
Inclusive Program Guide:

An early supports program for Autistic Toddlers and Preschoolers

Overview of the Early Start Denver Model (ESDM)

The ESDM is a play and routines-based early supports model, developed specifically for Autistic toddlers and preschoolers. The ESDM also;

- is an evidence-based program (see Appendix 1 with summary of scientific research findings).
- combines a developmental approach (with an emphasis on child motivation) with behavioural science (with an emphasis on data collection to closely monitor and support each child's progress).
- teaches across all areas of child development, including communication, play, imitation, motor skills and so on.
- increases each child's independent skills across all areas of development and fades the level of support provided.

Eligibility

Children must be under 4 years of age when they start in our program. A formal diagnosis of autism is not required, and our team will assess each child's skills to confirm their eligibility for our program (i.e., that the child shows indicators of Autism).

Setting

There are places in Kindergarten and All-Day Care rooms in our Centre, the La Trobe University Community Children's Centre (**Bundoora**). The classrooms are mainstream, high quality early childhood education settings with a neurodiverse group of children (both Autistic and non-Autistic) learning together.

If there are service disruptions due to an emergency/unforeseen event at the Centre, we will communicate with families about alternative arrangements for service delivery (e.g., telehealth).

How Will My Child's Program Start?

As part of the enrolment process, your family and child will;

- Complete an assessment with our researcher (families are invited to attend all assessments).
- Complete an ESDM Curriculum Checklist play assessment with the Inclusive Program team, which will include time for you to share important information with us about your child and goals that you would like us to focus on teaching.
- Meet your child's lead educator and visit their new room and set up times to complete orientation visits.

Developing Your Child's Program and Goals

Your Key Worker will meet with you and assess your child's skills each term (every 12 weeks) using the ESDM Curriculum Checklist to identify;

- Your child's new ESDM goals and overall focus for each term.
- Your child's individual support needs, including;
 - The number of Therapy Assistant sessions/hours required per week.
 - The focus and types of Key Worker support required across the term.
 - Whether any specialist referrals/support is required.
 - Enrolment pattern/requirements i.e., whether more/less days are recommended.
 - Strategies for facilitating your child's participation in the early education program in their room.
 - Number of goals i.e., children transitioning out of the program may have less goals.

The focus of the assessment process is to work out how to best support each child's learning and family input is vital for this. This includes identifying if a child's progress is suitable for the Step-Down Approach, which involves reducing support (please refer to Appendix 3 – Stepdown Approach) or the Step Up Approach, which involves increasing support to support learning (see Appendix 4).

Monitoring Your Child's Progress in the Program

A child's progress is monitored in several ways, including data reviews and family meetings, to support continued progress.

- *Daily*; Therapy Assistants take data on children's ESDM goals on our Data App at regular intervals during the session.
- *Weekly*; the child's Key Worker will review the data to monitor child's ESDM program progress for each goal/step, and either move the goal to the next step or adapt the current teaching step to support learning i.e., develop individualised strategies to support their learning and participation.
- *Quarterly*; New ESDM goals are developed for each child in partnership with their family, Key Worker team, education team, and any community service providers or early learning centre.
- Key Workers will meet with Clinical Manager and families to consider each child's progress, to work out how to best support each child's learning. This includes identifying if a child would benefit from the Step-Down Approach, which involves reducing supports (please refer to Appendix 3) or Step Up Approach (please refer to Appendix 4), which involves increasing supports, including through more specialised goals and strategies, to further support learning.

Transdisciplinary Team

Educators are qualified early childhood educators (Bachelor qualified Kindergarten teachers, Diploma qualified Educators and Certificate Three Educators) that are trained in inclusive practice. The education team is responsible for each child's education and care throughout the day, and they plan for each child's educational program, including developing a curriculum that is responsive to the needs and interests of each child and supporting children to generalise skills from their ESDM sessions into the group setting.



Therapy Assistants deliver children's ESDM programs, as part of individual Therapy Assistant Sessions. They are early childhood educators, or university students completing teaching, psychology, speech pathology or occupational therapy degrees, who are trained and supervised to target ESDM goals. While Therapy Assistants are focused on teaching the individual child's ESDM goals, they teach as part of the group setting, promoting peer interaction and social skills.

Allied Health staff provide support to the team through meetings, consultations and direct input as required. The Allied Health team includes qualified speech pathology, psychology, occupational therapy, parent coaches and education staff. Referral for individualised support is made via the child's Key Worker and additional charges apply (see Appendix 2 for details).

ESDM Coaches are experienced clinicians (including Allied Health and education specialists), who provide individualised coaching support to the child's education team and Therapy Assistants to ensure each child's ESDM program is being delivered to a high standard and with optimal supports and resources.

Key Workers are experienced clinicians (qualified speech pathologists, occupational therapists, psychologists, or bachelor or diploma qualified teachers, who are also certified/ing ESDM therapists). Each family has a Key Worker team of two staff members, who are their main contact regarding their child's ESDM program. The Key Worker team collaborates with family, co-develops ESDM goals and monitors their progress, shares information and strategies amongst the team, and coordinates referrals to other Allied Health specialists as required.

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Our Centre is committed to child and family health, safety, and wellbeing.

Our service is mandated by law to report all serious incidents and concerns for child/family safety to the appropriate regulatory bodies, for example Child Protection Services, the Department of Education and Training and NDIS Quality and Safeguards Commission.

If you have any questions about this, please do not hesitate to ask.

2024 Inclusive Program Fee Schedule

Core Supports These supports are provided on a weekly and quarterly basis and are a clinical requirement of the program, however hours are approximate only and subject to change depending on clinical needs of the participant	Frequency	Price per hour (\$) *	Hours	Price per week	Term 2 fees (13-week term)	Term 1, 3 & 4 fees (12-week term)
ESDM Assessment <ul style="list-style-type: none"> Two therapists complete assessment, including family and education team input. Develop and write goals 	Once each term (12 weeks)	\$193.99 And/or \$86.79 per hour	approx. 5 hours	N/A	\$969.95	\$969.95 per term
Monitoring Support Needs <ul style="list-style-type: none"> Key Worker works directly with the child in the child's room. Meetings (Key Worker meetings with family, Allied Health, Education team etc). Supervising and training Therapist Assistant implementing child's individual program (45 mins – 2 hours weekly). 	Weekly	\$193.99 per hour (15_005_0118_1_3) And/or \$86.79 per hour (15_008_0118_1_3)	90 mins a week (average)	\$290.99	\$3,782.87	\$3,491.88
Targeting Intervention Goals <ul style="list-style-type: none"> Therapy Assistant delivering therapy sessions to individual child. 	weekly	\$72.90	10 hrs 30 mins (average)	\$765.45	\$9,950.85	\$9,185.40
Total intervention fees per term					\$14,703.67	\$13,647.23

Total fees for Core Supports	\$55,645.36
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Flexible Supports These are additional supports available to families and participants depending on the clinical needs of the participant	Frequency	Price per hour (\$)
Allied health referrals and program input; <ul style="list-style-type: none"> Specialist referrals as required and identified by family/Key Worker. ESDM Trainer input to develop and monitor children requiring additional support in their learning through highly individualised strategies. 	As required	\$193.99
Community-based Capacity Building Support Supports These supports are provided to the child/child's family in their local community, for example in the child's home or at the child's local early education centre.	As required	Per hourly rate of relevant staff member (See above)
Provider Travel KW Therapist travel to/from community setting (max 30 minutes each way)	As required	Per hourly rate of relevant staff member (See above)
Report Writing <ul style="list-style-type: none"> Key Worker and/or Allied Health reports, to support families i.e., with school transition etc. NDIA requested report; a report that is required at the commencement of a plan that outlines plan objectives and goals, or at plan review that measures functional outcomes against the originally stipulated goals, or that makes recommendations for ongoing needs (informal, community, mainstream or funded supports). 	As required	\$193.99

Intervention fees are payable using your child's NDIS plan and/or private funds. La Trobe University is a registered NDIS service provider. Intervention fees are charged according to the current NDIS Price Guide, against line items for Capacity Building Supports for Early Childhood Interventions – Other Professional (15_005_0118_1_3). Therapy Assistant - Level 2 (15_008_0118_1_3) and Provider Travel - Non-Labour Costs (15_799_0118_1)

APPENDIX 1; ESDM and the Research

Why Utilise the ESDM?

- Both practitioners and researchers report that intensive early intervention is beneficial for Autistic children's learning and development (Camarata, 2014; National Research Council, 2001)
- The ESDM has been shown to be efficacious in 1:1 delivery, improving cognitive, adaptive, and communicative outcomes in young autistic children (Dawson et al., 2010; 2016; Rogers et al., 2019) (please see attached research papers)

Why Utilise the Inclusive Program?

- Children receiving ESDM (G-ESDM) in naturalistic, group settings have made positive gains across cognitive, adaptive, and communicative outcomes (Eapen Črnčec, & Walter, 2013; Fulton Eapen, Črnčec, Walter, & Rogers, 2015; Vivanti et al., 2014; Vivanti & Dissanayake, 2016; Vivanti et al, 2018)
- High-quality childcare environments that promote engagement in joint activities with peers have been found to positively impact on social and communication development (National Institute of Child Health and Human Development Early Child Care Research Network, 2000, 2003). The G-ESDM aims to provide Autistic children with the social and learning opportunities offered by interactions with adults and peers in high quality early learning and care environments during early development (i.e., embedding supports in best-practice early education settings)
- Another important rationale for the Inclusion Program and implementing early intervention in an early childhood setting is that it provides a **'one-stop-shop'** for families. Families can access inclusive and best-practice long-day-care, early autism supports and qualified Allied Health support. This supports families to maintain work and routine commitments while their child receives best practice support. Research frequently indicates that the combined challenges of accommodating early intervention schedules (e.g. driving between appointments) and obtaining childcare services faced by many families of Autistic children results in caregivers moving from full-time to part-time employment, or withdrawing from the workforce altogether (Cidav et al., 2012). Forced departure from the workforce and the consequent reduction in income can impact on the child's education needs and on the overall family mental health, wellbeing and quality of life.

APPENDIX 2: Allied Health Referral Topics

Speech Pathology Team;

- Augmentative and Alternative Communication assessment, selecting trial systems (e.g., visual support, key word sign), coaching support to tailor system to child and family's needs, supporting with NDIS AAC funding application.
- Pragmatic speech assessment and report.
- Language assessment to inform ESDM program.
- Swallowing and feeding issues assessment and intervention plan (collaboration option with Occupational Therapist)

Occupational Therapy Team;

- Sensory processing differences (e.g., unsafe seeking and/or avoidance of sensory input).
- Complex toilet training needs (collaboration option with Psychologist).
- Swallowing and feeding issues assessment and intervention plan (collaboration option with Speech Pathologist)

Psychology Team:

- Positive behaviour support plan and coaching for staff and family for behaviours of concern (incl. functional behaviour assessment) (collaboration option with Speech Pathologist/Occupational Therapist).
- Complex emotional regulation needs (collaboration option with Occupational Therapist).
- Complex sleep issue (collaboration option with Occupational Therapist)

ESDM Trainer Team;

- Highly individualised support for child with complex learning needs (i.e, minimal progress on standard individualised ESDM goals and difficulties participating and engaging in group program with standard specialist education and Key Worker supports)
- Highly individualised support for child to participate in group program, including additional assessment
- Highly individualised program to support child's ongoing learning and progress, including 3-weekly program review

Parent ESDM Coaching Team;

- Support for family to generalize key learning into home environment, including communication devices/strategies, support with meals and so on.
- Support for family to embed ESDM engagement and teaching strategies with their child, in their home's daily routines.

APPENDIX 3: Step Down Approach**Steps to reducing Supports****1. Review Child's Support Needs**

As part of standard Key Worker supervision, including family meetings and ESDM Curriculum Checklist assessments, review;

- Child progress, including whether child is approaching age-matched skill level on ESDM Curriculum Checklist or Mullens Scales of Early Learning (MSEL)
- Learning opportunities in current ESDM setting
- Opportunities for social skill development and peer interactions in current setting
- Transition to community setting
- Ensure all NDIS reports accurately reflect child's support needs, including Key Worker recommendation to move to less intensive and more community-based services

If review of child support needs indicate that child requires less intensive support;

2. Initiate Step-Down Approach

- Key Worker meets with Clinical Manager to review child's support needs with focus on ongoing support required, specifically;
 - number and focus of goals
 - focus of Key Worker support
 - group setting
 - capacity building to family
 - capacity building to external services, for example educators and specialists
- Key Worker and Clinical Manager meets with family to discuss ongoing 'reasonable and necessary' supports
- Ensure all NDIS reports accurately reflect child's support needs, including Key Worker recommendation to move to less intensive and more community-based services

3. Implement Step Down Approach

Key Worker monitors child support needs, focusing on;

- Child participation in group setting, including by accessing feedback from child's education team
- Child progress on goals
- Family support required

Ensure all NDIS reports accurately reflect child's support needs, including KW recommendation to move to less intensive and more community-based services.

APPENDIX 4: Step Up Approach**Steps to Increasing Supports****Review Child's Support Needs;**

As part of standard Key Worker supervision, review;

- Child progress, including whether more than 25% of ESDM goals are progressing optimally.
 - If more than 25% of ESDM goals are not progressing optimally, identify barriers to learning (teacher discussion, observations, direct engagement with child etc).
- Learning opportunities in current setting, including child's participation in room curriculum and in home environment.
- Ensure all NDIS reports accurately reflect child's support needs, including whether increased support is required to support learning outcomes.

If review of child support needs indicate that child requires more intensive support;

Step-Up Phase 1; 25-50% insufficient progress – adjusted ESDM program

- Classroom **participation**. Develop participation plan;
 - Identify priority group experiences and expectation for participation e.g., length of time in key learning routine, number of peers, transition distance etc.
 - Outline strategies to support child's motivation and participation in key routines.
 - Monitor child's participation weekly, as part of data review.
- ESDM Program;
 - Consider number of goals and potentially reduce to 18-20 to support focus on key areas.
 - Prioritise key developmental domains relevant across settings.
 - Focus on goals that facilitate child's participation and connection/rapport with therapy team.
- Session Structure;
 - Reduce Therapy Assistant team to 2 people, where possible.
 - Option to teach 1-2 ESDM goals per routine.
 - Highly individualised and updated **resources** to tap into child's preferences, motivations and priority goals
- Key Worker Input;
 - Increased Key Worker input to support key classroom routines
 - Collaboratively identify key early education team staff and routines to co-complete with child
- Family Meetings;
 - Monthly meetings offered, including alternating Key Worker capacity-building support with child and family
 - Update and collaborate with family on planned program adjustments
 - Both key workers meet with family, option for room lead teacher or ESDM Trainer to join also

Step-Up Phase 2; 50%+ insufficient progress – structured ESDM program

- Session Structure;
 - Develop structured and predictable session plan collaboratively with teacher
 - Might include intermittent teaching periods (with 5-10 min breaks between activities), using same area/location for each activity, using specific resources, focusing on specific goals with specific resources etc
 - Separate teaching space to support child's attention and work 1:1 (e.g., Education room, multi-purpose room, hallway visits)
- Increase number of Therapy Assistant sessions per week, if required? (e.g., 4 per week if attending 4 days)
- Highly individualised and updated **resources** to tap into child's preferences, motivations and priority goals
- Family Meetings; Lead Key Worker and Clinical Manager meet with family monthly to discuss program changes and child and family's support needs.