**Autism Spectrum Disorder (ASD)**

- ASD is a complex, neurodevelopmental condition characterised by difficulties with social communication and interaction, alongside repetitive and characteristic patterns of behaviour. Symptoms are present from early childhood and affect daily functioning.¹
- Regular screening and developmental surveillance to detect the early emerging symptoms of ASD is recommended.²
- Early detection, diagnosis and intervention maximises children’s developmental outcomes.

**Developmental Surveillance**

- Developmental surveillance is an ongoing process of recognising children who may be at risk of developmental delays across numerous points in time.

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**Social Attention and Communication Study-Revised (SACS-R)**

- SACS-R is a developmental surveillance instrument which successfully identifies 12-24 month old children at risk of ASDs.³
- Early identification of ASD is critical for access to early intervention.
- Since July 2016, the SACS-R has been incorporated into the routine child health checks conducted by the Child Health and Parenting Service (CHaPS) nurses.
- Involves assessment of social attention (e.g., sharing and responding to interests) and communication behaviours (e.g., use of language and gestures).

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**Implementation Science**

- Translating research into evidence-based programs, practices or policies (EBPs) suitable for public use can take 15-20 years.⁴
- Implementation science is a strategy that attempts to bridge the knowledge-practice gap by identifying barriers and enablers of integration of research into the real world.
- Pipeline or tunnel metaphor used to explain the process of transferring scientific evidence to EBP in public health:

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**Aims**

To explore the enablers and barriers around the statewide implementation of the SACS-R early childhood surveillance program into the public health system. By integrating the core perspectives of key stakeholders the barriers and enablers can be identified, understood and addressed in order to facilitate successful adoption of the SACS-R into routine clinical practice.

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**Procedures**

**Methodology:** A Design Thinking (DT) approach is very suitable in order to achieve the aims of the project as it allows the researcher to gain a solid understanding of the experience of the stakeholders. DT is a human-centred framework that can be applied to health innovation.⁵ Fundamental to DT is deep empathy for the key stakeholders. By effectively involving them in the innovation process through recruitment for in-depth, face-to-face, semi-structured interviews, resources can be applied to meet stakeholders’ needs.

**Participants and Instruments:**

<table>
<thead>
<tr>
<th>Group</th>
<th>Instrument</th>
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<tbody>
<tr>
<td>Primary Stakeholders (n=100)</td>
<td>* All parents (non-referred and referred) Client Satisfaction Questionnaire (CSQ-8)²</td>
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<td>* Referred parents only</td>
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<tr>
<td>Internal Stakeholders (n=132)</td>
<td>* Child Health and Parenting Services nurses Measurement Instrument for Determinants of Innovations (MIDI)² – 45 questions</td>
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<td></td>
<td>* Nurse Unit Managers, Clinical Nurse Educator, Assistant Directors of Nursing, Director of Nursing MIDI – 10 questions Further interview</td>
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<tr>
<td>External Stakeholders (n=29)</td>
<td>* St Giles Developmental Assessment Team, Early Childhood Intervention Service, Autism Specific Early Learning &amp; Care Centre Semi-structured interview with prompts</td>
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<td></td>
<td>* Autism Advisory Panel, Autism Tasmania, Members of Parliament, allied health professionals, health and educational associations Semi-structured interview with prompts</td>
</tr>
</tbody>
</table>

**Data Analysis:**

- The numeric data will be collated and summarised. The contents of each interview will be transcribed. The narrative data will be analysed using thematic analysis.

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**References**