H&H Care SA Pty Ltd

Supporting Autistic Children

A Practical Guide for Families and Daily Work Protocol for H&H Care SA Support Workers

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This guide helps parents and H&H Care SA support workers provide safe, respectful and consistent support to autistic children. It explains practical approaches to communication, personal care, meals, play, community participation and emotional wellbeing.

For H&H Care SA support workers, this document should be used alongside the child's individual support plan, risk assessment, communication plan, health management plans and any behaviour support plan. It does not authorise workers to provide care outside their training, competency or assigned duties.

1. Purpose and principles

Support must promote the child's safety, dignity, choice, development and participation.

Support workers must:

- Treat each child as an individual with their own strengths and preferences.
- Involve the child in decisions using communication they understand.
- Respect cultural background, family routines and language preferences.
- Encourage independence without rushing or placing unnecessary pressure on the child.
- Recognise distress as a sign that the child may need help, an adjustment or a break.
- Maintain professional boundaries and protect the child's privacy.

Autistic children benefit from adults understanding and respecting their communication and sensory needs and supporting them to express their preferences.

2. Before starting each shift

The support worker must:

1. Read the current support plan, relevant risk assessments and recent handover notes.
2. Confirm the planned activities and any changes with the parent or authorised carer.
3. Ask about sleep, meals, toileting, illness, injuries, medication changes and recent distress.
4. Check the child's communication tools and required equipment are available.
5. Confirm emergency contacts and any relevant emergency action plans.
6. Check the environment for immediate hazards.
7. Identify any task they are not trained or authorised to perform and contact the H&H Care supervisor before proceeding.

Do not assume that the child's needs will be the same every day.

3. Establish a calm and trusting connection

At the beginning of the shift:

- Introduce yourself calmly and explain why you are there.
- Allow the child time to become comfortable.
- Begin with a familiar or preferred activity when possible.
- Observe their communication, mood and energy.
- Ask before touching them or their belongings.
- Avoid demanding eye contact, hugs or physical affection.

Parents can assist by explaining what helps the child feel safe, particularly when a new worker begins.

4. Follow the child's communication plan

Support workers must use the child's preferred communication methods, including speech, gestures, signs, pictures or a communication device.

In daily practice:

- Use clear, concrete language.
- Give one instruction at a time.

- Allow processing time before repeating or rephrasing.
- Offer manageable choices.
- Explain what will happen before beginning an activity.
- Recognise and respond to communication such as turning away, pointing or pushing an item aside.
- Keep communication aids accessible, including during outings and periods of distress.

Example:
Instead of "Hurry up and get ready," say, "Shoes on," while showing the shoes. Pause before giving the next instruction.

A child may find communication harder when stressed. Reducing pressure and sensory distractions can help. A speech pathologist can advise on suitable communication supports.

5. Support routines and transitions

Use the agreed daily schedule, including visual supports where appropriate.

Before changing activities:

1. Show or explain what is happening next.
2. Give an advance warning or use a timer if helpful to the child.
3. Allow time to finish or pause the current activity.
4. Offer support to move to the next task.
5. Adjust the pace if the child becomes overwhelmed.

Example:
"Two more minutes of drawing, then lunch." Show the relevant pictures if the child uses them.

Prepare the child for changes such as a different worker, appointment or unfamiliar destination. Visual schedules can help children understand routines and changes.

6. Meet sensory needs

Follow the child's sensory preferences and any occupational therapy recommendations.

Workers should:

- Reduce unnecessary noise and bright lighting.

- Offer a calm space and planned breaks.
- Provide agreed comfort items or sensory tools.
- Offer preferred movement activities when appropriate.
- Monitor for signs of discomfort, such as covering ears, withdrawing or trying to leave.
- Avoid stopping harmless repetitive movements simply because they appear unusual.

Do not introduce specialist sensory equipment or physical techniques without assessment, instructions and any necessary training.

7. Provide respectful personal care

For bathing, dressing, toileting and toothbrushing:

- Explain each step before providing assistance.
- Seek the child's cooperation and notice signs of refusal or discomfort.
- Protect privacy and expose only the area necessary for care.
- Follow infection prevention procedures.
- Break tasks into small, manageable steps.
- Encourage the child to complete the parts they can do.
- Use only the level of assistance required.

If the child becomes distressed, pause when safe and assess possible reasons. Do not force routine personal care. Seek guidance from the parent and supervisor if essential care cannot be completed safely.

Record and report pain, skin changes, unusual toileting patterns or persistent difficulty with care.

8. Support safe eating and drinking

Before preparing or offering food:

- Check allergies and dietary requirements.
- Follow any individual mealtime or swallowing plan exactly.
- Confirm required food textures, drink consistency, positioning and supervision.
- Provide familiar foods and a calm eating environment.
- Encourage choice and independence.

- Record intake when required by the support plan.

Do not force-feed, withhold accepted foods to obtain compliance, or change prescribed food textures independently.

Report restricted intake, dehydration concerns, weight concerns or distress around meals. Feeding difficulties and restricted diets may require professional assessment.

If choking occurs, provide first aid within your training and call 000 as required. Report repeated coughing or swallowing difficulties promptly.

9. Encourage play, learning and independence

Use enjoyable everyday activities to practise agreed goals.

Examples include:

- Taking turns during a game.
- Requesting items while drawing.
- Washing hands before meals.
- Putting away toys.
- Dressing with reduced assistance.
- Preparing a simple snack.

Follow the child's interests, demonstrate tasks and allow time to respond. Recognise effort without making access to basic needs, communication tools or comfort dependent on performance.

Support workers must follow therapist instructions for prescribed activities. They must not independently introduce or modify clinical therapy programs.

10. Respond to distress or a meltdown

A child who cries, withdraws, runs away, hits or becomes unable to communicate may be overwhelmed, frightened, in pain or unwell.

Immediate response:

1. Stay calm and check for immediate danger.
2. Pause the activity and reduce demands.
3. Reduce noise, lighting and the number of people nearby.
4. Use brief, reassuring language.
5. Offer space and familiar calming supports.

6. Avoid unexpected touch, crowding or repeated questioning.
7. Follow the child's individual safety and behaviour support plans.
8. Seek assistance if safety cannot be maintained.

Consider physical causes, including pain, illness, constipation, hunger or thirst. Sudden changes must not automatically be attributed to autism.

Workers must not shout, shame, threaten, punish or improvise restraint or seclusion. Physical discipline and shaming can increase distress. Any proposed restrictive practice must be referred to management for assessment of applicable requirements; this guide does not authorise its use.

After the child has recovered, provide reassurance, document the event and discuss adjustments with the parent and supervisor.

11. Maintain safety during outings

Before leaving:

- Confirm the outing is agreed and consistent with the support plan.
- Check transport arrangements and required child restraints.
- Take communication aids, emergency contacts and necessary supplies.
- Check relevant health and emergency plans.
- Identify quieter spaces and suitable exit options.
- Confirm supervision responsibilities.

Maintain the supervision specified in the risk assessment, especially near roads, water and unfamiliar places. Follow the missing-child procedure immediately if the child becomes separated.

12. Medication and health support

Support workers must:

- Provide medication support only when trained, authorised and directed by current documentation.
- Follow the organisation's medication procedures.
- Never change a dose or give medication to settle a child without a valid prescription and authorised instructions.
- Report medication errors, refusals, suspected adverse effects and discrepancies immediately.

- Follow individual emergency plans for conditions such as epilepsy, asthma or anaphylaxis.

13. Report concerns and escalate promptly

Situation	Required action
Life-threatening illness, serious injury or immediate danger	Call **000**, provide first aid within training and notify the parent and H&H Care management as soon as safe.
New pain, illness, reduced intake, unusual drowsiness or a marked change in behaviour	Notify the parent and supervisor promptly and arrange clinical advice according to urgency.
Repeated distress, increasing safety risks or essential care repeatedly not completed	Request review of the support plan and relevant professional input.
Injury, medication error, missing-child event or other incident	Ensure immediate safety, notify management promptly and complete required incident documentation.
Suspected abuse, neglect or a child's disclosure	Protect immediate safety, listen without investigating, record the child's words and follow child safeguarding and applicable reporting procedures without delay.

14. Write clear case notes and provide handover

Complete notes promptly using factual, respectful language.

Include:

- Activities and support provided.
- Choices and communication expressed by the child.
- Progress towards agreed goals.
- Relevant food, fluid, toileting or health observations.
- What happened before, during and after distress.
- Actions taken and the child's response.
- Who was notified and any follow-up required.

Example case note:

At 3:20 pm, vacuuming started in the next room. Sam covered his ears, cried and moved towards the hallway. Vacuuming stopped. Sam was offered headphones and access to

his quiet space. He pointed to the quiet space and sat there with the worker nearby. At 3:30 pm, he returned to drawing. No injury observed. Parent informed at handover.

Avoid labels such as “naughty,” “manipulative” or “uncooperative.” Share information only with people authorised to receive it, using approved channels.

15. End-of-shift checklist

Before leaving, confirm:

- The child is safely handed over to the parent, authorised carer or next worker.
- Relevant care, medication and incident records are complete.
- Changes and outstanding concerns have been communicated.
- Equipment and the immediate environment are safe.
- Follow-up responsibilities are clear.

H&H Care SA’s expectation is that every child receives patient, respectful and individualised support. Workers must ask for guidance whenever a task, change in needs or safety concern falls outside their training or the child’s current plan.