



AUTISM SOCIETY  
ALBERTA

# Autism Services for Children Ages 0-6 **Essential Components**



2025



# WHAT TO LOOK FOR

## IN AUTISM SERVICES FOR CHILDREN AGES 0-6

**Neurodiversity Affirming Practice:** Focuses on strengths and celebrates and supports the diverse ways in which people's brains work.

**Cultural & Contextual Considerations/Intersectionality:** Considers culture and circumstances while focusing on each family's strengths.

**Timely & Early Access:** Ensures young children have timely access to services when autism is suspected to promote positive outcomes.

**Stepped Model of Care/Individualized Services:** Ensures services are needs-based and change as the child develops and family priorities change.

**Clinical Expertise/Interdisciplinary Practice:** Ensures services are delivered by professionals with appropriate experience and qualifications. Paraprofessionals (like educational assistants) are trained and supervised by the professionals who deliver services.

**Child & Family-Centred Approach:** Recognizes that caregivers know their child and family best and includes them in all decision-making regarding services.

**Evidence-Informed/Promising Practices:** Ensures services reflect the best available research along with the experience of the service provider and those with lived experience. While also taking into account the unique context of each child and family.

**Fidelity/Training:** Focuses training and monitoring to ensure that services are delivered as intended.

**Augmentative & Alternative Communication (AAC):** Provides non- or minimally-speaking children with tools and strategies that can be used for communication (e.g., pictures, communication devices).

**Functional Goals:** Ensures goals are appropriate, achievable and functional, and are developed collaboratively by the parents and the service provider.

**Transition Planning:** Plans for transitions well in advance and creates a personalized plan that includes community resources and supports.

**Physical & Mental Health Considerations:** Considers how physical and mental health impact the child and collaborates with other professionals involved in the child's life.

**Autism Through Indigenous Lens:** Understands Indigenous ways of knowing and focuses on the whole child including their family, community, culture and the systems they live in.

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A special thank you to our small but mighty group of 7 volunteer writers that spent countless hours drafting our essential components document that serves as a foundational guide for service providers, families and policy makers when deciding the most suitable services and support for the well-being of children.

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# Setting the Context

**Early Childhood Community of Practice** – In 2018-2019, leaders from several organizations that provide early support and services to young children with autism came together to share concerns and engage in solution-focused discussions. These virtual, ad hoc meetings resulted in a shared understanding of issues and concrete deliverables, such as letters to ministries, and an opportunity for leaders to network with others working in the space. With the support of Autism Society Alberta, an Early Childhood Community of Practice was formed in 2022 to create a forum for ongoing, proactive, solution-focused discussion and networking.

Autism Alberta's Alliance is an initiative of Autism Society Alberta that brings together stakeholders from a variety of sectors. The goal of the alliance is to cultivate acceptance and identify opportunities to enhance the lives of Autistic individuals and their families.

**Introduction to Autism** – For readers interested in learning more about autism, please refer to:

- <https://autismalberta.ca/autism/>

**Autism Services in Alberta** – For readers interested in learning more about autism services in Alberta and how to apply for them, please refer to:

- <https://autismalberta.ca/moving-to-alberta/>
- <https://autismalberta.ca/what-is-fscd-and-how-to-apply/>

**Glossary of Key Terms** – Unfortunately, the world of autism services is fraught with acronyms and clinical jargon. A comprehensive glossary can be found here:

- <https://autismalberta.ca/glossary/>

**Autism Through Indigenous Lens** – For readers interested in learning more about the Indigenous perspective, please refer to:

- [https://autismalberta.ca/autism\\_through\\_indigenous\\_lens](https://autismalberta.ca/autism_through_indigenous_lens)

# Essential Components Document

After conducting a survey among Service Providers in the field to identify common concerns, the Early Childhood Community of Practice decided to collaboratively identify and articulate the essential components associated with providing quality services for young children diagnosed with autism. These essential components serve as a foundational guide for Service Providers, offering a valuable starting point for their work. Furthermore, they can prove beneficial for families and policymakers when deciding on the most suitable services and support for the well-being of children.

In terms of process, a thorough review of existing resources was undertaken. Specifically, members of Early Childhood Community of Practice were asked to share the articles and resources that they use to guide their practice. The findings were synthesized to identify common themes and the themes were validated by experienced Service Providers who represented diverse perspectives. This diversity included considerations such as community-based versus school-based services, different clinical disciplines, and urban versus rural service contexts. A small working group subsequently created a draft document based on the identified themes. Feedback was sought from those with lived experience at multiple points during the process.

The initiative pursued several purposes: to create a document aimed at assisting parents in making informed decisions regarding services for their children, to develop a resource for Service Providers to ensure high quality services and practices, and to assist government entities in making informed decisions about supports and services for children diagnosed with autism.

Please note that this document does not reflect the views of Autism Society Alberta or any specific organization. Its contents reflect the existing literature and represent the consensus understanding of members of the Community of Practice.

## Language

Those on the autism spectrum have differing opinions regarding language. Some prefer identity-first language (Autistic child) while others prefer person-first language (child with autism). In recent years, the Autistic community has overwhelmingly advocated for the use of identity-first language, which has the potential to reduce stigma as it makes it clear that being Autistic is central to the person's identity.

Families should feel empowered to share their language preferences with their Service Provider.

# Essential Components



## 1. Neurodiversity Affirming Practice

Neurodiversity-affirming practice is an approach that embraces and supports the diverse ways in which people's brains work. It recognizes that conditions like autism, ADHD, dyslexia, and other neurodevelopmental conditions are natural variations in the human brain, rather than problems to “be fixed”. Instead of focusing on “normalizing” individuals, this approach respects and values their unique strengths and challenges. Key terms include:

- **Neurodiversity** – The full collection of all neuro types across humanity.
- **Neurotypical** – Those neuro types that are vastly similar and encompass the neurotypes of the majority of people.
- **Neurodivergent** – Those neurotypes that are unique and valid but are in the minority, and can be vastly different from those that are neurotypical.

In neurodiversity affirming practice, environments are created and support is provided to accommodate the needs of neurodivergent individuals. This means understanding that they may think, learn, communicate, and interact with the world differently. The goal is to foster acceptance, understanding, and inclusion. This practice encourages everyone to appreciate the richness of human differences and to create spaces where all individuals feel valued and supported.

### Good Practice Indicator(s)

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The following elements are paramount to effective neurodivergent affirming practice:

**Assent:** Service Providers ensure that children show a willingness to engage in activities while prioritizing their safety. They understand that expressions of assent may differ from child to child, particularly in young children.

**Flexibility in Communication:** Service Providers recognize that children may communicate in different ways, ensuring that communication methods are adapted to suit each child's needs. This might involve using visual supports, gestures, or alternative communication devices to facilitate understanding and expression. They understand diversity in communication styles and preferences and how to adapt to these differences.

**Sensory-Friendly Environments:** Service Providers create environments that are sensitive to sensory needs, minimizing potential triggers and providing sensory supports such as alternative seating or lighting, quiet spaces or fidget tools. They regularly assess the environment for sensory comfort and make adjustments as needed.

**Strength-Based Approach:** Service Providers focus on identifying and nurturing individuals' strengths, rather than solely addressing deficits/challenges. They provide opportunities for children to showcase their abilities and interests, fostering a sense of competence and confidence.

**Promotion of Self-Advocacy:** Service Providers empower children to advocate for themselves by teaching them self-advocacy skills and providing opportunities for decision-making and self-expression. They encourage children to voice their preferences, needs, and concerns, and support them in navigating social and institutional barriers.

**Inclusive Community Engagement:** Service Providers facilitate opportunities for families to participate in community activities and events, promoting social inclusion and fostering meaningful connections with others. They collaborate with community partners to ensure that activities are accessible and welcoming to neurodivergent individuals.

**Promotion of Positive Self-Image:** Service Providers promote a positive self-image and sense of identity in neurodivergent children by fostering a culture of acceptance, respect, and celebration of diversity. They provide opportunities for children to explore their interests and talents, building self-esteem and confidence.



## 2. Cultural and Contextual Considerations/Intersectionality

The population of Canada is more diverse now than ever before, and the likelihood that Service Providers will be supporting Culturally and Linguistically Diverse (CLD) children and their caregivers is high. Autism is diagnosed worldwide, and families from all cultural backgrounds bring diverse strengths and unique perspectives to supporting their Autistic children.

Culture refers to the shared beliefs, values, customs, behaviours, and social norms that characterize a group of people. It encompasses language, traditions, religion, and social practices. Culture shapes how individuals perceive the world, interact with others, and make sense of their experiences. It is learned and passed down through generations, influencing how people express identity and community. Contextual factors such as socio-economic status, level of education and trauma interact with culture to create unique experiences and variations within cultural groups, affecting how individuals understand and navigate their identities, communities, and understanding of disability.

Cultural competence is effectively interacting, working, and developing meaningful relationships with individuals from different backgrounds. CLD caregivers' understanding of autism and their experiences with providers may vary, shaped by their unique cultural contexts and prior interactions with the healthcare system or professionals.

For providers, adopting a strength-based cultural understanding involves recognizing and valuing the inherent strengths and resources within each caregiver's cultural background. This perspective supports practicing cultural competence, as it moves beyond acknowledging differences and focuses on building on caregivers' cultural knowledge and resilience in collaborative and empowering ways. Applying this understanding can help remove barriers to care, foster trust and improve the overall service experience for CLD caregivers by making services more relevant, accessible, and responsive to their needs.

## Good Practice Indicator(s)

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**The Influence of Culture in Shaping Perceptions of Autism:** Service Providers engage with CLD families to understand how their cultural background influences their perception of autism and disability, including caregiving practices and expectations for services.

**Knowledge and Awareness:** Service Providers ask families about their own personal cultural beliefs, values, and traditions. They take the time to explore and celebrate families' cultural beliefs, values, and traditions, recognizing how their strengths can positively influence their understanding of autism and the care they seek for their child.

**Diagnosis:** Service Providers acknowledge the impact of a diagnosis on the family, depending on their background and culture. They are sensitive to how the autism diagnosis may affect the family emotionally, socially, and culturally, and use this understanding to offer more supportive and personalized care.

**Family and Cultural Strengths:** Service Providers identify and build upon cultural strengths such as strong family bonds, community networks, language, and traditional practices, using them to develop empowering and culturally affirming service plans.

**Cultural Preferences:** Service Providers tailor and customize strategies to align with the family's cultural beliefs and values, reflecting their preferences and priorities, and ensure that their services are respectful, relevant, and meet the family and child's needs.

**Trust:** Service Providers foster and build trust through open communication. They establish a trusting relationship with families by engaging in open, non-judgmental conversations, actively listening to their concerns, and respecting their cultural perspectives.

**Shared Decision-Making:** Service Providers actively involve CLD caregivers in shared decision-making, ensuring their cultural preferences, values and beliefs are considered alongside recommendations to create collaborative and well-informed service plans.

**Participation and Empowerment:** Service Providers encourage and empower CLD caregivers and their children by encouraging their full participation in decisions related to their child's support, ensuring that they feel valued and respected as equal partners.

**Communicating with Cultural Competence:** Service Providers use clear, culturally sensitive communication, including interpretation services when necessary, and adapt communication styles to match the family's preferences and needs.

**Inclusive and Respectful Care:** Service Providers ensure they are using comprehensive service plans that are inclusive, culturally respectful, and affirm the family's cultural identity, helping CLD caregivers feel understood and supported during services.



### 3. Timely and Early Access

Access to early services, by two years of age or younger, can have major long-term positive effects on traits and later skill development for Autistic children.

What we know is that the young child's brain is still forming and is more 'plastic.' Brain plasticity increases the chances that supports and services will be effective. The earlier a child has access to services, the greater the likelihood that the child reaches their full potential. Access to timely and early support and services helps a child learn foundational physical, thinking, communication, social and emotional skills. Delayed access to services can be stressful and lead to increased anxiety for caregivers.

Ensuring young children have access to appropriate services at the earliest opportunity when autism is suspected (even before they receive a formal diagnosis) can support positive outcomes and reduce the likelihood of secondary issues such as the development of anxiety, communication frustration, and/or interfering behaviours.

Decreasing the time lag from diagnosis or identification of concerns to providing services is paramount so children receive support as early as possible. Timely access to services also diminishes parental stress.

#### Good Practice Indicator(s)

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**Remove Barriers to Services:** Service Providers work towards advocacy for early access to services for families of young children and create opportunities to engage in services that are age-appropriate. They work to remove barriers to accessing needs-based services for families of young children, which may include using technology, building capacity to reduce wait times, offering multi-modal intake services, supporting service navigation, etc.

**Settings for young children:** Service Providers plan for individualized services at different ages and stages. Service Providers build their capacity to provide support in a variety of settings including homes, childcare settings, early learning settings, and community settings.

**Community education:** Service Providers work towards educating the community on the importance of early identification including educating community professionals such as physicians, community health practitioners, childcare staff, and others. Improving early identification of needs through community members can positively influence age of access to services.



## 4. Stepped Model of Care/ Individualized Services

Autism manifests differently across the lifespan. Therefore, families require different services and pathways to be successful depending on their child's needs and age, also known as a stepped model of care. It is critical that services be flexible enough to address the changing needs of children and families. No single service pathway is going to be appropriate for all Autistic children. The intensity and duration of services should be **needs-based**.

Parents of Autistic toddlers (often undiagnosed) typically benefit from coaching in their homes to target essential daily living skills like sleep and feeding, and to support their child's early social and communication skills. Daycares caring for Autistic toddlers also benefit from guidance from experienced clinicians in how to best support young children diagnosed with autism. Finally, preschool-aged children (age 3 to 5) and their families should ideally receive services at both home and at school. In Alberta funding for home-based services is often accessed from Family Supports for Children with Disabilities (FSCD) and specialized preschool placements are funded by Alberta Education through Program Unit Funding (PUF).

Parents of preschool or school-aged children typically benefit from respite services so that they can engage in self-care, participate in cultural or religious activities, tend to the needs of siblings, and/or participate in work or education.

School-aged children and their families may need support with community activities, mental health, and supports to promote positive peer interactions.

A stepped model, as described above, of care ensures that evolving needs are addressed in a timely and flexible manner

### Good practice indicator(s)

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**Individualized Support:** Service Providers assess the individual needs of the family and recognize the stage of life of the child and family, ready to modify the services offered based on the individual family's needs and the child's age/developmental level. "Cookie cutter" programs that are not modified based on a child and family's assessed needs and priorities should be avoided and are NOT considered best practice.

**Intensity of Services:** Service Providers recognize that the intensity of services may increase or decrease as needed. A holistic assessment of the child and family's needs, including amount of service, should be completed at the beginning of services and be reviewed periodically to ensure that what is offered is meeting the current needs.



## 5. Clinical Expertise/Interdisciplinary Practice

Services should be delivered by professionals who have appropriate experience and qualifications, who take into account child/family characteristics and the identified goals, and who work within their scope of practice. Given the needs of young children diagnosed with autism, the input of multiple professionals/clinicians is necessary. The clinicians providing services for a child/family should have an effective mechanism for communication and collaborate as a team to share their expertise/experience to address the identified goals and work toward the desired outcomes.

Paraprofessionals should have access to adequate training and supervision from the clinician(s) responsible for service delivery.

### Good Practice Indicator(s)

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**Clinical Expertise:** Services are provided by qualified professionals licensed under the Alberta Health Professions Act (HPA). These professionals have a current practice license and are authorized to practice in Alberta. They have clinical competencies in service provision in autism and are able to demonstrate these clinical competencies in their day-to-day practice. They maintain these clinical competencies as per their relevant professional College and have ongoing professional development opportunities to remain current. Professional team members work with paraprofessionals and supervise their service delivery.

**Interdisciplinary Collaboration:** Service Providers ensure that the clinicians on the team are knowledgeable about all goals on the child's individualized service plan. They are also aware of the strategies recommended by other clinicians and model them or reinforce their use with families whenever possible. The service provision team has mechanisms for communication and collaboration, including but not limited to: team meetings, joint consultation sessions, sharing of consultation notes/session summaries, etc.

**Service Plans:** Service Providers use key documents such as the Individualized Service Plan (ISP) or Individualized Education Plan (IEP) that are collaboratively produced and reflect child and family strengths and needs. These are "living" documents that are revised as the child develops and family priorities change.





## 6. Child and Family-Centred Approach

Parents or carers (subsequently referred to as caregivers) know their child and family best. Asking questions, offering suggestions, making service-related decisions, and co-designing supports are examples of the critical contributions parents can make as members of an early childhood services team. Caregivers are typically the best decision-makers for younger children. However, self-determination and self-advocacy should be taught as soon as possible to allow children to exercise their agency and participate in the decision-making process with their caregivers.

Caregivers also have the most opportunities to capitalize on everyday routines that support their child's use of skills in everyday contexts in their home and community. Caregivers engaged in therapy-led services not only have a positive impact on their child's outcomes but also positively influence their own well-being by decreasing their frustration and stress and increasing their confidence and competence.

Parent-mediated approaches involve coaching caregivers to utilize strategies to enhance their child's skills in natural settings such as the family home or community. There is evidence to support that parent-mediated approaches are effective with young children with autism.

### Good Practice Indicator(s)

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**Communication and Respect:** Service Providers ensure that families are respected and empowered to make informed decisions about their child's supports and services. Service Providers view caregivers as partners and communicate respectfully with families ensuring they understand the family's perspective and choices.

**Collaboration – Parents as Partners:** Parent and family priorities should be clearly reflected on the Individualized Service Plan or Individualized Educational Plan. Parents should feel comfortable regularly contributing their thoughts and feedback with their team and should be given the opportunity to actively participate in all decisions regarding support and services.

**Parent Implementation:** Service Providers support parent-mediated approaches when appropriate through training or coaching programs that help parents of young children enhance their child's skill-development in natural settings.

**Needs of the Whole Family:** Service Providers address the support needs of the whole family, not just the child being served. Addressing the well-being of all family members may include providing sibling support, facilitating access to family counseling, and ensuring involvement of all family members in services whenever possible.



## 7. Evidence-Informed/Promising Practices

Recommended supports and services should reflect careful consideration of the best available research evidence, integrated with the clinical expertise of Services Providers and the lived experience of those diagnosed with autism and their families, while simultaneously reflecting on the unique context of each child and family. Services Providers should consider the extent to which the evidence from research is relevant to the specific situation (i.e., setting, age of child, family strengths), potential adverse outcomes and the preferences and priorities of children and families.

Naturalistic developmental behavioural interventions (NDBI) have emerged as the approach most supported by high quality evidence such as high-quality, meta-analyses. A detailed description of NDBI is beyond the scope of this document, but can be found in the references at the end.

An important part of providing evidence informed services involves ongoing evaluation and continuous improvement. Continuous improvement refers to ongoing efforts to refine or improve services over time. This is typically accomplished by staying informed about of the research literature to ensure promising practices are incorporated into services, asking for feedback from those receiving services (e.g., satisfaction survey) and those delivering the service (e.g., clinicians, aides) and collecting/analyzing data to assess progress towards child and family goals.

### Good Practice Indicator(s)

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**Recent Research:** Service Providers are up-to-date on the most recent research on best-practice interventions and have systems in place for ongoing professional development and practice improvement. Service Providers share information about current best-practice with families.

**Service Delivery Model:** Services Providers should be able to describe their specific service delivery model and why these services have been recommended including explanations of why a particular support is likely to result in the desired outcome. Their service model description should reference the available research evidence, child/family characteristics as well as their clinical practice expertise and experience. Service Providers should also be able to provide justification why other approaches were not recommended and how challenges to participation will be addressed.

**Feedback:** Service Providers should provide some mechanism for families to provide feedback regarding services (e.g., update meetings, satisfaction surveys).

**Service Monitoring:** Service Providers provide ongoing monitoring of service delivery and review progress on a regular basis. They should be able to explain to parents how services will be monitored to ensure their success and what information will be used to determine if a strategy is effective.



## 8. Fidelity/Training

Service fidelity describes the degree to which services are delivered competently and as intended based on each Service Provider's model or overarching philosophy. There may be many people from the service provision team involved in the delivery of services. It is important that all team members are using the recommended approaches and implement them in a similar manner.

For services to be maximally effective, those working directly with Autistic children require access to specialized training. Specifically, direct care staff should receive general training (e.g., what is autism, what is AAC, how to encourage emotional regulation, encouraging independence, neurodiversity affirming practices. etc.), as well as specific training regarding the strategies required to support a particular child. Clinicians should also have access to resources, professional development opportunities and supervision to ensure they have the knowledge and skills to deliver the service.

### Good Practice Indicator(s)

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**Specialized Training:** For services to be maximally effective, those working directly with Autistic children require access to specialized training. Service Providers seek out opportunities for professional development and actively participate in peer learning networks to enhance their knowledge and skills. Service Providers should be able to explain how staff are initially trained and how the team or organization supports the ongoing professional development of staff.

**Monitoring and Supervision:** Service Providers should have in place training, supervision and/or monitoring procedures to ensure that the service being provided is consistent with their model or philosophy. Parents should feel empowered to ask a Service Provider how a new member of the team will be supported to ensure that the service is being implemented consistently and as intended.



## 9. Augmentative and Alternative Communication (AAC)

Augmentative and alternative communication (AAC) includes all the tools and strategies a child can use to communicate besides verbal speech. Gestures, manual signs, tangible objects, picture visuals, and high-tech speech-generating communication devices are all examples of AAC. Between 25% and 40% of Autistic children are non- or minimally-speaking, meaning they use other ways to communicate their wants, needs, and ideas. AAC provides an alternative way to communicate clearly and functionally, in whatever method is most suitable for the child. Early childhood programs that include AAC can support intentional communication behaviours.

A team including family members, a speech-language pathologist and other members of the team (e.g., teacher, occupational therapist, psychologist) who know the child's communication, motor and learning skills can develop a plan to teach the use of an AAC system. The focus will be on the type(s) of symbols and communication messages. Providing opportunities, modelling, patiently waiting, responding to communication attempts and making it fun influence the success of AAC.

Communicative competency with any AAC system or device should be considered and should include the child's ability to operate the system, generate language to use the AAC, and effectively navigate communicating settings and convey their message.

Giving Autistic children access to the tools and strategies they need for functional communication allows them to send clear messages and advocate for themselves, giving them more agency and autonomy. The use of AAC can also enable participation in community and support relationships and connections.

## Good Practice Indicator(s)

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**Clinical Expertise and Collaboration:** Early services from a speech-language pathologist or AAC specialist that supports intentional communication are critical. Service Providers have expertise on the team regarding the use of AAC with young children with autism. Service Providers ensure that all communication partners in the child's environment collaborate and participate in the use of AAC in day-to-day interactions.



**Multi-modal Communication:** Service Providers accept and support all forms of communication across environments from an early communicator and should encourage the use of AAC as soon as possible. The use of multiple communication modalities ensures that the child is not restricted to a specific modality and can flexibly combine modalities. The use of AAC does not preclude the development of verbal speech and can support the development of verbal communication.

**Functional Communication:** Service Providers ensure that AAC is focused on supporting functional communication in natural environments. Functional communication is used not only for requesting, but for other reasons including protesting, greeting, commenting, asking questions, etc.



## 10. Functional Goals

Identifying developmentally appropriate, feasible, achievable, realistic and functional goals is a key element of service provision. Goal setting should be a collaborative process with families/children (where possible) to ensure that goals are meaningful and consistent with family preferences and priorities. Goals should be individualized based on child/family characteristics. It is also important to consider how the outcome of the goals may support the child's learning, participation and well-being.

For a young child diagnosed with autism, consideration should be given to goals that address the unique needs of Autistic children, including (but not limited to) promoting the development of: communication and socialization skills, developmentally appropriate life skills, motor skills, cognitive skills, play/recreation skills and regulations skills, with particular attention to behaviours that pose a risk to the child or others and/or prevent the child's participation in the home, school or community environment. Goals should empower parents/caregivers and build their capacity and confidence to support their child's development.

Those members of the service provision team involved in selecting goals should: have qualifications and professional experience that is consistent with this responsibility or have access to professional supervision to support them. Additionally, all clinicians should operate within the scope of practice associated with their discipline.

### Good Practice Indicator(s)

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**Family Goals and Priorities:** The preferences and priorities of the child and family are reflected in the selected goals and the Service Provider guides the timing and pathways to achieve the family priorities (e.g., given the child's age/developmental level, research regarding skill acquisition).

**Individualized Goals:** Multiple children served by the same Service Provider should have different goals. One size does not fit all with respect to goal setting for young children diagnosed with autism.

**Ongoing review:** Goals should be updated over time. If a child/family does not evidence progress on a goal, the strategies should be evaluated and the appropriateness of the goal should be revisited.





## 11. Transition Planning

Service Providers should prioritize early consideration of transition planning in the support process and recognize that there are multiple transitions across the lifespan (e.g., changing schools, moving to a new home). They support families in this process by providing information, referrals, and resources to enhance their understanding and involvement. Additionally, Service Providers offer education and training sessions to empower families and caregivers to advocate for what they need to be successful and navigate the transition effectively. It is crucial for families to recognize that transition planning encompasses various aspects, including education, employment, independent living, and community engagement, throughout the lifespan. By addressing transition planning early and offering comprehensive support, Service Providers aim to facilitate smooth transitions and promote the long-term success and well-being of neurodivergent children.

### Good Practice Indicator(s)

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**Early Initiation:** Transition planning begins in childhood to allow sufficient preparation and exploration of options, keeping in mind transitions will occur at many points in time over the lifespan (e.g., transition to school, transition to adulthood, moving homes).

**Individualized Planning and Family Engagement:** Plans are customized to each child's strengths, needs, preferences, and goals, ensuring a personalized approach to transition. Families and, when appropriate, the child actively participate in planning, receiving support and guidance from Service Providers and community resources.

**Community Connections:** Transition plans incorporate opportunities for children and families to engage with community resources, services, and networks that support their transition goals and enhance their participation in society.





## 12. Physical and Mental Health Considerations

Service Providers should take a holistic approach to understanding the child.

This includes thoughtful consideration of how medical issues impact the child's presentation or progress. A range of physical, neurodevelopmental and mental health symptoms frequently co-occur with autism. Frequent physical health challenges include genetic conditions, seizures/epilepsy, nutritional deficiencies, and gastrointestinal problems. Sleep disorders are very common and require thorough investigation and treatment, as sleep challenges contribute to stress and emotional regulation difficulties for the child during the day. The child's sleep difficulties also contribute to the caregivers' sleep deprivation.

Many Autistic children do not possess the communication skills to effectively share when they are in pain or to identify the source of the pain. It is also important to note that some Autistic children are hypo-responsive to pain, meaning they may not display a noticeable reaction when they are injured (e.g., they may not rub their head or cry even after sustaining a significant blow to the head). Medical factors should be considered when attempting to understand "why" a child's presentation or mood has changed.

Common co-occurring mental health conditions include attention deficit hyperactivity disorder, anxiety disorders, depression, and trauma disorders. Many individuals with autism report traumatic experiences in their childhood and adulthood; therefore, interventions for Autistic people must be trauma-informed.

With parental consent, Service Providers should collaborate with the medical and mental health professionals involved in a child's and family's life to ensure that complex factors affecting development are considered as services are developed, delivered, and revised.

Some families may require support to prepare their children to participate in medical appointments or specific tests.

### Good Practice Indicator(s)

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**Collaboration:** Service Providers incorporate physical health and mental health considerations as part of the ISP/IEP development process. Parents share their child's medical and mental health history and current health concerns as part of the service planning process. Families should also be asked to share the contact information of all medical and mental health professionals involved in their child's care to foster collaboration. With parental consent, reports should be shared with medical professionals to ensure everyone can access current information regarding the child's strengths and needs.

**Considerations:** When a plan is developed to address behavioral concerns/dysregulation, the team should consider the role of physical and mental factors as part of the process.



## 13. Autism Through Indigenous Lens

For readers interested in learning more about the Indigenous perspective, please refer to:

[https://autismalberta.ca/autism\\_through\\_indigenous\\_lens](https://autismalberta.ca/autism_through_indigenous_lens)

Understanding and supporting Autistic individuals requires prioritizing the interconnectedness of family, community, and cultural context. When implementing best practices for autism, particularly in Indigenous communities, several vital strategies emerge, grounded in Indigenous ways of knowing and the principles of family and community engagement. It is important to note that specific supports for Autistic Indigenous individuals and their families are often limited due to a combination of systemic barriers and resource constraints. Many First Nations communities face significant challenges in accessing essential services, primarily because these services may not be readily available on reserves. Families often have to travel long distances to access necessary assessments and treatments, leading to delays that can hinder early intervention. Additionally, funding for these services is frequently insufficient, and bureaucratic hurdles can complicate the application processes for support programs. As a result, Autistic Indigenous individuals may not receive the tailored, culturally appropriate services they require, exacerbating the disparities in health and educational outcomes within these communities.

### Good Practice Indicator(s)

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**Family Engagement:** Service Providers ensure they are incorporating traditional knowledge and values, such as storytelling and cultural rituals (where appropriate and not without consultation first). This can enhance family engagement and strengthen their role in supporting the Autistic individual's journey.

**Community Engagement:** Service Providers work to build strong relationships with community leaders and community members to foster a supportive environment for Autistic individuals. Service Providers should actively engage with the community through meetings, culturally relevant education sessions, and collaborative planning efforts honouring Indigenous traditions and perspectives. This engagement may include inviting elders to share their wisdom, utilizing community gatherings to disseminate information, and incorporating local customs and practices into support strategies. Such efforts promote a sense of belonging and acceptance for Autistic individuals.

Service Providers prioritize relationship-building within the community. By investing in genuine relationships, Service Providers can create a foundation of trust and collaboration that significantly enhances the well-being of Autistic individuals and their families.

**Prioritizing Remote Reserves:** Service Providers must recognize the unique challenges remote reserves face, particularly regarding geographical barriers to access and limited resources. These challenges can significantly hinder the delivery of effective services for Autistic individuals and their families. To address these issues, it is essential to develop comprehensive strategies that enhance accessibility, continuity of care, and cultural relevance.

**Leveraging Local Resources and Knowledge:** Service Providers actively seek to connect with local resources, such as Indigenous knowledge keepers, traditional healers and community health workers, to enhance service delivery and ensure culturally appropriate care. It is important to be reflective about the colonial knowledge inherent in many “evidence-informed practices” and seek to draw from Indigenous knowledge systems.

**Holistic Approach:** It is vital that Service Providers employ a holistic approach that considers the individual’s physical, emotional, and social well-being within the context of their community. Service Providers recognize the interconnectedness of all aspects of life, as emphasized in Indigenous ways of knowing. This means incorporating traditional healing practices, land-based therapies, and cultural activities that promote well-being.

**Capacity Building:** Investing in the training and development of local community members is essential for building sustainable support systems. Service Providers can reduce reliance on external services by empowering community members with the skills and knowledge necessary to provide ongoing care and support. This capacity-building approach should include mentoring programs, where experienced community members can share their knowledge with others and incorporate traditional knowledge and practices into training curricula. This empowers communities to provide culturally relevant support honouring their unique heritage and values.



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