

Australian Autism Research Council

Research report on focus groups to identify research questions for community informed priority areas

APPENDICES

February 2020

Contents

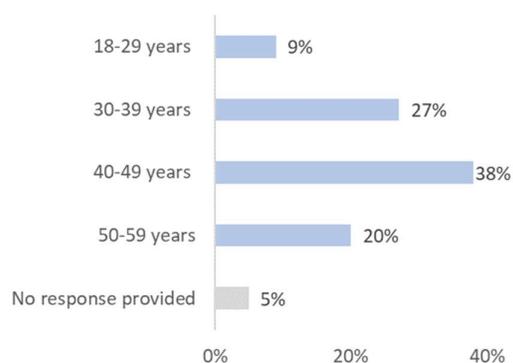
Appendix A: Research participants.....	3
Appendix B: Discussion board participation summaries	4
Appendix C: Findings from prioritisation polls.....	5
Appendix D: Glossary.....	23
Appendix E: References	24

Appendix A: Research participants

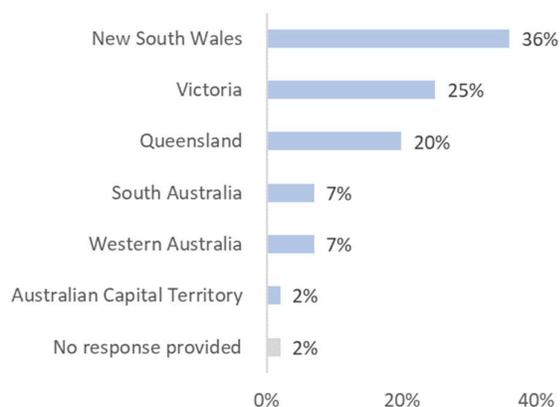
Participant demographics

The percentage breakdown of participant demographics is presented below. This data was recorded during the expression of interest process conducted by the AARC¹.

Age:



State:



Link to autism community:

Autistic	60%
Parent / carer of an autistic child under 18 years	60%
Parent / carer of an autistic adult	16%
Other relative	15%
Relevant professional ²	33%

Communication considerations:

Speak a language other than English at home	11%
Use of non-speaking communication methods	5%

¹ Percentages are based on the total number of valid responses made to the question being reported on. Percentages may not sum to 100% due to rounding.

² People who work with autistic people or in the autism sector, including in research. Which professions were considered relevant varied for each group depending on the topic being discussed.

Appendix B: Discussion board participation summaries

The table below outline the minimum and maximum individual response rate for each discussion board as well as the average response rate across the group. There were 8 components for participants to respond to during the course of the discussion board (not including the mid point and prioritisation polls).

Discussion group	Minimum	Maximum	Average
Communication	56%	100%	82%
Education	56%	100%	82%
Employment	22%	100%	69%
Health and wellbeing	56%	100%	77%
Justice	33%	100%	67%

Appendix C: Findings from prioritisation polls

Midpoint poll findings

This section outlines the findings from the final midpoint poll for each Priority Area, with percentages representing the proportion of people who selected that topic.

Participants in each discussion board were invited to complete the midpoint poll halfway through the discussion. Participants were asked to select the five topics they felt were most important for future research. All topics were identified based on the discussion board. Participants were also able to identify any additional topics they felt were missing from the provided options. The additional suggestion made by participants in the poll have also been included. They have been edited where appropriate for clarity. Results of the midpoint poll were provided back to participants on the discussion board for further comment and used to inform the topics included in the midpoint poll.

Communication (n=12)

Topic	%
Identifying how to improve the acceptance and use of diverse communication in education settings, to support all autistic students to participate in the educational and social curriculum.	83%
Understanding how to reframe community attitudes towards autistic diverse communication based on a strength-based, neurodiversity approach; as opposed to the current deficit, medical model.	75%
After an autism diagnosis, how can autistic people be supported to identify individual communication strengths, options and preferences; and how can families and professionals play a positive role in this.	50%
Understanding community awareness and attitudes to diverse communication methods, and how to create positive change through co-produced initiatives.	42%
Identifying innovative and alternative solutions for autistic people with motor planning difficulties, that facilitate communication outcomes and support their individual preference to form speech or increase the ease of assistive technology use.	33%
Identifying barriers and opportunities for businesses and organisations providing goods and services, to delivering diverse communication options and accommodations.	33%
Conducting autistic-led research to assess the efficacy of facilitated communication for autistic individuals, codesigned with those who communicate via alternate communication (focusing on identifying and addressing gaps in previous research).	33%
How non-autistic people can challenge and correct their assumptions and misperceptions, about the relationship between an autistic person's communication and their capacity (including in interpersonal relationships, employment, education, medical and community settings).	33%
Understanding current experiences and impacts of speech therapy for autistic people, and identifying neurodiverse-led rationale, goals and outcomes within a social model, rather than a deficit-based, medical model.	25%
Identifying how to encourage and motivate non-autistic people, to increase their skills and capacity to communicate with people who use diverse communication.	25%
Identifying pathways to connect diverse autistic communicators with opportunities to lead and conduct best-practice coproduced research.	25%
Understanding the role of autistic-led or parent-led community organisations, in fostering autistic coproduced knowledge around autistic communication.	17%
Understanding autistic individuals'; preferences, experiences and styles of communication (e.g. directness, information sharing, pace and tone, non-traditional communication, purpose and subjects).	8%
Understanding the impact of a multilingual, and culturally and linguistically diverse home environment on autistic children's communication development.	8%
Identifying the barriers that prevent organisations and businesses from providing written and verbal easy English information. Understanding the impact on autistic individuals and their families when easy English is provided or not in different areas (e.g. financial, legal, government, services, community, retail).	8%

Additional suggestions

- a. Exploring the underlying basis of language difficulties in communication (e.g. visual modes vs. linguistic modes of thinking, to inform teaching strategies).
- b. Identifying best-practice in ethical approaches to co-produced research
- c. Improving understanding of the double empathy problem and identifying how this can be addressed.
- d. Identifying opportunities to address the problem of incorrect labelling of intellectual disability amongst autistic people with motor planning difficulties or diverse communication needs and preference. This includes issues with standardised testing and autistic people being taught at a lower level than they are intellectually capable of.

Education (n=11)

Topic	%
How teaching, learning and assessment approaches can be tailored to better meet the individual needs of autistic students in the classroom.	90%
Understanding the effectiveness of current training and professional development for educators (teachers, teacher aide, wellbeing coordinators and school leaders) in preparing them to support and teach autistic students. To then identify opportunities for the co-produced development and implementation of educator training.	70%
Understanding how behaviour management and disciplinary strategies impact autistic students in the classroom and playground (e.g. self-esteem, learning, social inclusion, mental health).	60%
Understanding how environmental factors (e.g. sensory, layout, schedules) in the classroom and playground impact behaviour, learning, as well as social and wellbeing outcomes for autistic students.	60%
Understanding how many autistic students experience trauma at school, and why this happens.	50%
Developing a practical model for effective co-production that can be used to create school strategies, policies and practices to improve community, social and curriculum inclusion.	50%
Understanding whether, and why education departments and schools sometimes choose not to implement evidence-based best practice related to developing autistic students; including exploring the different perspective of autistic students, their families, educators and policy makers.	40%
Identifying policies and practices that foster collaborative and respectful relationships between educators and autistic students and families to ensure positive and safe curriculum and social engagement.	40%
How schools collaborate with autistic students, to establish a common understanding of their individual strengths and interests, and use these to motivate and support learning.	30%
Understanding how the culture (i.e. attitudes, behaviours) of a school community, effects how students and their families experience school.	30%
Understanding what parents / carers would like to see in funding models for supporting autistic students in education (i.e. who should receive the funds, who decides how the funds are used, what information is shared about the decisions made and this is communicated).	30%
Identifying why carers home school autistic children, and the challenges and benefits of doing so.	20%

Additional suggestions

- a. Providing greater and more inclusive research opportunities for autistic students to help identify what does / does not work for them in education and school settings.
- b. Identifying how schools can most effectively support and follow-up autistic students to transition to further education, employment and/or community engagement activities.

Employment (n=9)

Topic	%
Identifying the most effective approaches for changing employers' attitudes and behaviours in relation to employing autistic people (e.g. messaging, policy incentives, etc.).	78%
Understanding flexibility and predictability needs and preferences of autistic people in the workplace and how these can be supported (e.g. hours, environment, location, tasks, workplace practices and processes, setting spoken and unspoken social expectations).	67%
Understanding what would enable successful matching of autistic employees to employers across all industries.	67%
Understanding current employment experiences of autistic people in Australia, and the extent to which these experiences reflect the individuals' aspirations and goals (e.g. job satisfaction, income, career progression). This includes understanding intersections with demographic factors (e.g. gender, LGBTQI+, location, co-occurring disabilities, age, socioeconomic status, mental health).	44%
Understanding the barriers for employers to employing autistic people (e.g. financial, resources or autism knowledge), and how these can be overcome.	44%
How the Disability Employment Services (DES) can support their autistic clients to secure and keep employment that is fulfilling, meaningful and appropriately paid.	44%
How recruitment processes could be co-designed to enable autistic people to demonstrate their suitability for a role (e.g. job descriptions, CV submission, interviewing and onboarding).	33%
Understanding how employers can create a safe work environment and culture that respects and supports autistic employees to enjoy their work and do well in their role.	33%
Identifying what practices and processes employers can use to develop their own capacity to support the retention and career progression of autistic employees.	33%
How the education system could best support autistic students in secondary and tertiary education, to identify their career goals and support transition to the workforce or further education.	33%
Understanding why autistic people are often employed below their skill level or qualification.	22%

Additional suggestions

- a. Understanding drivers of autism inclusive attitude (i.e. what make certain individuals' autism aware and friendly or not)
- b. Understanding the variability across autistics in employment aspirations, needs and experiences
- c. Identifying opportunities for increasing awareness in the autistic community of employment programs and supportive employers across all industries
- d. Identifying opportunities to increase employers' awareness of the skills and capabilities in the autistic community and how to source autistic employees
- e. Establishing empirical evidence of the productivity benefits offsetting the extra costs involved in accommodating the needs of people with Autism, demonstrating the added value provided by employees with Autism

Health and wellbeing (n=10)

Topic	%
Identifying the current understanding and attitudes regarding autism and its co-occurring health conditions among health professionals, and how gaps can be remedied to ensure the use of evidence-based practice.	70%
How appropriate, effective and accessible is the current diagnosis and assessment process for autistic individuals across the lifespan (with consideration of difference in age and gender).	50%
Understanding the impact of a lack of appropriate and informed health services for autistic health and wellbeing outcomes (including trauma).	50%
Understanding how autistic people want to communicate and collaborate with health professionals, and how can health professionals be trained through co-produced methods to support this.	40%
Identifying the prevalence of chronic mental and physical health conditions in autistic people (considering demographic factors; e.g. age, gender, race and LGBTQIA+), and understanding the contributing factors to this (e.g. lifestyle, social economic status, social, physiology, stress, access to health services, culture, geography, trauma).	40%
Understanding how autistic individuals define wellbeing through co-production. Identifying the barriers and enablers to living an individual's definitions of wellbeing.	30%
How to optimise self-advocacy capacity for autistic individuals within the health care system (considering knowledge, skills and tools).	30%
Understanding how autistic people respond to medical tests, treatments and medications, and what can be done to accommodate these differences. This would include subjective experiences, and psychological, physiological and pharmacological mechanisms.	30%
How autistic people experience and communicate about pain or mental and physical health sensations or symptoms, and how this impacts the care they receive and health outcomes.	30%
Understanding the gut health and food sensitivities of autistic individuals, and the impact this has on mental and physical health. Identifying why this occurs and specific individual interventions to improve gut health and wellbeing.	30%
Understanding what support autistic people seek to promote their mental and physical health and wellbeing, and why.	20%
Identifying the impacts of supports for autistic individuals that are strength-based, neurodiversity-framed and trauma-informed (including non-medicalised supports).	20%
Understanding how autistic people would like autism to be defined, classified, assessed and diagnosed.	20%
How social connectedness contributes to autistic wellbeing; understanding current experiences and how individual preferences can be realised.	20%
Identifying the barriers and enablers (e.g. knowledge, funding, policy, built environment), to accessing autistic appropriate health care across different life stages, and what could be done to improve outcomes.	10%
Understanding the impact on mental and physical health of reproductive hormonal changes across an autistic person's lifespan; with consideration to differences of gender, including the transgender experience.	10%

Additional suggestions

- a. More research on the impacts of life stages as Autistic people experience them rather than simply comparing autistic children to “normal” neurotypical children.
- b. How being parent with Autism impacts the parenting relationship with their children.
- c. The impact of including Autistic health professionals within health teams.

Justice (n=9)

Topic	%
Identifying current awareness and understanding of autism amongst professionals working within the justice system and what training is needed to improve outcomes for autistic individuals.	89%
Identifying the most effective co-produced screening processes, practices and tools that can be used at different stages within the justice system, to implement autism supports and accommodations.	67%
Understanding the reasons why autistic individuals end up in the justice system (including the impacts of social determinants and society's understanding and interpretation of autistic behaviour, characteristics and manner of communication).	67%
Identifying and delivering co-produced rehabilitation programs for autistic people in the justice system to prevent reoffending (including how to align these with an autistic person's individual life and wellbeing goals).	56%
Understanding what factors (e.g. traits, or life or social circumstances) indicate that an autistic individual may be more likely to commit a criminal offence. Informing the development of validated co-produced autistic screening tools, and identification of which professionals and services are best placed to deliver co-produced prevention strategies.	56%
Understanding the number and proportion of autistic people in the criminal justice system (including incidence of offending, type of offences, charges, sentencing, incarceration, parole and reoffending), with consideration of demographics and diversity factors (e.g. age, ethnicity, LGBTIQ+, co-occurring disabilities, mental health).	33%
Identifying what information autistic people need to best understand their rights and responsibilities in relation to the law, in order to minimise risks of criminal offending or victimisation, and co-produced approaches to delivering this.	33%
Identifying co-produced supports or interventions that autistic individuals would find helpful and effective on release from incarceration to prevent reoffending.	22%
Identifying information and support needs of parents/families of autistic individuals charged and/or convicted of criminal offences to support themselves and advocate for their autistic family member.	22%
Exploring whether there are specific autistic traits or characteristic, that make individuals more vulnerable to being victims of particular types of crime.	22%
Understanding autistic individuals experience of their interactions with police and the justice system.	11%
Understanding the barriers for autistic people to reporting crime and pursuing conviction (including how these may differ to barriers faced by the general population or other demographic groups).	11%

Additional suggestions

- a. Understanding the life cycles of autistic people from childhood to adults and recognise the barriers faced in each area (i.e. young child/older child/teenager/young adult/adult).

Final prioritisation poll findings

This section outlines the comprehensive findings from the final prioritisation poll for each Priority Area. All participants who participated in any of the discussion board were invited to complete final prioritisation poll. Participants were asked to select the five topics they felt were most important for future research. They were also able to identify any additional topics they felt were missing from the provided options. The additional suggestion made by participants in the poll have also been included. They have been edited where appropriate for clarity.

Communication (n=43)

Topic	%
Understanding how to reframe community attitudes towards diverse forms of autistic communication based on a strength-based, neurodiversity approach, as opposed to the current deficit-based medical model.	56%
After an autism diagnosis (at any age), how can autistic people be supported to identify individual communication strengths, options and preferences. How can families and professionals play a positive role in this to ensure full accessibility in education, employment, and community.	56%
Identifying the most effective ways of challenging and correcting non-autistic people's assumptions and misperceptions about the relationship between an autistic person's communication and their cognitive capacity. Including in interpersonal relationships, employment, education, medical and community settings.	56%
Identifying how to improve the acceptance and use of diverse forms of communication (including non-verbal) in education settings, to support all autistic students to participate in the educational and social curriculum.	51%
Identifying how to improve the understanding that communication between diverse autistic communicators and non-autistic people is a shared responsibility.	44%
Identifying barriers and opportunities for businesses / organisations providing goods and services to deliver options and accommodations for diverse forms of communication.	37%
Identifying how to encourage and motivate non-autistic people, to increase their skills and capacity to communicate with people who use diverse communication.	33%
Identifying innovative and alternative solutions for autistic people that facilitate communication outcomes and support their own preference to form speech or increase the ease of assistive technology use. This includes those with motor planning difficulties.	30%
Understanding current experiences and impacts of speech therapy for autistic people. Identify neurodiversity-led foundations, goals and outcomes within a social model, rather than a deficit-based medical model.	30%
Understanding community awareness and attitudes to diverse communication methods, and how to create positive change through initiatives designed with autistic people. ³	28%
Design and conduct research to be led by autistic people who adopt diverse forms of communication into the effectiveness of facilitated communication for autistic people. Use this to identify and address gaps in previous research.	28%
Identifying pathways to connect diverse autistic communicators with opportunities to lead and conduct best-practice research with non-autistic people.	16%
Understanding the impact of autistic-led or parent-led community organisations, on improving knowledge around autistic communication.	12%

³ Although this topic was equal tenth place at 28%, a decision was to remove this topic from the final list rather than include this eleventh topic due to its overlap with higher ranking topics which also focussed on community attitudes.

Additional suggestions

- b. Identify barriers for non-autistic people to understand autistic communication, and what non-autistic people can do improve their component of autistic/non-autistic interactions.
- c. Informing support for autistic people to identify negative forms of communication (gaslighting, verbal abuse, put-downs, emotional abuse). Teaching autistic people how to set and assert boundaries around their needs and wellbeing.

Education (n=43)

Topic	%
Understanding the effectiveness of current training and professional development for educators in preparing them to support and teach autistic students. To then identify opportunities for development and implementation of educator training to be produced in partnership with autistic people. Educators means the following people or positions: teachers, teacher aide, wellbeing coordinators and school leaders.	72%
Understanding preferences of autistic students for flexible and/or predictable learning environments, including access to these. Assess effectiveness of how they support learning and wellbeing outcomes. Research would cover partial attendance and flexible learning spaces (i.e. mixed attendance and distance education, micro-schools - small neighbourhood schools, quiet study spaces).	51%
How can teaching, learning and assessment approaches be tailored to better meet the individual needs of autistic students in the classroom?	49%
Understanding how behaviour support and disciplinary strategies implemented in the classroom and playground impact upon autistic students' learning, mental health and wellbeing (e.g. self-esteem, learning, social inclusion, mental health).	42%
Understanding how environmental factors in the classroom and playground (e.g. sensory, layout, schedules) impact autistic students' behaviour, learning, social and wellbeing outcomes.	40%
Understanding how many autistic students experience trauma at school, and why this happens.	37%
Understanding how the culture (i.e. attitudes, behaviours) of a school community impacts upon autistic students and their families' school experiences.	37%
How can schools collaborate with autistic students to establish a common understanding of their own strengths and interests and use these to motivate and support learning?	35%
Identifying policies and practices that foster collaborative and respectful relationships between educators and autistic students and families to ensure positive and safe curriculum and social engagement.	35%
Understanding whether education departments and schools implement evidence-based practice related to developing autistic students, and if not, why. This includes, exploring the perspectives of autistic students, their families, educators and policy makers.	30%
Developing a practical model on how to design school strategies, policies and practices with autistic people to improve community, social and curriculum inclusion.	28%
Understanding what parents / carers would like to see in funding models for supporting autistic students in education. Research could include who should receive the funds, who decides how the funds are used, what information about decisions is shared and how this is communicated.	21%
Identifying why parent/carers home school autistic children, and the challenges and benefits of doing so.	16%

Additional suggestions

- a. Education assessments for autistic individuals is grossly flawed. Particularly for autistic individuals with speech impairments, sensory challenges and motor planning difficulties. These assessments set the path of education for students which does not teach them to their intellectual abilities and potential, and keeps them at a very low level of education. How can this be understood better and changed?
- b. Researching the impact of evidence-based practices in schools such as Applied Behaviour Analysis therapy.

- c. There needs to be a focus on how to shift education supports, understanding and outcomes for non-traditional communicators. What will help these students learn in the classroom? What training do educators need in this area?
- d. Identifying the barriers of implementation of reasonable adjustment; what do schools need improved in order for them to fulfill their legal obligations?
- e. Identifying and understanding differences in the way that many autistic children process and learn. This should cover the inability of intelligence tests to identify visuospatial thinkers for whom English is essentially a foreign language; the difficulties experienced by many students in reading larger blocks of text or processing longer streams of speech; the unique learning needs of visuospatial thinkers, experiential learners, and autodidacts; and the consequences of getting it wrong/benefits of getting it right.
- f. Investigating the extent and effects of the mismatch between autistic neurology and environmental demands within the school system: for example, the inappropriateness and rigidity of the curriculum for these children (including content, delivery method, and expectations), even for those who are gifted; sensory over/underwhelm; the requirement to mask; forcing kids into mainstreaming; inadequate time for rest and recovery; unrealistic expectations regarding school attendance, academic performance, and social interactions; the rigidity of departmental regulations, teachers and staff; the underlying threat of involving the police, or child services; and the impact in terms of wellbeing, self-esteem, stress, and trauma, in children and families.

Employment (n=44)

Topic	%
Understanding the flexibility and predictability needs and preferences of autistic people in the workplace and how these can be supported. This includes working hours, environment, workplace practices and processes, setting spoken and unspoken social expectations, diverse communication preferences, etc.	70%
Understanding what a safe work environment and culture is for autistic employees, and how employers can create such an environment.	57%
How can recruitment processes be designed with autistic people, including those who use diverse communication methods, to demonstrate their suitability for a role (e.g. job descriptions, CV submission, interviewing and onboarding)?	55%
How can the education system best support autistic students in secondary and tertiary education, to identify their career goals and support transition to the workforce or further education?	52%
How can employment services most effectively support their autistic clients to secure and keep employment that is fulfilling, meaningful and appropriately paid?	48%
Understanding the barriers for employers to employing autistic people, and how these can be overcome.	48%
Identifying opportunities to increase employers' awareness of the skills and capabilities in the autistic community and how to source autistic employees.	36%
Identify the most effective approaches for changing employers' attitudes and behaviours in relation to employing autistic people (e.g. messaging, policy incentives, etc.).	34%
Understanding of the variety of employment goals, needs and experiences of autistic people and how these intersect with demographic factors (e.g. age, ethnicity, culture, identity, LGBTQIA+).	23%
Identifying opportunities for increasing awareness in the autistic community of employment programs and supportive employers (across all industries).	23%
Identifying which practices and processes employers can use to develop their own capacity to support the retention and career progression of autistic employees.	20%
Investigating the cost benefit of employing autistic people.	18%

Additional suggestions

- a. What attitudes and beliefs are common to "good" employers of autistic people (i.e. what makes some workplaces autism-friendly and supportive)?
- b. Why people some autistic people choose to disclose or not disclose their diagnosis to an employer?
- c. Informing education and training around work practices and flexibility for employers, as well as other workers? (e.g. flexibility in choosing when work is completed)
- d. Understanding what supports may be required for promoting self-employment opportunities.

Health and wellbeing (n=44)

Topic	%
Understanding how autistic people respond to medical tests, treatments and medications. Identify what can be done to accommodate these. This would include peoples' general experiences, communication of pain / symptoms, and experience of different types of treatments.	50%
Identifying the prevalence of chronic mental and physical health conditions in autistic people considering demographic factors (e.g. age, ethnicity, culture, identity, LGBTQIA+). Understand the contributing factors to these conditions (e.g. lifestyle, social economic status, social, physiology, stress, access to health services, culture, location, trauma).	48%
How appropriate, effective and accessible is the current diagnosis and assessment process for autistic individuals across the lifespan.	43%
Identifying the current understanding and attitudes regarding autism and its co-occurring health conditions among health professionals. Identify how gaps can be remedied to ensure the use of autistic-informed evidence-based practice.	39%
Understanding the availability of appropriate and informed health services for autistic health and any impact on wellbeing outcomes (including trauma) with consideration of location and other demographic factors (e.g. age, ethnicity, culture, identity, LGBTQIA+).	36%
Understanding how autistic people want to communicate and collaborate with health professionals, and how health professionals can train with autistic people to produce methods to support this.	36%
Identify the most effective ways to optimise self-advocacy capacity for autistic people within the health care system. Research would consider knowledge, skills and tools for self-advocacy.	36%
Understanding the impact of "pretending" to be non-autistic on health and wellbeing outcomes.	36%
Understanding the impact on autistic people's health when services are provided by autistic professionals. Where an autistic person is part of a multidisciplinary team how can their neurodivergent perspective influence outcomes.	30%
Design research with autistic people to understand how autistic people define wellbeing. Identify the barriers and enablers of people living this definition.	27%
Understanding how developmental stages may differ across the lifespan for autistic people. Developmental stages include physical, cognitive/thought, language and social & emotional growth.	25%
Understanding the experience, strengths and preferences of autistic parents/carers and their families. Use this information to inform provision of autistic-led family, health and wellbeing support.	25%
Understanding the gut health and food sensitivities of autistic individuals, and the impact this has on mental and physical health. Identifying why this occurs and specific individual interventions to improve gut health and wellbeing.	23%
Understanding the impact of being autistic on the making and keeping of intimate relationships. Including the understanding of body language, sexual and appropriate relationships, and assessment of personal risk.	20%

Additional suggestions

- a. Informing education of medical professionals to learn the difference between autism and illness. That is, don't assume a person's health issues are the result of the autism and therefore dismiss them (as disability related). This is especially important for people with autism who are non-verbal and/or have an intellectual delay.
- b. Understanding the stigma / impacts on delivery of health & wellbeing services.

- c. Identify better diagnostic tools to use in assessments of Autism and how presentation differs between males and females.
- d. Which supports provide the most effective wellbeing improvement for autistics?

Justice (n=42)

Topic	%
Understanding the impact of police awareness of autism and interpretation of autistic behaviour and communication on autistic people's experience of the justice system and associated outcomes. What initiatives designed with autistic people could create positive change.	76%
Identifying – in partnership with autistic people – what information autistic people need to best understand their rights and responsibilities in relation to the law. This is to minimise risks of criminal offending or victimisation, and approaches to delivering this knowledge.	57%
Identifying current awareness and understanding of autism amongst professionals working within the justice system.	52%
Understanding the number and proportion of autistic people in the criminal justice system, including rate of offending, type of offences, charges, sentencing, incarceration, parole and reoffending. Identify demographics (e.g. age, ethnicity, culture, identity, LGBTQIA+) and diversity factors (e.g. co-occurring disabilities, mental health).	45%
Understanding the barriers for autistic people to reporting crime and pursuing conviction. This would include how these may differ to barriers faced by the general population or other demographic groups (e.g. age, ethnicity, culture, identity, LGBTQIA+).	45%
Designing with and delivery of rehabilitation programs for autistic people in the justice system to prevent reoffending. This includes how to align these with an autistic person's own life and wellbeing goals.	40%
Understanding autistic peoples' perceptions and experiences of their interactions with police and the justice system (as victim or perpetrator).	36%
Are there are specific autistic traits or characteristics that make people more vulnerable to being victims of different types of crime?	29%
Identifying screening processes, practices and tools that have been designed with autistic people and are most effective for use at different stages within the justice system.	21%
Identifying and designing with autistic people, the supports or interventions people would find helpful and effective on release from incarceration to prevent reoffending.	21% ⁴
Understanding social and demographic factors across the lifespan that may place an autistic individual at increased risk of criminal offending. This would include employment, poverty, housing, education, gender, age, culture and health factors.	21%
Identification of which professionals and services are best placed to design and deliver strategies in partnership with autistic people for prevention of criminal behaviour.	21% ⁵
Identifying information and support needs of parents/carers or families of autistic people charged and/or convicted of criminal offences to support themselves and advocate for their autistic family member.	17%

⁴ Four topics were ranked equal 9th in this Priority Area at 21%. Rather than including 12 topics in the final list, this topic was removed due to its similarity with a higher ranking topic about prevention of reoffending.

⁵ Four topics were ranked equal 9th in this Priority Area at 21%. Rather than including 12 topics in the final list, this topic was removed due to its similarity with a higher ranking topic about prevention of reoffending.

Additional suggestions

- a. Understanding the impact of typical prison environment (physical and social) and accommodating for Autistic individuals already incarcerated so as to not traumatise, reduce rehabilitation needed and to increase successful reintegration after release.
- b. Identify barriers for non-autistic justice workers and police in understanding autistic communication, and what non-autistic people can do improve their component of autistic/non-autistic interactions.
- c. Informing the education of all people involved in the justice system in understanding the difference between behaviour as a means to communicate or as a response to an environment, and behaviour as a criminal act. This awareness needs to begin in the school ground, which is where autistic people are often first labelled as challenging, difficult, non-compliant, aggressive, violent or disrespectful.

Appendix D: Glossary

- ◆ **Behaviour support:** personalised strategies used to address the underlying causes of an autistic individual's behaviour that others may find challenging (NDIS Quality and Safeguards Commission, 2021), that does not aim to modify intrinsic autistic behaviour (Reframing Autism, 2020).
- ◆ **Social determinants:** the environment and conditions in which people are born, live and grow and the forces and systems that impact these conditions such as social norms and economic and social policies (World Health Organisation, 2021).
- ◆ **Mutual responsibility:** this term is used to refer to a state in which non-autistic people work to understand autistic perspectives and make reasonable accommodations according to autistic individuals' needs and preferences. This corrects for power imbalances which have historically favour non-autistic perspectives and enables the responsibility for adjusting in relationships and social interactions to be shared (Heyworth, 2020).
- ◆ **Motor planning difficulties:** experiencing difficulties in planning the steps required to achieve purposeful movement (Zampella and Bennetto, 2013).
- ◆ **Facilitated communication:** a form of communication that involves a facilitator physically supporting an autistic person to letters, pictures or objects on a keyboard or other communication tool (Hemsley et al., 2018).
- ◆ **Under-employment:** a situation where someone is employed but not to the capacity they would like to be. This may include a person working fewer hours than they would like or being employed below their level of qualification or experience (Parliament of Australia, 2018).
- ◆ **Systematic inclusion:** this term is used to refer to a state of widespread equal opportunity for autistic people to participate in different areas of society.
- ◆ **Social exclusion:** describes the disadvantaged and inequality faced by groups of people who are felt to be left out and cannot fully participate in mainstream society (Mathieson et al., 2008).

Appendix E: References

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