

Early communication development support for autistic children in Aotearoa New Zealand: Perspectives and experiences of specialist providers



Estelle Pretorius, Sally Clendon, and Tara McLaughlin

ABSTRACT

Timely and coordinated early communication supports are critical to ensuring positive outcomes for all children. This is especially important for autistic children. Autism can be associated with delayed or varied communication development, impacting a child's participation and inclusion in the early years. The purpose of this study was to describe the perspectives and experiences of specialist providers and their use of supports and practices to enhance the communication development of autistic toddlers and preschoolers, and their collaboration practices with caregivers and early childhood kaiako (teachers). An online questionnaire was developed and distributed to specialist providers working in the early intervention sector across Aotearoa New Zealand. Fifty responses were collected from speech language therapists (SLTs), and 21 responses were collected from early intervention teachers (EITs) supporting autistic toddlers and preschoolers in their homes and early education services. The questionnaire yielded rich data from both SLTs and EITs in terms of the nature and frequency of early learning support offered to caregivers and kaiako of autistic children. The findings highlighted barriers, including a lack of funding and time to provide quality evidence-informed support, and insufficient professional learning and development (PLD) opportunities to develop quality services. Recommendations and clinical implications are discussed.

KEYWORDS

Specialist support, early communication development, autistic toddlers and preschoolers, implementation supports and practices

Introduction

Autism incidence in Aotearoa is at its highest. In early education services, early childhood teachers are struggling to manage the influx of diverse learners within their settings. Neurodiverse children

need more regular and consistent support to progress their learning (Hood & Hume, 2024). Equally, families' need for timely and quality early intervention support to enhance their child's learning is also well documented in the literature (Hume et al., 2005; Kasilingam et al., 2021; Searing et al., 2015).

Internationally and nationally, the recommended pathway for young children who present with indicators of autism presentation is a coordinated service model including multi-disciplinary assessment and wrap-around services and support for caregivers (cf. ChildKind, 2024a, 2024b; Whaikaha – Ministry of Disabled People & Ministry of Education, 2022). Within Aotearoa New Zealand, the National Autism Guidelines for professionals and specialist providers (Whaikaha – Ministry of Disabled People & Ministry of Education, 2022) guide the assessment, planning, and provision of coordinated support for autistic individuals of all ages. These guidelines offer a broad scope of services and support recommendations. However, the frequency, scope, and availability of such services within the context of early intervention services are not indicated.

Specialist providers such as speech language therapists (SLTs) and early intervention teachers (EITs) are well-placed to coordinate and facilitate a wrap-around service for autistic children, their families and caregivers in their homes and other places of care. Research supports the role of specialist providers in working in partnership with family and early education services to plan for and implement quality learning opportunities for diverse learners (Trembath et al., 2022; Wallace-Watkin et al., 2021). Previous research has shown that early communication supports promote social, cognitive and emotional development (Fuller & Kaiser, 2020; Hampton & Kaiser, 2016; Searing et al., 2015; Trembath et al., 2022) and are often associated with positive outcomes for families and communities around the child (Guralnick, 2011; Woods et al., 2011). To enhance these positive outcomes, specialist providers need to adopt a family-centred and ecological approach to empower caregiver agency and capacity for optimal learning opportunities for children in everyday settings (Ministry of Education, 2019, 2022).

A family-centred and ecological approach requires successful collaboration between caregivers, teachers and specialist services to plan for, coordinate and deliver support and services for diverse learners (Bricker et al., 2022; Dinnebeil et al., 1999; Dunst & Bruder, 2006). Bricker and colleagues (2022) describe collaboration as interwoven principles and practices essential to ensure effective support and sustainable outcomes. Within Aotearoa New Zealand, early intervention services are provided by contracted providers as well as nationally funded providers. These services employ specialist providers, which include, but are not limited to, SLTs and EITs. Local and international guiding documents such as the He Pikorua Practice Framework (Ministry of Education, 2022) and the recently updated Best Practice Framework (ChildKind, 2024a, 2024b) outline principles to support families and professionals to work collaboratively to develop, share, and achieve mutually agreed goals. For this to happen, a responsive, family-centred and culturally affirming support plan needs to be in place and requires consistent and regular communication with educators.

Over the last two decades, only a small number of studies have investigated learning support availability for autistic learners in Aotearoa New Zealand, and most of these studies collected the perspectives of primary caregivers who receive specialist support. For example, Kasilingam et al.

(2021) sought to understand the support needs of 64 caregivers or parents of autistic children, contrasted with the services they were receiving at the time. A considerable discrepancy was noted between the type and amount of support services they received and their expressed support needs. Another study (Wallace-Watkin et al., 2021) looked at caregiver preferences for delivery methods for support services and reported on responses from 63 caregivers of autistic children. The findings indicated a strong caregiver desire for specialist services to be delivered in a one-to-one setting. At the same time, caregivers also expressed a need to be active agents in intervention delivery as is recommended in the Ministry of Education's advice on closer caregiver-whānau-practitioner alignment (Ministry of Education, 2019).

Recently, the Education Hub published a report describing the surveyed experiences of 2,400 students, parents, teachers and staff in services that support neurodiverse learners in Aotearoa New Zealand (Hood & Hume, 2024). Findings suggested that services may be available to some but that these are applied inconsistently across providers and educators. The survey predominantly centred on the learning and development needs of educators in school-based services. Findings highlighted the need for funding investments towards resources, interventions and specialist services, in addition to systems for central coordination of specialist and support services. While these findings provide insight into the experiences of receivers of specialist support, the nature, quality and consistency of specialist services in early childhood that are necessary to improve outcomes for autistic toddlers and preschoolers have not yet been investigated. While international studies have explored the nature of speech-language therapy services for autistic children (Binns et al., 2022; Gillon et al., 2017), local research is limited and has not explicitly addressed specialist providers' experiences collaborating with kaiako (teachers) or caregivers to support the early communication development of autistic children. Understanding the nature and variances across providers has the potential to provide valuable insight into what is required to establish successful and sustainable caregiver-professional collaboration to optimise learning support in the early years.

Method

The current study is part of a larger research project exploring joint web-based training and coaching supports for caregivers and kaiako using embedded learning support to enhance early engagement and communication of autistic children. Specifically, this paper explores the nature and frequency of specialist services to support caregivers and early childhood kaiako of autistic children. For this paper, the term caregiver includes parents or other primary caregivers and the extended family (whānau). However, parents, primary caregivers and whānau are specified in direct quotes and when reporting on support target groups (see Table 4). While this paper centres on the early communication of autistic children, the findings are also relevant to other aspects of learning and development. The research question guiding this study was: What are the perspectives and experiences of specialist providers (SLTs and EITs) regarding supports and practices to foster the early communication development of autistic toddlers and preschoolers?

Data collection

An online questionnaire was developed and distributed via Qualtrics software (<https://www.qualtrics.com>) and piloted locally with the research team, six SLTs, four EITs, ten caregivers of autistic children, and nine early childhood kaiako. The final questionnaire contained 24 items each for SLTs and EITs varying in nature: 4- and 5-point Likert-type ratings (of knowledge and frequency), single and multiple-response questions, matrices, and open-ended questions. Most questions provided opportunities for respondents to add text. Questionnaire variables reported in this paper were grouped into two categories: individualised planning and implementation support.

Table 1. Questionnaire variables

| Individualised planning (IP) | Implementation support |
|--|--|
| <ul style="list-style-type: none">• Sources of communication priorities• IP team members• IP documentation and sharing• IP review processes• IP review frequency | <ul style="list-style-type: none">• Support frequency• Support practice frequency• Experiences offering specialist support to enhance early communication development• Experiences collaborating with caregivers and kaiako |

The study recruited SLTs and EITs through email distribution to all public and private national early intervention services. A Facebook post was shared by Autism New Zealand, a national provider of services and support, education and information on autism for autistic people, and family, caregivers and professionals engaging with autistic people. Both the email and the post featured a link to the questionnaire and a recruitment flyer. The questionnaire was available to SLTs and EITs working in the early intervention sector in Aotearoa New Zealand.

Ethical considerations

This project was evaluated by peer review and judged to be low-risk. A low-risk ethics notification was submitted to the university Human Ethics Committee. The ethics team in the Ministry of Education also reviewed the study procedures. Completing the questionnaire was voluntary and anonymous.

Data analysis

The questionnaire yielded a total of 76 responses, comprising 50 respondents who were SLTs and 21 who were EITs. Five invalid or empty responses were removed from the analysis. Valid responses contained at least demographic data and responses related to knowledge and experience supporting early communication of autistic children and their caregivers.

Data are presented as a percentage of the total *n* for each respondent group. Participants could skip or choose not to respond to any item; non-response is listed where applicable. Percentages for these questions are based on the total number of participants who responded in each group. Percent of respondents was rounded to the nearest whole number. Several questions allowed respondents to

add responses ('other' or 'something else') to a list of possible categories. For these questions, responses that were not relevant to the question item were excluded. Relevant responses were matched with the best-fit category. If there was no matching category, responses were noted below the table. Open-ended response items were analysed using inductive content analysis (Krippendorff, 2004). Initially, all responses were transferred to an Excel spreadsheet. The first author systematically assigned words or phrases (codes) to portions of the text and then grouped these codes into initial categories. The process of grouping into broad categories or descriptive themes was done in collaboration with the research team over the course of several meetings to minimise errors and improve reliability.

Respondents

Table 2 (below) summarises the demographic information for the included participants. Overall, the sample was primarily female of New Zealand European/Pākehā or other European descent, held a bachelor's degree, and worked for the Ministry of Education or a private provider.

Furthermore, almost all respondents (SLTs = 98%; EITs = 95%) indicated that they supported more than five autistic children and their whānau at the time they completed the questionnaire. Overall, SLTs felt either very knowledgeable (46%) or moderately knowledgeable (46%) in relation to the early communication development of autistic children. Only four SLTs (8%) reported feeling slightly knowledgeable. Similarly, more than half of the EITs (57%) felt very knowledgeable, while the remaining 43% of EITs felt moderately knowledgeable.

Findings

Individualised planning and review

Almost all (98%) of SLTs noted that early communication priorities are sourced from caregivers and through observations of the child at home (82%) and at the early childhood centre (80%). Developmental assessments also informed communication priorities (56%). Most SLTs described how they gather multiple sources to make decisions about suitable communication priorities. For example, one SLT mentioned that information is collated from all available sources, and goals are agreed upon with the family and the child (where appropriate). Moreover, almost all SLTs noted that individualised planning typically included caregivers, an SLT and an EIT, as well as the lead kaiako from the early childhood education centre (ECE). A large proportion of SLTs (72%) included all teachers at the ECE.

When asked about children's Individualised Plans (IPs), SLTs reported that IPs typically contained a clearly defined goal, the child's strengths and interests, resources and strategies, and activities and routines to support the goals (see Table 3). Almost half (42%) of SLTs noted that there is no timeline documented in the IP for when the goal is likely to be achieved, while 16% were unsure about a timeline. Once documented, IPs were shared predominantly through email or mail (70%) or in-person (12%). However, 16% of SLTs noted some variability in the ways the IP is shared based on family and ECE preferences. Half of the SLTs reported that the IP is typically reviewed every 2-3

Table 2. Respondent demographics

| Variables and response options | Percent of respondents | |
|---|------------------------|---------------|
| | SLTs (n = 50) | EITs (n = 21) |
| <i>Ethnicity*</i> | | |
| • New Zealand European/Pākehā | 80 | 86 |
| • New Zealand Māori | 6 | 10 |
| • Other European | 16 | 14 |
| • Samoan | 0 | 5 |
| • Tongan | 2 | 0 |
| • Indian | 2 | 0 |
| • Another ethnicity | 2 | 0 |
| • Did not answer or preferred not to say | 2 | 0 |
| <i>Geographical location</i> | | |
| • South Island | 34 | 24 |
| • North Island | 64 | 76 |
| • Did not answer | 2 | 0 |
| <i>Gender</i> | | |
| • Female | 94 | 100 |
| • Male | 2 | 0 |
| • Did not answer or preferred not to say | 4 | 0 |
| <i>Highest level of formal education</i> | | |
| • Diploma or certificate | 0 | 10 |
| • Bachelor's degree | 74 | 67 |
| • Master's degree | 20 | 19 |
| • Doctoral degree or higher | 2 | 0 |
| • Did not answer or preferred not to say | 4 | 5 |
| <i>Work experience in years</i> | | |
| • Less than a year | 4 | 5 |
| • Between 1 and 5 years | 30 | 38 |
| • More than 5 years | 66 | 57 |
| <i>Place of employment</i> | | |
| • Ministry of Education | 72 | 52 |
| • Independent provider | 6 | 24 |
| • Private practice/consultant/specialist | 10 | 0 |
| • Kindergarten Early Learning Association | 2 | 5 |
| • University | 2 | 0 |
| • District Health Board | 2 | 0 |
| • Conductive Education | 2 | 14 |
| • CCS Disability Action | 0 | 5 |
| • Preferred not to say | 2 | 0 |

Note: * Total percentage is greater than 100% as respondents selected multiple ethnicities.

months (50%), while 28% selected once or twice a year, 8% noted weekly, and 14% did not answer this item.

For the EITs, communication priorities were also sourced predominantly from caregivers (95%). Other frequently noted sources included members of whānau (67%), observations of the child at the ECE (67%), recommendations from an SLT (67%), and formal or informal assessments (62%). Less than half of the EITs (43%) described other sources such as a family-focused or routines-based approach, specialist assessments and profiling, supported goal setting, or a combination of sources. One EIT mentioned, “Sometimes I suggest goals based on what the parents say they are struggling with, but may not be able to articulate as a goal themselves”. All EITs noted that individualised planning involved themselves, caregivers and, most of the time, an SLT (91%) and the child’s lead kaiako (86%). A third of the EITs (38%) mentioned that decisions about members of the child’s team are typically guided by family preferences and the involvement of other specialists.

Table 3 summarises the components that EITs reported are typically included in the IP. While most of the components were reported to be present, 76% of EITs indicated that they recorded a timeline for goals to be achieved. However, 14% of the EITs said there was no timeline in the IP, while 10% were unsure. Once documented, the IP was reported to be either shared via email or in the mail (43%) or in-person (24%), while a third (33%) described other ways they typically shared the IP. These included sharing via Storypark if preferred by the ECE, demonstrating the strategies in person, using a Zoom meeting, or a combination of ways, as preferred by caregivers and ECE staff. Half (53%) reported that the IP was typically reviewed every 2-3 months, 14% indicated once or twice a year, another 14% indicated monthly and 10% mentioned weekly. Two EITs did not answer this item (10%).

Table 3. Components typically included in the individualised plan

| Individualised plan components | Percent of respondents | | | | | | | |
|--|------------------------|-----|----|--------|-----------------------|-----|----|--------|
| | SLTs (<i>n</i> = 50) | | | | EITs (<i>n</i> = 21) | | | |
| | NR | Yes | No | Unsure | NR | Yes | No | Unsure |
| Clearly defined communication priority | 0 | 96 | 2 | 2 | 0 | 100 | 0 | 0 |
| Timeline to likely achieve the goal | 0 | 42 | 42 | 16 | 0 | 76 | 14 | 10 |
| Child strengths and interests | 0 | 96 | 0 | 4 | 0 | 95 | 5 | 0 |
| Current available supports and resources | 2 | 86 | 4 | 8 | 0 | 95 | 5 | 0 |
| Relevant resources and strategies | 0 | 96 | 2 | 2 | 0 | 100 | 0 | 0 |
| Relevant activities and routines | 2 | 94 | 0 | 4 | 0 | 100 | 0 | 0 |
| Plan to monitor plan implementation | 2 | 68 | 16 | 14 | 5 | 91 | 0 | 5 |
| Plan to record the child’s progress | 2 | 58 | 22 | 18 | 5 | 86 | 0 | 10 |

Notes: 1) NR = not selected, SLTs = speech language therapists, EITs = early intervention teachers.

2) Percentages of responses may not sum to 100% due to rounding.

Implementation support target groups and frequency

In the questionnaire, respondents were asked to whom and how often they offered support to implement resources and strategies noted in the child's IP. Tables 4 and 5 summarise the percentage of SLTs and EITs who offered implementation support to target groups such as parents or primary caregivers, other family or whānau members, early childhood kaiako, and support workers.

The SLTs (see Table 4) predominantly offered implementation support to parents or primary caregivers ($n = 48$), the child's kaiako ($n = 44$) and the child's support worker ($n = 41$). Just over half ($n = 26$) offered support to other whānau members, and six SLTs listed 'someone else' to whom they offered implementation support, including colleagues, peers or siblings of the child, external agencies, and key supporting adults and whānau of the child. Of the 48 SLTs who offered support to parents or primary caregivers, more than half (58%) provided support monthly, while 17% offered support fortnightly and another 17% offered support weekly. Of the 44 SLTs who provided support to the child's kaiako, more than half (57%) offered monthly support, while fewer (25%) offered fortnightly support and 5% provided weekly support. Of the 41 SLTs providing support to the child's support worker, more than half (54%) provided monthly support. None of the SLTs indicated they provided daily support to any of the target groups.

Table 4. Percentage of SLTs who provided implementation support to various target groups

| Target group | Occasionally | Monthly | Fortnightly | Weekly | Daily |
|--|--------------|---------|-------------|--------|-------|
| Parents or primary caregivers ($n = 48$) | 8 | 58 | 17 | 17 | 0 |
| Other whānau members ($n = 26$) | 58 | 31 | 8 | 4 | 0 |
| The child's kaiako ($n = 44$) | 14 | 57 | 25 | 5 | 0 |
| The child's support worker ($n = 41$) | 17 | 54 | 22 | 7 | 0 |
| Someone else ($n = 6$) | 33 | 17 | 0 | 50 | 0 |

Notes: 1) n represents the number of SLTs who selected each target group to whom they typically offered implementation support.

2) Percentages of responses may not sum to 100% due to rounding.

All the EITs (see Table 5) offered implementation support to parents or primary caregivers ($n = 21$) and the child's kaiako ($n = 21$), while almost all EITs ($n = 20$) offered support to the child's support worker. Less than half of the EITs ($n = 11$) also offered support to other whānau members, and six EITs listed 'someone else', including external agencies or school transition teams, key adults with whom the child has a relationship, an education support worker, and ECE leaders. Of the 21 EITs, most indicated that they provided monthly support to parents or primary caregivers (48%) or to the child's kaiako (48%). Of the 20 EITs offering support to the child's support worker, more than a third (40%) provided monthly support, 20% provided fortnightly and 15% provided weekly support. Of the 21 EITs, 5% reported offering daily support to parents or primary caregivers, while no EITs provided daily support to any of the other support groups.

Table 5. Percentage of early intervention teachers who provided implementation support to various target groups

| Target groups | Occasionally | Monthly | Fortnightly | Weekly | Daily |
|--|--------------|---------|-------------|--------|-------|
| Parents or primary caregivers (<i>n</i> = 21) | 0 | 48 | 19 | 29 | 5 |
| Other whānau members (<i>n</i> = 11) | 73 | 27 | 0 | 0 | 0 |
| The child's kaiako (<i>n</i> = 21) | 10 | 48 | 33 | 0 | 0 |
| The child's support worker (<i>n</i> = 20) | 20 | 40 | 20 | 15 | 0 |
| Someone else (<i>n</i> = 6) | 50 | 17 | 0 | 33 | 0 |

Notes. 1) *n* represents the number of EITs who selected each target group to whom they typically offered implementation support.

2) Percentages of responses may not sum to 100% due to rounding.

Implementation support practices

Respondents were asked to rate the frequency of their use of seven support practices typically used to support (1) caregivers and (2) kaiako and support workers in implementing resources and strategies in the IP. These practices include explanations, demonstrations, observations, feedback following observations, supported reflection, implementation support and problem-solving conversations. Table 6 lists each of the support practices and the percentages offered to each of these two support groups.

The majority of the SLTs reported that they explained resources and strategies to caregivers either often (19%) or all of the time (79%). Similarly, the majority of SLTs indicated they demonstrated resources and strategies to caregivers either often (33%) or all the time (63%). Other practices received a more mixed rating, such as reflecting on what worked well (sometimes = 35%, often = 35%, all the time = 27%) or giving feedback following an observation (sometimes = 21%, often = 50%, all the time = 29%). One SLT (2%) indicated they had never used the practice of reflection with a caregiver. When supporting kaiako and support workers, the most frequently used support strategy was explanations of resources and strategies. Sixty-seven percent of SLTs used explanations all the time, and 24% used them often, followed by the practice of demonstration, with 52% using it all the time and 33% using it often. Practices 3 to 5 (observations, feedback following an observation, and reflection on what worked well) received more mixed ratings, spread equally across the ratings of 'sometimes', 'often' or 'all the time'. Interestingly, 7% indicated that they never supported kaiako and support workers to reflect on what worked well. Even fewer SLTs noted they never demonstrated strategies (4%), observed kaiako or support workers (4%), provided feedback after observation (4%), supported plan implementation (4%), or used problem-solving conversations (4%), and only one SLT (2%) never explained resources or strategies to kaiako and support workers.

All the EITs who responded to this question reported frequency ratings of either sometimes, often or all of the time, for each of the seven practices offered to both support groups. The most frequently reported practice used with caregivers was explanations of resources and strategies, with 62%

reporting that they used this practice all the time, and the remaining 38% using it often. Almost all the EITs reported they demonstrated resources and strategies to caregivers either often (42%) or all of the time (48%). Similarly, the majority of EITs reported having problem-solving conversations with caregivers either often (48%) or all the time (43%). However, almost half of the EITs indicated they only sometimes do observations (48%) or provide feedback following observations (41%). When supporting kaiako and support workers, frequency ratings varied across the seven practices. The two most frequently used practices were explanations or demonstrations of resources and strategies. That is, 50% of EITs used explanations often, and 50% used explanations all the time. Almost all EITs reported using demonstrations with kaiako and supporters either often (60%) or all of the time (30%). For practices 3 to 7 (observations, feedback following observations, supported reflection, implementation support, and problem-solving conversations), three-quarters of the EITs indicated they used these practices either often or all the time, and 25% reported they only used these practices some of the time.

Table 6. Percentage of support practices offered to 1) caregivers and 2) kaiako and support workers

| Support practices offered to caregivers | SLTs (n = 48) | | | | EITs (n = 21) | | | |
|---|---------------|----|----|----|---------------|----|----|----|
| | N | S | O | A | N | S | O | A |
| 1. Explanations of resources or strategies | 0 | 2 | 19 | 79 | 0 | 0 | 38 | 62 |
| 2. Demonstrations of resources or strategies | 0 | 4 | 33 | 63 | 0 | 10 | 42 | 48 |
| 3. Observations of plan implementation | 0 | 17 | 60 | 23 | 0 | 48 | 38 | 14 |
| 4. Feedback following observations | 0 | 21 | 50 | 29 | 0 | 41 | 38 | 19 |
| 5. Reflection on what worked well | 2 | 35 | 35 | 27 | 0 | 29 | 43 | 29 |
| 6. Support to plan for implementation | 0 | 8 | 50 | 42 | 0 | 14 | 38 | 48 |
| 7. Problem-solving conversations | 0 | 19 | 52 | 29 | 0 | 10 | 48 | 43 |
| Support practices offered to kaiako and support workers | SLTs (n = 46) | | | | EITs (n = 20) | | | |
| | N | S | O | A | N | S | O | A |
| 1. Explanations of resources or strategies | 2 | 7 | 24 | 67 | 0 | 0 | 50 | 50 |
| 2. Demonstrations of resources or strategies | 4 | 11 | 33 | 52 | 0 | 10 | 60 | 30 |
| 3. Observations of plan implementation | 4 | 30 | 33 | 33 | 0 | 25 | 50 | 25 |
| 4. Feedback following observations | 4 | 30 | 39 | 26 | 0 | 25 | 45 | 30 |
| 5. Reflection on what worked well | 7 | 35 | 35 | 24 | 0 | 25 | 50 | 25 |
| 6. Support to plan for implementation | 4 | 15 | 41 | 39 | 0 | 25 | 30 | 45 |
| 7. Problem-solving conversations | 4 | 21 | 41 | 33 | 0 | 25 | 35 | 40 |

Notes: 1) The 4-point rating scale included ratings for N = never, S = sometimes, O = often, and A = all the time.

2) SLTs = speech language therapists, EITs = early intervention teachers.

3) Percentages of responses may not sum to 100% due to rounding.

Experiences offering support

An open-ended question provided SLTs and EITs with an opportunity to share some of their experiences offering support to caregivers of autistic children; 38% of the SLTs and 38% of the EITs responded. Three broad categories emerged from the SLTs' responses related to the types of support they typically provided. These included 1) providing individualised support for caregivers and teachers, 2) addressing informational needs, and 3) managing time and resource limitations. The most frequently mentioned support involved individualised support for caregivers and kaiako. The frequency and intensity of these supports were goal-dependent; that is, some goals require external support, whereas other goals are supported mainly by the SLT. Also, flexible and individualised support depended on the needs, availability, and priorities of caregivers and kaiako. One SLT explained,

The level of support and way I support parents, primary caregivers, kaiako, and support workers is extremely dependent on the capacity of all involved to take on and implement new strategies, their understanding of ASD, their cultural backgrounds, and the culture of the family home and early childhood setting.

The SLTs also talked about addressing the informational needs of caregivers and teachers, such as providing information about the availability of caregiver-education programmes and their relevance to the child. Caregiver-implemented programmes using the Hanen approach, such as More than Words®, Learning Language and Loving It™, and TalkAbility™ were frequently mentioned, with specific reference to the value of video feedback sessions that were described as “very tailored, intensive support”. Several SLTs also talked about providing information regarding support services and tailored workshops on topics such as coreboards (an augmentative and alternative communication system) or learning about autism. Two of the SLTs specifically mentioned a need for a more “comprehensive intervention provided with fidelity” and to “offer evidence-informed programmes that measure outcomes more succinctly”. However, more intensive evidence-informed support was reported as hampered by potential resource limitations. As one SLT stated, “Ideally, we would like to offer an evidence-informed programme to families, such as Hanen More Than Words. However, this is not always supported by management and perhaps viewed as too ‘time-intensive’”.

The limitation of time and resources generated several responses from the SLTs. As one SLT noted, “support differs on availability and willingness of teachers and whānau”. Furthermore, contact frequency with whānau or kaiako depended on the availability and size of their caseload and the availability of teaching staff to receive one-to-one support. The SLTs also talked about understaffed ECE centres, leading to the limited availability of kaiako to receive individualised support for their implementation of focused communication strategies. A lack of funding to source education support workers was noted as a limitation in addressing the individual needs and priorities of the caregivers or kaiako.

Open-ended responses from the EITs were grouped into four broad recurring themes related to their support roles, which included 1) providing individualised and flexible support, 2) providing support with referrals, consultations and resources, 3) working in partnership with caregivers, and 4) insufficient knowledge and effective practices. A theme that recurred in most of the EITs' responses

was that the supports they offered tended to be flexible, individualised, and informed by the needs and availability of whānau, kaiako and other specialist providers. For example, the frequency and timing of home and centre visits were individualised to consider the capacity of the caregiver or the kaiako to adopt and implement strategies and the novelty of the strategies and support. As one EIT explains:

There is no specific timeline for visits. Some people need more support; others are quicker to pick up and implement strategies. Visits and support reflect this. So, for new strategies, I might do fortnightly visits initially, then reduce. I try to work in a way that supports the adults. The work and practice take place between visits.

The EITs also mentioned their role in providing support to introduce services and resources to families while also tailoring the information to their specific needs and priorities. EITs also provided referrals to medical practitioners (e.g., general practitioners, paediatricians, continence services) or specialists (e.g., SLTs and occupational therapists, continence services). Requesting funding for additional support and resources, such as Resource Teachers: Learning and Behaviour (RTLb), the Ongoing Resource Scheme, and respite care, was also described as support. Needs-based resources are often provided to caregivers, and EITs reported offering transitional funding to introduce these resources to early childhood services.

Many of the EITs talked about working in partnership with families and teaching teams, using joint problem-solving, brainstorming, reflection and positive feedback. They reported working proactively to encourage caregivers to reflect on their implementation of resources such as visual supports or sensory equipment. To this end, one EIT acknowledged that caregivers often “develop the ability and confidence to troubleshoot very effectively” and feel their role is to encourage this practice. Effective tools that support caregiver capacity were mentioned, including video feedback, video modelling or observation, and feedback during home visits. One of the EITs specifically mentioned the need for professional learning and development (PLD) for EITs “to upskill me in coaching and supporting the communication and engagement development of children with autism”. In regard to upskilling, another EIT mentioned the importance of being upskilled in order to support families better, stating, “If you have expert knowledge and can articulate that in terms parents can relate to, they will learn to trust in your knowledge and understanding and be even more willing to follow the strategies you are guiding them with”.

Experience collaborating with caregivers and kaiako

The SLTs and EITs also answered an open-ended question seeking their experiences collaborating with caregivers of autistic children. This item returned responses from 28% of the SLTs and 29% of the EITs. The SLTs’ experiences were grouped into the following categories: 1) impacts of diagnosis, 2) differences in service delivery, 3) wait time for resources and services, 4) communication and relationships across sectors and teams, and 5) varied clinical experiences and education. Several SLTs talked about the impact on families waiting for their children to be assessed or dealing with the acceptance of diagnoses. One SLT noted that adapting to the needs of families is often dependent on their stage of receiving or accepting a diagnosis.

It can be more difficult with some whānau who may still not have accepted or digested the diagnoses, and this can cause difficulty when discussing roles and responsibilities. At times, it has been better to focus more on one area, e.g., goals for centre, before providing goals for home.

Several SLTs noted discrepancies in the services available across the country, such as the availability of funding to offer intensive and individualised support. Additionally, some SLTs described the value of collaborating with the team around the child, describing it as “bringing expertise and something valuable to the table”. However, they observed that it can be challenging for whānau to navigate various private services, behavioural support, resources from the health and education sectors, and family expectations. One SLT noted that improved communication and stronger relationships across sectors would benefit families and “make for better outcomes all around”. Some SLTs pointed out that families often wait for a range of support, including a support worker, assessment, individualised planning, or access to caregiver-education programmes. One SLT highlighted limitations in the availability of teachers and whānau.

Support differs on availability and willingness of the teachers and whānau. Time constraints and availability of staff to spend time with me (SLT) either with the child or in a meeting explaining and brainstorming their environment, etc., is what is limiting.

Several SLTs mentioned the value of working in a team around the child as an opportunity to bring different expertise and value to the learning support offered. One SLT identified a need for the team to grow their understanding of the early communication skills of autistic children in order to best support them. To this end, another SLT noted that ongoing clinical experience and PLD enable practitioners to reflect on their skills and knowledge and encourage them to “seek out research and experiences to inform me and improve my clinical skills”.

EITs generated the following categories based on their view of effective collaboration practices. These categories included 1) being sensitive to family and teacher priorities and needs, 2) clarifying roles, responsibilities, and expertise, 3) understanding and finding appropriate and flexible supports, and 4) building trusting relationships. Five EITs echoed the importance of being sensitive to the child’s needs and the family’s priorities and knowing the “right time” to engage in planning conversations. Regarding roles and responsibilities, one EIT mentioned, “it is critical to unpack what our mahi [work] looks like, what our roles are and that our focus is on building the capacity of adults around the child”. A reported challenge was to support whānau and kaiako to understand and validate the coaching and mentoring model, as the support provided for adults directly benefits the child. However, building responsive and trusting relationships was seen as a necessary first step in collaboration with whānau and professionals. One EIT stated how important it is to offer and seek out supports that match the needs of the whānau, saying, “it is the [caregiver’s] prerogative about what they want their services to look like”, for example, inquiring about the ways and types of information they would prefer and how they would like supports to be monitored or reviewed.

Discussion

Findings from a questionnaire for SLTs and EITs in Aotearoa New Zealand captured their perceptions and experiences of providing early communication development support, typically in the context of collaborative relationships with caregivers and other members of the team around the child. From the vantage point of the SLTs and EITs, goal priorities, resources and supports are planned collaboratively and informed by the knowledge and experience of caregivers and existing support and relationships. Both similarities and differences were reported across SLTs and EITs regarding the ways they deliver support, monitor goals, and review progress. The findings highlighted some of the existing barriers to ensuring a good fit for families and kaiako and implementing these supports consistently and regularly. Three themes are discussed below.

Consistency of individualised planning and review processes

Both SLTs and EITs reported gathering multiple sources of data to inform individualised planning for the child. Data sources predominantly include conversations with caregivers and kaiako about their priorities, observations of the child, doing formal or informal assessments, and collecting perspectives from other members of the team. While IPs were reported to be strengths-based and to provide clear goals and guidance on strategies and contexts to implement supports, there were differences between SLTs and EITs in how they document child progress or whether the adults were consistently implementing supports documented in the IP. While a small number of EITs noted they did not document a timeline to work towards achieving a goal, more than half of the SLTs reported that this practice was not common. However, for both SLTs and EITs, a small number indicated that they were unsure about goal timelines. Also, a large proportion of SLTs and EITs reported reviewing the child's IP every 2-3 months, while a third of SLTs reported reduced frequencies due to service availabilities.

SLTs and EITs qualified their responses by describing multiple factors across caseloads and other specialist providers when planning formal and informal reviews and the frequency of support. These findings echo the sentiments of caregivers in recent reports (Binns et al., 2022; Gillon et al., 2017; Hood & Hume, 2024), stating that multiple supports exist, but these are not available across geographical boundaries or early intervention services. Successful and sustainable outcomes are, however, only possible when services are consistent and coordinated, regularly evaluated, and clearly documented (Bricker et al., 2022; ChildKind, 2024a, 2024b; Whaikaha – Ministry of Disabled People & Ministry of Education, 2022). While most SLTs and EITs described an authentic, tailored and individualised approach to individualised planning, the processes and systems they are using to monitor and review the child's progress and consistent implementation of strategies and resources are varied and underdeveloped. Notably, documented IPs often do not include a timeline for achieving the goal, which may relate to the issues with monitoring and reviewing the child's progress. Consistent monitoring systems and clear parameters of what constitutes positive outcomes or successful implementation are areas that could be explored more.

Varied nature of implementation support and practices

The reported frequency and nature of implementation support varied amongst SLTs and EITs. While both groups mentioned limited resourcing and time impacting their ability to offer regular individualised support to caregivers, SLTs described a focus on meeting the informational needs of caregivers and kaiako (explaining and demonstrating resources and strategies) and having problem-solving conversations around strategies and resources agreed on in the child's IP. EITs, on the other hand, reported providing individualised feedback and support to access services, referrals, and outside services, as well as working with families to clarify goals and priorities. From the reported experiences of both groups, it was clear that support is highly individualised for each family and dependent on the nature of the targeted goal and the supporting adults' capacity and availability.

Both SLTs and EITs indicated a need for PLD and access to evidence-informed practices and resources so they may better support caregivers (e.g., PLD to use more effective coaching strategies with families and kaiako). This is a sentiment echoed by caregivers (Kasilingam et al., 2021; Searing et al., 2015), confirming their need to receive individualised support from specialist providers embedded in their lived environment and the opportunity to receive hands-on support to implement strategies provided in their child's individualised plan. Given the small size of this study, it would be helpful to explore more in-depth the current support needs of families and how equipped and resourced specialist providers such as SLTs and EITs are to meet these needs.

Access to resources needed for successful collaboration

Relationship building was a key component described by both SLTs and EITs when collaborating with caregivers and kaiako of autistic children. EITs specifically mentioned relationship building as a starting point for clarifying roles and responsibilities as well as exploring appropriate support systems. They reported a need to understand the priorities and needs of the family, as well as the processes that would be effective in supporting these priorities and needs. Experiences from SLTs centred on relationship building prior to or during diagnosis and the need for more consistent systems across services to ensure access to timely diagnosis and provision of individualised support.

A sentiment from both SLTs and EITs was that ongoing individualised support relied on the ability to support caregiver capacity through capacity-building practices. However, limited resources and wait times hinder their ability to support families in ways that are meaningful to them. While support guidelines locally and internationally (ChildKind, 2024b; Whaikaha – Ministry of Disabled People & Ministry of Education, 2022) recommend collaborative and coordinated services for autistic children, access to these services is often delayed due to funding limitations for external support and resources, as well as learning and development opportunities (Hood & Hume, 2024). Establishing clear communication and a shared understanding of the roles and responsibilities of members of the team around the child might mitigate some of the barriers. However, more needs to be done to ensure that families and early education services are better equipped to plan for and implement individualised and contextualised supports for autistic children.

Limitations and recommendations

The collaboration questionnaire gathered responses from a small number of SLTs and EITs working in the early intervention sector. Nevertheless, it reflected perspectives from SLTs and EITs involved in both privately and government-funded specialist services offered in Aotearoa New Zealand. Individual respondent perspectives and experiences may not reflect the services and support combinations available to all families of autistic children. Furthermore, two-thirds of the respondents were located in urban North Island. They may only represent supports that are more readily available, as opposed to rural delivery of early communication supports. Also, the questionnaire was completed prior to Aotearoa New Zealand's first national emergency response to COVID-19; therefore, service availabilities may have changed over time. The current questionnaire does not reflect the availability of digital service delivery or services offered to families in rural communities. It would be interesting to revisit the collaboration questionnaire in the context of experiences with services delivered virtually, such as online training and coaching or individualised support provided via web-based platforms. Future studies could investigate whether online provision of early communication support has mitigated or exacerbated some of the gaps that were described in this paper.

Conclusion

The questionnaire designed for this research project sought to understand collaborative supports and practices used to enhance the early communication development of autistic children within early education and home settings. Responses from 50 SLTs and 21 EITs provided insight into the variety of support availabilities across different early intervention services and the expressed need for access to PLD opportunities to support caregivers and kaiako with effective coaching strategies. The findings suggest that there is a need for consistency and timely provision of support and resources for caregivers and kaiako of autistic children across services. Further investigation is needed to understand the needs of specialists such as SLTs and EITs to better support caregiver capacity and enhance collaborative partnerships around goal development, implementation, review and monitoring of supports and practices.

A note on language

Identity-first language (e.g., neurodivergent learner or autistic child) was used throughout this paper for consistency and clarity and to honour the recommendations of self-advocacy groups in Aotearoa New Zealand and international groups such as the Autistic Self-Advocacy Network. We recognise that no one term is preferred by all people from the autistic and autism communities. However, we also acknowledge the growing desire among autistics to use terminology that reflects the beliefs that autism is an intrinsic part of their identity.

References

- Binns, A. V., Cunningham, B. J., Andres, A., & Oram Cardy, J. (2022). Current practices, supports, and challenges in speech-language pathology service provision for autistic preschoolers. *Autism & Developmental Language Impairments*, 7, 1-21. <https://doi.org/10.1177/23969415221120768>
- Bricker, D. D., Felimban, H. S., Lin, F. Y., Stegenga, S. M., & Storie, S. O. M. (2022). A proposed framework for enhancing collaboration in early intervention/early childhood special education. *Topics in Early Childhood Special Education*, 41(4), 240-252. <https://doi.org/10.1177/0271121419890683>
- ChildKind. (2024a). *Best Practice Framework*. Reimagine Australia. <https://childkind.org.au/childkind-best-practice-framework/>
- ChildKind. (2024b). *Best practice guidelines: National guidelines for best practice in early childhood intervention*. (2nd ed.) Reimagine Australia. <https://childkind.org.au/best-practice-guidelines>
- Dinnebeil, L. A., Hale, L., & Rule, S. (1999). Early intervention program practices that support collaboration. *Topics in Early Childhood Special Education*, 19(4), 225-235. <https://doi.org/10.1177/027112149901900403>
- Dunst, C. J., & Bruder, M. B. (2006). Early intervention service coordination models. *Journal of Early Intervention*, 28(3), 155-165. <https://doi.org/10.1177/105381510602800301>
- Fuller, E. A., & Kaiser, A. P. (2020). The effects of early intervention on social communication outcomes for children with autism spectrum disorder: A meta-analysis. *Journal of Autism and Developmental Disorders*, 50(5), 1683-1700. <https://doi.org/10.1007/s10803-019-03927-z>
- Gillon, G., Hyter, Y., Fernandes, F. D., Ferman, S., Hus, Y., Petinou, K., Segal, O., Tumanova, T., Vogindroukas, I., & Westby, C. (2017). International survey of speech-language pathologists' practices in working with children with autism spectrum disorder. *Folia Phoniatrica et Logopaedica*, 69(1-2), 8-19. <https://doi.org/10.1159/000479063>
- Guralnick, M. J. (2011). Why early intervention works: A systems perspective. *Infants & Young Children*, 24(1), 6-28. <https://doi.org/10.1097/IYC.0b013e3182002cfe>
- Hampton, L. H., & Kaiser, A. P. (2016). Intervention effects on spoken-language outcomes for children with autism: A systematic review and meta-analysis. *Journal of Intellectual Disability Research*, 60(5), 444-463. <https://doi.org/10.1111/jir.12283>
- Hood, N., & Hume, R. (2024). *The illusion of inclusion: The experiences of neurodivergent children and those supporting them in Aotearoa New Zealand's education system*. The Education Hub. https://theeducationhub.org.nz/wp-content/uploads/2024/05/Ed-Hub_Illusion-of-Inclusion-report_v2_low-res.pdf
- Hume, K., Bellini, S., & Pratt, C. (2005). The usage and perceived outcomes of early intervention and early childhood programs for young children with autism spectrum disorder. *Topics in Early Childhood Special Education*, 25(4), 195-207. <https://doi.org/10.1177/02711214050250040101>

- Kasilingam, N., Waddington, H., & Van Der Meer, L. (2021). Early intervention for children with autism spectrum disorder in New Zealand: What children get and what parents want. *International Journal of Disability, Development and Education*, 69(4), 521-537.
- Krippendorff, K. (2004). *Content analysis. An introduction to its methodology* (2nd ed.). SAGE.
- Ministry of Education. (2019). *Learning support action plan 2019 - 2025*.
<https://conversation.education.govt.nz/conversations/learning-support-action-plan/>
- Ministry of Education. (2022). *He Pikorua: Our practice framework*.
<https://hepikorua.education.govt.nz/>
- Searing, B. M. J., Graham, F., & Grainger, R. (2015). Support needs of families living with children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 45, 3693–3702.
<https://doi.org/10.1007/s10803-015-2516-4>
- Trembath, D., Varcin, K., Waddington, H., Sulek, R., Bent, C., Ashburner, J., Eapen, V., Goodall, E., Hudry, K., Roberts, J., Silove, N., & Whitehouse, A. (2022). Non-pharmacological interventions for autistic children: An umbrella review. *Autism*, 1-21.
<https://doi.org/10.1177/13623613221119368>
- Wallace-Watkin, C., Whitehouse, A. J. O., & Waddington, H. (2021). Early intervention delivery methods for New Zealand children with autism: Current practices versus parental preferences. *Journal of Autism & Developmental Disorders*, 51(9), 3199-3211.
<https://doi.org/10.1007/s10803-020-04777-w>
- Whaikaha – Ministry of Disabled People & Ministry of Education. (2022). *Aotearoa New Zealand Autism Guideline: He Waka Huia Takiwātanga Rau*. (3rd ed.).
<https://www.whaikaha.govt.nz/assets/Autism-Guideline/Aotearoa-New-Zealand-Autism-Guideline-Third-Edition.pdf>
- Woods, J., Wilcox, M. J., Friedman, M., & Murch, T. (2011). Collaborative consultation in natural environments: Strategies to enhance family-centered supports and services. *Language, Speech, and Hearing Services in Schools*, 42(3), 379-392. [https://doi.org/10.1044/0161-1461\(2011/10-0016\)](https://doi.org/10.1044/0161-1461(2011/10-0016))

AUTHOR PROFILES



Estelle Pretorius

Estelle Pretorius is a speech language therapist, doctoral scholar and senior tutor at Massey University. Estelle's research focuses on collaborative supports and practices that draw inspiration from her work experience in the early intervention sector. For her doctoral research, Estelle explored joint web-based training and coaching for families of autistic children and their early childhood educators. As a practitioner, Estelle is committed to supporting caregivers and educators to provide quality, intentional and meaningful learning opportunities while promoting inclusive and strengths-based practices for all children and families.

Email: e.pretorius@massey.ac.nz



Sally Clendon

Sally Clendon is an Associate Professor in the Speech and Language Therapy Programme in the Institute of Education at Massey University. Sally's research is focused around supporting communication and literacy learning for children with complex needs including those who use augmentative and alternative communication.

Email: s.clendon@massey.ac.nz



Tara McLaughlin

Dr. Tara McLaughlin is an Associate Professor in Early Years Education and the founder and director of the Early Years Research Lab (www.eyrl.nz). She is the new Head of the Institute of Education at Massey University. Tara specialises in inclusive early years education and early intervention, with a focus on social-emotional learning, intentional teaching, and professional learning and development for teachers. Her research explores how evidence-based and culturally responsive practices can support equitable outcomes for children, families, and educators.

Email: t.w.mclaughlin@massey.ac.nz