made some progress towards achieving her goals, however she finds transitions and following directions difficult when she needs to move away from preferred activities to complete routines. She also finds it difficult to cooperate with daily routines such as toileting and dressing. Samar will often engage in behaviours such as running away, flopping to the ground, kicking her legs, flapping her arms, vocally protesting, pushing past adults when asked to participate in an adult-led instruction.

Her team are focussing on the following areas, which will support her to achieve this goal:

- Working on sequences required to perform daily routines (e.g. the steps involved in retrieving your items for meal times, packing and unpacking your backpack), using task analysis and flexible prompting
- Supporting Samar to increase her cooperation to participate in the nappy change procedure
- Supporting Samar to develop her cooperation and flexibility, so she is comfortable with transitions and engaged in her routines
- Systematically introducing new daily living skills and routines to Samars day, implementing behavioural teaching strategies such as modelling, task analysis, and flexible prompt fading
- Building the capacity of Samars family to support her at home and in the community with learning daily routines across settings.

FUTURE GOALS

We predict that with the recommended supports in place over the next 12 months, Samar will be able to achieve the following goals:

- Samar will learn to communicate her wants and needs using AAC (Augmentative and Alternative Communication) device Proloquo2go.
- Samar will be supported in developing vocal communication, in single sounds and babbling
- Samar will be able to follow simple one-step instructions such as 'time to sit at the table' or 'get your shoes'.
- Samar will use a variety of gestures such as pointing, to communicate needs
- Samar will respond to her name by turning and looking, or going towards someone
- Samar will approach familiar adults in order to gain their attention and communicate vocally or using AAC
- Samar will expand her communication skills to communicate in sentences
- Samar will demonstrate improved sustained attention, allowing her greater opportunities to learn
- Samar will follow more complex directions in Kinder and everyday life
- Samar will follow simple routine instructions at the centre and in everyday life

- Samar will increase her safety awareness and learn to respond to instructions such as 'No', 'Stop', and 'Come back'.
- Samar will follow more multiple step directions in at home and in the community
- Samar will develop tolerance to simple instructions, transitions to less preferred activities and preferred items being temporarily unavailable.
- Samar will continue to build her emotional regulation skills
- Samar will begin to participate in social activities with peers
- Samar will sustain play with preferred toys safely and independently for increased durations
- Samar will participate in turn taking activities with same-aged peers for increased durations
- Samar will participate in mat time activities such as listening to the teacher read a book or sing songs
- Samar will build her independence in self-care skills, including toileting and dressing. Samar will further develop self-feeding skills and learn to use a spoon or fork as applicable
- Samar will participate in daily routines such as hand washing
- Samar will continue to master new fine motor skills embedded in daily tasks
- Samar will continue to expand her ability to learn new cognitive concepts

We expect that Samar will both gain and maintain these skills with a gradually reducing requirement for intensive support. Achieving these goals would have a very significant impact on Samar's ability to be successful in mainstream and community services. These skills will result in a greater level of independence in mainstream settings, affording her increased access to community activities and learning alongside her peers, ultimately reducing her need for formal support and avoiding reliance on more costly supports in the future.

PROVIDER RECOMMENDATIONS

In order for Samar to progress in key areas of her development, she requires skills to be broken down in an individualised manner, and taught using sophisticated teaching strategies. For example, strategies including task analysis, systematic prompt fading, and systematic desensitisation. These strategies are implemented intensively by a highly trained therapy team, with hundreds of opportunities to practise these skills each week. The goals and strategies being used in intervention will be adjusted and updated by the Behaviour Consultant every two weeks in Team Meetings and Family Clinics, to ensure that the intervention is responsive to Samar's progress and any barriers that arise. Samar's Behaviour Consultant has to date worked with the family to build their capacity in supporting her communication and behaviour.

To summarise, Samar is a 3 year old girl who has delays in all developmental areas which severely impact her ability to participate in mainstream or community services. The highly personalised, intensive and specialised supports required by Samar are specific to her diagnosis of Autism, additional to the needs of children of a similar age, and beyond the reasonable adjustment requirements of early childhood development service providers. The supports Samar has been receiving specifically targets enhancing her functional capacity to undertake activities of daily living and are highly likely to reduce her future support needs.

Intensity for any individual child is determined using an evidence-based practice framework, involving three key considerations: 1) the scientific evidence of the effectiveness of the proposed approach, 2) clinical judgement by the clinician who holds expert knowledge in EIBI and intensity requirements for an individual child, and 3) family considerations and preferences around intervention. Samar was assessed for suitability of intervention by examining her functional needs and barriers to learning. Developmental assessments, clinical expertise and experience, Samar's lived experience and response to therapy, parental preference as well as best practice literature leads to the recommendation that Samar is best suited to a comprehensive and predominantly 1:1 intensive intervention program of 25-30 hours per week. At this time, we recommend Samar continue to access:

- 21 hours per week of 1:1 direct intervention
- 6 hours per week of small group direct intervention

- 3.5 hours per week of Supervision/Behavioural Consultation to oversee goals, progression, treatment planning and Family Skill Building sessions
- 1.5 hour case consultation clinical sessions per fortnight with Samar, her family and therapists
- Associated assessments and report writing

Samar's program structure will be reviewed regularly to examine:

- If the current EIBI structure (location, curriculum focus, intensity etc.) require adjustment; and
- If Samar would benefit from additional time in mainstream services, to support generalisation of skills and increase her social participation with same-aged peers

Please do not hesitate to contact us if you have questions about this report. Your inquiries can be directed to Paris Azic at paris.azic@autismpartnership.com.au.



Paris Azic
Behaviour Consultant



Karen McKinnon
National Clinical Director
Psychologist/
Board Certified Behaviour Analyst

How support recommendation meets *reasonable and necessary criteria*

Reasonable and Necessary Criteria	Justification
The support will assist the participant to pursue goals in their plan.	Samar's progress on her NDIS goals whilst receiving EIBI with Autism Partnership has been reported throughout this report.
<p>The support will assist the participant to undertake activities, to facilitate social and economic participation.</p> <p><i>Support will help the participant to undertake activities, by reducing the disability-related barriers that prevent them from participating in things such as social outings, recreation, work and study.</i></p>	<p>This report provides evidence that the recommended services have and will continue to substantially improve Samar life stage outcomes and be of long term benefit to her. There is evidence that Samar has already begun to make progress in key areas (i.e. increased attention, communication, peer interaction,) that have and will continue to assist her to undertake activities that will facilitate her social and economic participation into the future. Samar presents with delays across multiple domains compared to her same aged peers. Samar requires intensive behavioural intervention for the coming 12 months in order to continue to build her functional capacity and develop foundational learning skills to increase her inclusion and participation in mainstream and community services and be less dependent on support in the future.</p>
The support represents value for money in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative supports.	<p>An overarching goal of this intervention is to reduce Samar's support needs over time and prevent her reliance on more costly supports in the future. Cost-benefit analyses consistently demonstrate the return on investment when children participate in EIBI programs. Given the possibility of a greatly reduced need for funding in later life, EIBI is considered value for money. See Jacobson, Mulick & Green (1998) and the Synergies report (2013) for relevant cost-benefit analyses</p>
The support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice.	<p>Samar presents with delays across multiple domains compared to her same aged peers. The current report shows evidence that Samar has made substantial progress within developmental areas by accessing intensive and comprehensive EIBI services. Samar has already made progress in key areas that have and will continue to assist her to undertake activities that will facilitate her social and economic participation. This report provides evidence that the recommended services have and will continue to substantially improve Samar's life stage outcomes and be of long term benefit to her</p> <p>The provision of the recommended EIBI services aligns with evidenced based best practice, for example:</p> <p>The Australian "<i>National guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia</i>" (Trembath, D. et. al, December 2022). Autism Partnership's models of service align with the guiding principles, whereby our services:</p> <ul style="list-style-type: none"> • are individualised, holistic and based on each child and family's strengths and interests • are family centred whereby individual goals, preferences, and circumstances are respected, valued, and supported through shared decision making, including the environment for the provision of services • empower and build the capacity of families • Utilise strategies that align with goals and activities of childhood including play, relationships, and personal discovery. • are respectful, ethical and culturally safe • are neurodiversity-informed affirming and lay a foundation for a positive future, by building functional skills to enable children to the best of their individual ability, to learn, participate, make choices and increase their health and wellbeing • deliver evidence-based intervention strategies by qualified and trained professionals • Are collaborative and seek input and advice from other professionals <p>Although these Australian guidelines note there is no specific intensity of intervention that is warranted for all children, there is an established evidence-base which allows us to understand that some (but not all) children may benefit from intensive supports. Key articles are listed below.</p> <ul style="list-style-type: none"> • The Australian "<i>Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Good Practice</i>" (Prior & Roberts, 2012) note the following about ABA: <ul style="list-style-type: none"> ◦ a) "High intensity interventions which address the child and family's clearly documented needs, using behavioural, educational or developmental approaches have been shown to be the best of currently available early interventions. Research has consistently shown good outcomes for intensive ABA programs" (p.4) ◦ b) "15-25 hours per week is generally recommended for autism early intervention, with some programs recommending as much as 40 hours per week" (p.5) • Early Childhood Intervention Association (ECIA) "<i>National Guidelines: Best Practice for Early Childhood Intervention</i>" (2016) - Autism Partnership's models of EIBI services fit within the ECIA guidelines. They are family-centred, utilise a collaborative team, build the capacity of family/carers, use evidence-based intervention strategies, focus on functional outcomes important to the child and family, and promote skills that will allow the child greater access to inclusive settings. • The NDIA's commissioned report on good practice guidelines for preschool children with autism spectrum disorder (Roberts & Williams, 2016), which state: 1) children with ASD can receive intervention in a location tailored to the family and child's needs (e.g., Autism specific centre, home,

	<p>early childcare centre or a combination of environments); 2) the ratio of staff support depends on the child's needs and goals (e.g., 1:1 support can be appropriate), and; 3) that children with ASD should receive 15-25 hours/week of EIBI with 20 hours/week being the midpoint recommendation for intensity.</p> <ul style="list-style-type: none"> • The Council of Autism Service Providers (CASP) practice guidelines for ABA treatment of Autism Spectrum Disorder (2014) - Autism Partnerships EIBI services fit within these guidelines, children receive individualised treatment plans, progress is continually assessed and monitored, families receive ongoing training and are actively involved in the intervention, staff receive ongoing training, there is high levels of case supervision, treatment can be delivered in various settings and professional consultation and collaboration. The CASP recommends a comprehensive intervention program is most appropriate for individuals who show significant delays across all developmental domains such as communicative, social, emotional and adaptive functioning as well as concerns in maladaptive behaviours. A comprehensive intervention is recommended to consist of 30-40 hours per week of direct intervention. The Council of Autism Service Providers also recommends Supervision (Behaviour Consultant) hours to be generally two hours for every 10 hours of direct treatment to be the general standard of care (i.e Supervision is 20% of the direct therapy hours).
The funding of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.	Autism Partnership provides tailored training and support for families as a central component of the service, with families participating in family skill building sessions across the year, to build their capacity to implement strategies in the home and in the community. While Samar is part of a loving and committed family, her needs are significant and span across key areas of daily functioning including social skills, play skills, communication, behaviour regulation, self-care, and community safety. In order for Samar to build these skills, she requires access to intensive, highly specialised intervention that is significantly beyond what her family, informal networks, and the community would be expected to provide.
the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered	The highly personalised, intensive, and specialised supports required by Samar are specific to her diagnosis of Autism Spectrum Disorder, additional to the needs of children of a similar age, and beyond the reasonable adjustment requirements of early childhood development service providers. The disability supports Samar has been receiving specifically target enhancing her capacity to undertake activities of daily living and are likely to reduce her future support needs, as demonstrated by the evidence outlined in previous sections of this report.