H&H Care SA Pty Ltd

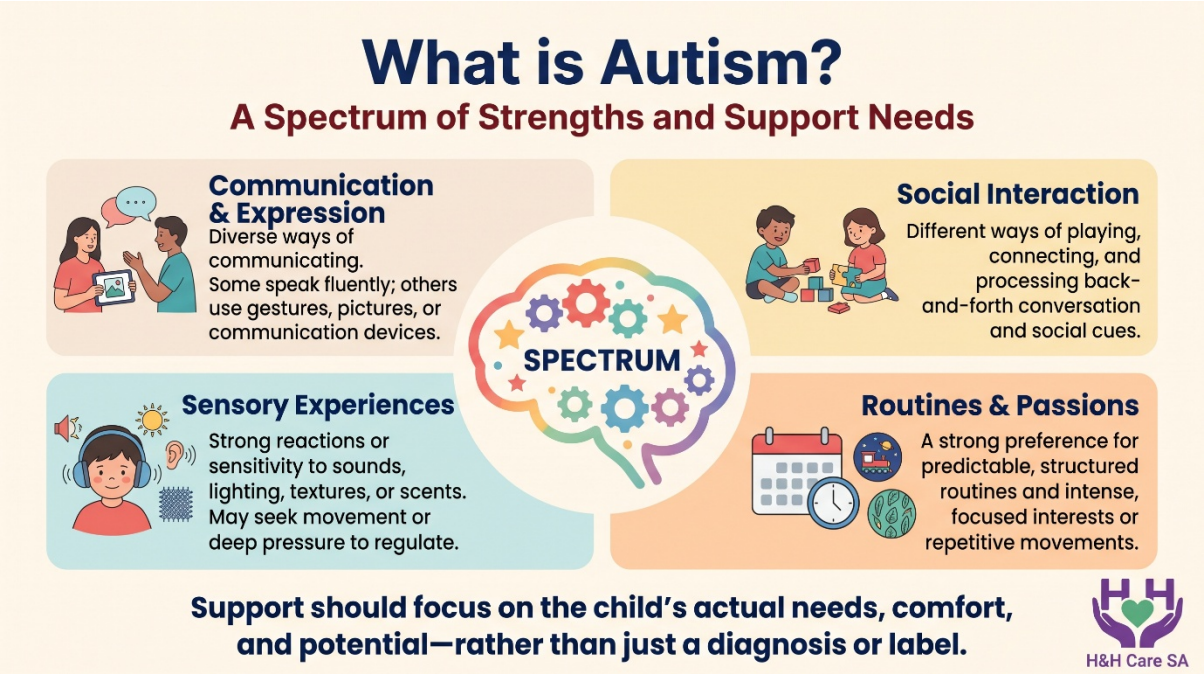
UNDERSTANDING AUTISM: A PRACTICAL GUIDE FOR PARENTS AND SUPPORT WORKERS

Every child has their own personality, strengths and way of learning. Autistic children may communicate, play, experience their surroundings and manage daily activities differently. Understanding these differences helps parents and support workers provide care that supports the child's safety, confidence, independence and wellbeing.

This article explains autism, signs that may warrant assessment, where families can seek help in Australia, and practical approaches to everyday support.

What is autism?

Autism is a lifelong neurodevelopmental condition. It affects how a person communicates, interacts with others and experiences the world. Autistic children may have strong interests, repetitive movements, a preference for predictable routines and different responses to sensory experiences.



Autism is a spectrum: children have different combinations of strengths and support needs. Some speak fluently; others communicate through gestures, pictures or communication devices. Intellectual ability also varies.

Some families prefer "autistic child," while others prefer "child with autism." Respect the child's and family's preferred language.

What causes autism?

There is no single known cause. Autism is associated with differences in early brain development, and genetic factors play an important role. The combination of contributing factors can differ between individuals.

Autism is not caused by poor parenting, a lack of affection or vaccines. Parents should not blame themselves.

Autism does not disappear as a child grows, but their skills and support needs can change. Appropriate support can help children learn, participate and thrive.

Are there different types of autism?

Current diagnosis generally uses the term **autism spectrum disorder (ASD)**. Older labels, such as Asperger's syndrome and pervasive developmental disorder—not otherwise specified (PDD-NOS), are now included within this broader diagnosis. Some people still identify with an earlier diagnosis.

Diagnostic reports may describe:

- **Level 1:** Requiring support.
- **Level 2:** Requiring substantial support.
- **Level 3:** Requiring very substantial support.

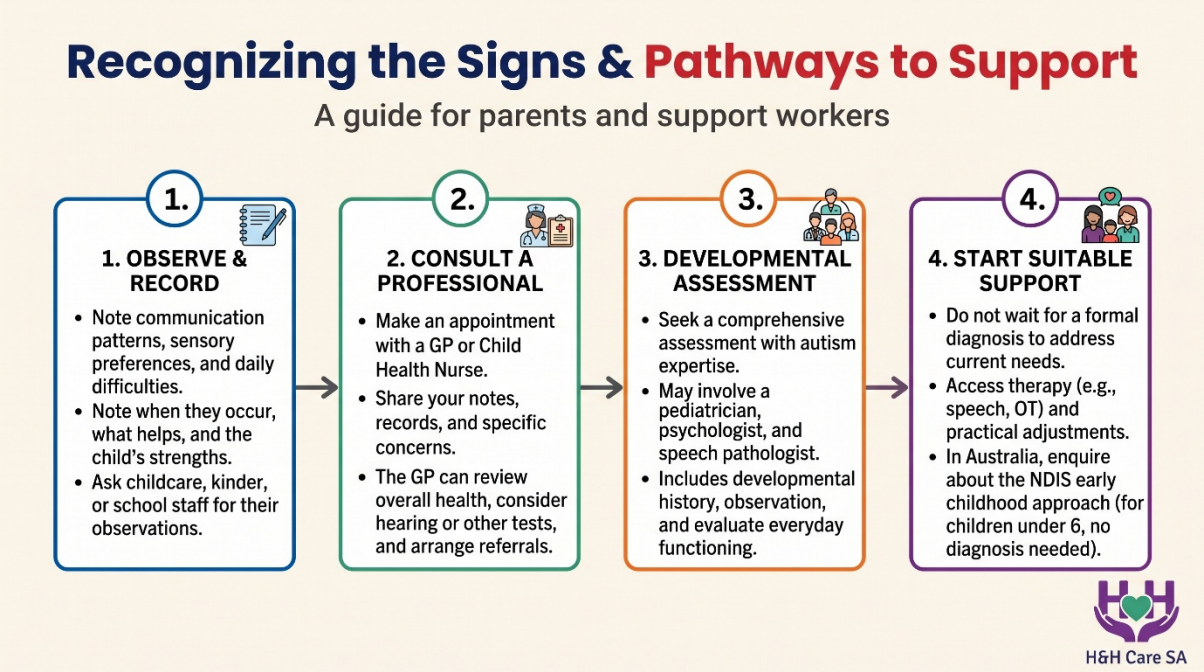
These describe support needs rather than separate "types" of autism. They do not describe the whole child or determine their potential. Support should reflect the child's actual needs in different settings, rather than relying only on a level or labels such as "high functioning" or "low functioning."

What signs might parents or support workers notice?

Possible signs include:

- Inconsistent response to their name.
- Differences in pointing, gestures or sharing interests with others.
- Delayed speech or unusual language patterns, including repeated words or phrases.
- Difficulty with back-and-forth conversation or understanding social cues.
- Repetitive movements, play patterns or strong interests.
- Distress when routines change.
- Strong reactions to sounds, lighting, clothing textures or food.

- Seeking particular sensory experiences, such as movement or pressure.



Some children's differences become clearer at school, when social and organisational demands increase. Others hide their difficulties by copying peers—a process sometimes called masking.

One sign alone does not establish autism. Children with similar signs may have other developmental or health needs. Assessment considers the child's overall development.

What should families do if they suspect autism?

1. Record your observations

Write down examples of communication, play, sensory reactions and everyday difficulties. Include when they occur, what helps and the child's strengths. Ask childcare or school staff for observations.

2. Make an appointment with a GP or child health nurse

Explain your concerns and bring your notes and developmental records. The GP can review the child's health and development, consider hearing or other assessments, and arrange referrals.

Tell the clinician promptly if the child has lost previously acquired skills, such as speech or social engagement.

3. Seek an appropriate developmental assessment

Depending on the child's needs, assessment may involve a paediatrician, psychologist, speech pathologist or a multidisciplinary team with autism expertise. A child psychiatrist may be involved where appropriate.

Assessment generally includes developmental history, parent interviews, observation and evaluation of everyday functioning. There is no single blood test or brain scan that diagnoses autism.

Ask about referral requirements, costs, waiting times and available public services.

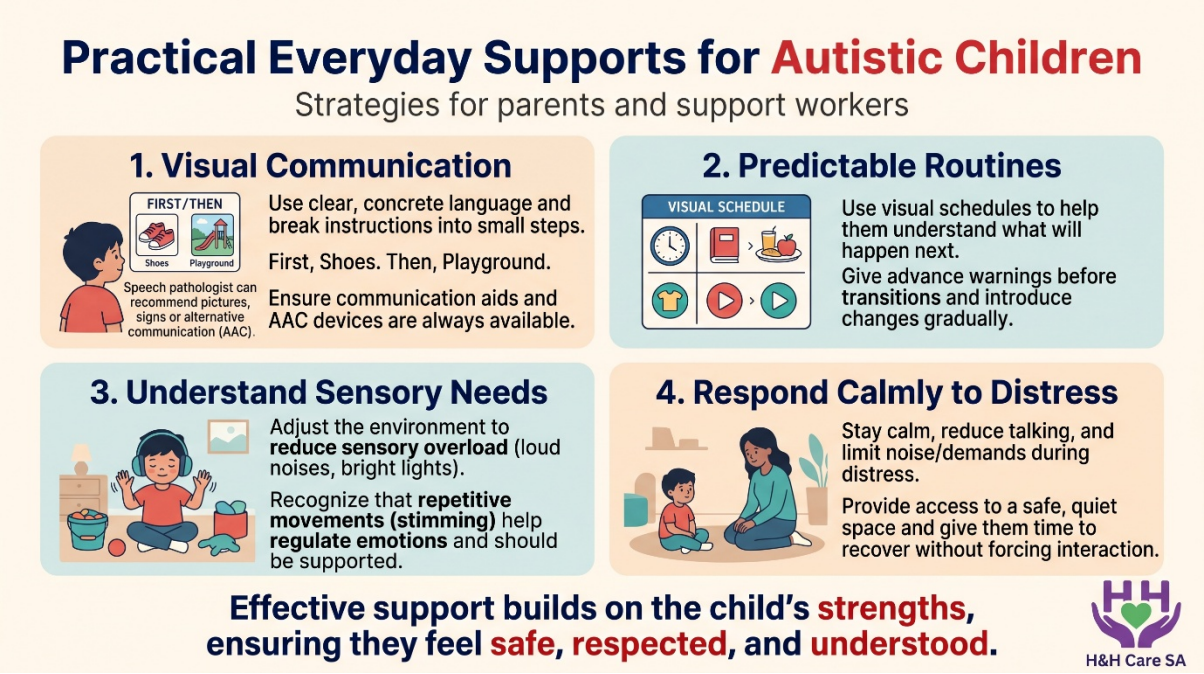
4. Start suitable support while waiting

Families can discuss speech pathology, occupational therapy and practical adjustments with their GP and other professionals while waiting for assessment. Support should address current needs; it does not always need to wait for a formal diagnosis.

In South Australia, families can also seek information from Autism SA and the SA Office for Autism. Confirm current assessment arrangements directly with the service.

For young children, ask about the NDIS early childhood approach. Children younger than six do not need a diagnosis to seek support through this approach. Access to an NDIS plan is a separate process and is not automatic following an autism diagnosis.

Practical skills for parents and support workers



Support communication

Use clear, concrete language and give the child time to process and respond. Break instructions into small steps and offer manageable choices.

A speech pathologist can recommend pictures, signs or augmentative and alternative communication (AAC), including communication devices. Keep these tools available throughout the day. Not speaking does not mean a child has nothing to communicate, and AAC does not prevent speech development.

Make routines understandable

Visual schedules, "first–then" pictures and advance warnings can help children understand what will happen next.

For example: **"First shoes, then playground."**

Introduce changes gradually where possible. Use predictable routines while helping the child manage change with support.

Understand sensory needs

Notice which sounds, lights, smells, textures or environments cause discomfort. Adjust the setting where possible and offer breaks or suitable sensory supports.

Repetitive movements such as rocking or hand-flapping—often called stimming—may help a child regulate their emotions or sensory experiences. Harmless stimming does not need to be stopped simply because it looks different. Seek guidance if it causes injury or interferes with essential activities.

Respond calmly to distress

A meltdown is an overwhelming response to distress. A child may also become quiet, withdrawn or unable to respond.

During distress:

- Stay calm and reduce talking.
- Reduce noise, crowds and non-essential demands.
- Offer access to a familiar, quiet space without isolating or locking the child in.
- Give time to recover and avoid forcing conversation or touch.
- Follow the child's safety plan if there is a risk of injury.

Afterwards, consider what contributed: sensory overload, uncertainty, fatigue, communication difficulties, pain or unmet needs. Record what helped. New or unusual

distress should prompt consideration of a health problem rather than being attributed automatically to autism.

Build skills through meaningful activities

Use the child's interests to encourage play, communication and participation. Break daily tasks into achievable steps and provide enough help for success.

Goals might include requesting a break, washing hands, joining a favourite activity or getting dressed with less assistance. Support should improve the child's life, with attention to their comfort and willingness to participate.

Other important areas of care

Eating: Food preferences may relate to texture, smell or predictability. Avoid force-feeding. Seek advice if food choices are very limited, growth is affected, or meals involve coughing or choking.

Sleep: Consistent bedtime routines may help. Persistent sleep difficulties need assessment; medicines or supplements should only be used on clinical advice.

Toileting: Use patient, gradual teaching and visual steps. Consider constipation, pain or sensory discomfort when difficulties occur.

Safety: Develop an individual plan for risks such as leaving supervision unexpectedly, traffic, water, self-injury or eating non-food items. Include supervision arrangements, emergency contacts and clear handovers.

Health and safeguarding: Explain personal care, respect privacy and pay attention to the child's verbal and non-verbal signs of discomfort. Restrictive practices must not be improvised as everyday behaviour management; NDIS services have specific safeguards and requirements.

What training should support workers have?

Training should match the individual child and include:

- Understanding autism and the child's strengths, preferences and support plan.
- Using the child's communication methods and equipment.
- Recognising sensory needs and early signs of distress.
- Responding calmly and following any behaviour support plan.
- Providing assigned personal care safely.
- Understanding child safeguarding, professional boundaries and privacy.
- First aid, emergency procedures and any individual health plans.

- Accurate documentation and communication with parents and the support team.

Support workers should implement agreed strategies within their competence. Clinical assessments, treatment decisions and changes to therapy plans require the relevant professionals.

Choosing support and working together

Ask providers what a proposed support aims to achieve, what evidence supports it, how progress will be reviewed and how the child's preferences will be respected. Be cautious about promises to "cure" autism.

Share consistent strategies between home, school and support services, with appropriate consent. Review whether support is improving communication, participation and wellbeing—not simply making the child appear less autistic.

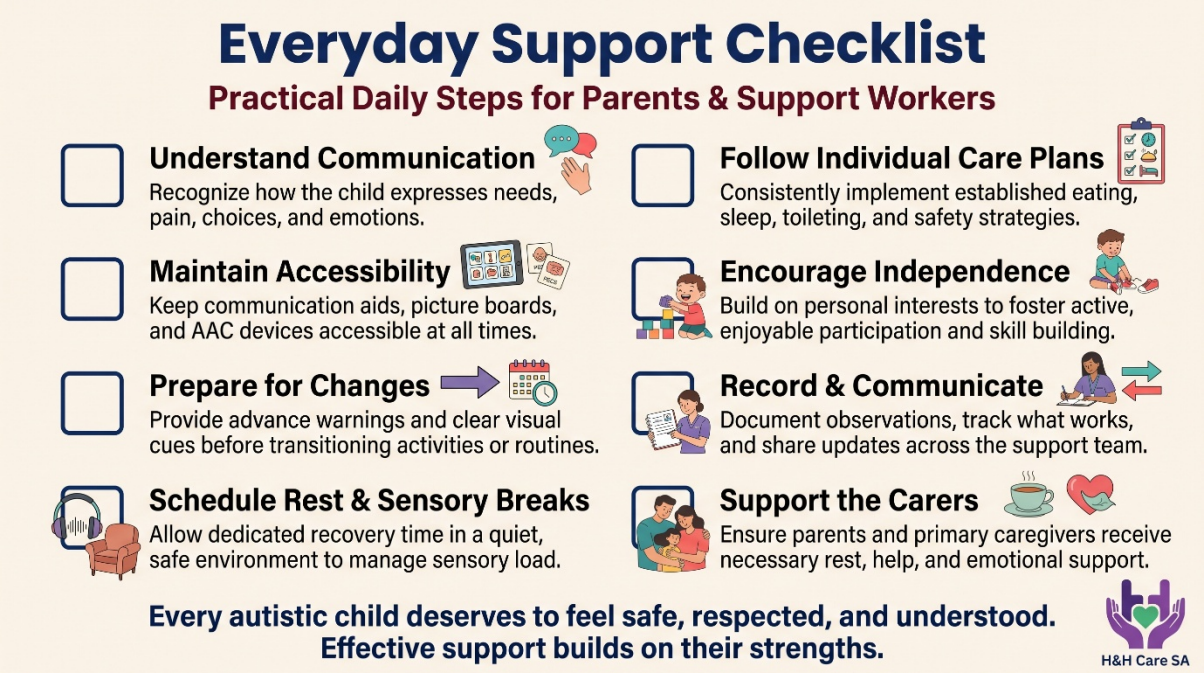
Parents also need practical help, rest and emotional support. Include siblings' needs and use interpreters where needed so families can participate fully in decisions.



Everyday Support Checklist

☐ Understand how the child communicates needs, pain and choices.
☐ Keep communication aids available.
☐ Prepare the child for activities and changes.
☐ Offer sensory breaks and recovery time.
☐ Support eating, sleep, toileting and safety plans.
☐ Encourage interests, independence and enjoyable participation.

☐ Record concerns and share useful information.
☐ Check that parents and other carers have support too.



Every autistic child deserves to feel safe, respected and understood. Effective support builds on their strengths and helps them participate in family and community life in ways that are meaningful to them.

This article provides general education. It does not diagnose autism or replace individual medical, developmental or allied health advice. For an immediate threat to life or serious injury, call 000.