

Specialist Program Guide: An Early Support 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 less than 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

At the La Trobe University Community Children's Centre 6-10 Autistic children are enrolled in a specialist autism-specific room per day. Rooms operate above required early childhood education ratios at all times and the Centre has a strong commitment to inclusive and child centred practice.

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 assessment with the 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.

Attendance and Program Hours

- Children can attend the program for 2-3 days per week. **We try to offer families their preferred days, but this is not always possible.**
- The Centre is open from **7.30am to 6.15pm** every weekday, aside from public holidays.
- Please note that our core early autism supports program occurs between **9.30am – 2.30/3pm**.
- If there are service disruptions due to an emergency/unforeseen event, we will communicate with families regarding alternative arrangements for program service delivery (e.g., telehealth).

Development of a Child's Program and Goals

Each child has 12-16 new goals developed every 12 weeks, using information collected in the ESDM Curriculum Checklist, meetings with families and by observing each child in the classroom. The ESDM Curriculum Checklist assessment is play-based and carried out by two ESDM certified/ing therapists and families are invited to attend. Families play an important role in the development of the goals, identifying key focus areas that their child requires support with, to generalize learning across home and community settings.

Monitoring Each Child's Progress in the Program

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

Daily;

- All ESDM-trained staff note data on each child's ESDM goals on our Data App following daily routines throughout the day.
- All staff monitor each child's preferences, needs and learning across the day.

Weekly;

- The child's Keyworker reviews 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 or classroom supports to support learning i.e., develop individualised strategies to support their learning and participation.
- Key Workers, Allied Health staff, and the lead educators monitor each child's response to daily routines and curriculum experiences, including participation, transitions, engagement with peers and so on, and implement tailored strategies to foster child learning.

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 working in the rooms are qualified early childhood educators who are also trained in the ESDM and inclusive practice. The early childhood education team is responsible for each child's education and care throughout the day, and they plan for each child's educational program. This includes developing a curriculum that is responsive to the needs and interests of each child and embedding learning opportunities for children's individual ESDM goals within the group setting.

Key Workers are experienced Allied Health and education staff, including speech pathologists, occupational therapists, psychologists, university, 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.

Allied Health staff includes **speech pathology, psychology, and occupational therapy**. Allied Health staff work in the rooms during key learning experiences throughout the day e.g., small group time, lunch etc. They also provide additional support to the team through team meetings, consultations, and direct input as helpful. Key Workers or lead teachers submit referrals to the Allied Health team for individualised support, in partnership with the child's family. Please see Appendix 2 for more information.

Fees

Childcare fees in 2024 are \$149/day, minus the Centrelink Childcare Subsidy (CCS). Childcare fees are charged for all days a child is enrolled (even if absent).

Early Childhood Intervention Supports fees are \$345 per day for the program group delivery in the child's enrolled room. Intervention fees are charged according to the current NDIS Price Guide, against line-item Early Childhood Supports – Other Professional (15_005_0118_1_3) OR Early Childhood Supports – Therapy Assistant Level 2 (15_008_0118_1_3). Individualised support provided to a child, including all key worker support, is charged at an hourly rate (see Fee Schedule Table on page 3).

Contact Us

To learn more about the Specialist Program, or to enrol your child in the Specialist Program or another one of the Victorian Autism Specific Early Learning and Care Centre's programs, please contact our team:

Please contact us for more information:

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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, DET and NDIS Quality and Safeguards Commission.

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

2024 Specialist 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

Description of support	Price per hour/day	Hours	Price per week
Group Curriculum Direct supports; each child's individual goals are incorporated in the group curriculum, and education, therapy assistants and allied health staff work on these goals with children throughout the day. Staff are routinely coached by ESDM Trainers to ensure optimal program delivery. Non-Face-to-Face supports; <ul style="list-style-type: none"> - Curriculum planning and resourcing, to incorporate each child's goals in curriculum. - Room/team meetings to share information and strategies on targeting goals and supporting children's learning. 	\$345 per day	5 hours of core intervention a day	\$1,035 per week
Keyworker Support to child This includes all individualised support to a child from the Key Worker team, including; <ul style="list-style-type: none"> • monitoring progress and data on a weekly basis using our data app, • program resourcing and adjustments, • communicating with family and community services, • coordinating Allied Health or ESDM Training input • Meetings (Key Worker meetings with family, Allied Health, Education team etc) 	\$193.99 per hour (15_005_0118_1_3) And/or \$86.79 per hour (15_008_0118_1_3)	60 mins a week – average	\$193.99
ESDM Curriculum Checklist Assessment and goal development <ul style="list-style-type: none"> • Two ESDM certified/ing therapists complete individualised assessment, including seeking and incorporating family input. • Develop and write goals. 	Once each term (12 weeks)	Approx. 5 hours per term	\$969.95 per term

Term FEES (12-week term)	\$15,717.83
Total fees (4 terms/48 weeks)	\$62,871.32

Flexible Supports

These are additional supports available to families and participants depending on the clinical needs of the participant

Support	Description of support	Hours	Price (\$)
Half Day – Orientation	Guardians can choose for their child to attend for a half day while their child/ren is transitioning into the program, for a maximum of 2 weeks (pending feedback from Clinical Manager)	2.5 hours of core intervention a day	\$175
Allied Health Consultation and Program Input	-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.	Depends on child needs	\$193.99 per hour
Community-based Capacity Building Support	Key Worker provides capacity building support (e.g., coaching of key routines, strategies that support learning etc) to child's family or community early learning centre	Depends on child/family needs	\$193.99 per hour
Provider Travel	Key Worker/Therapist travel to/from community setting (max 30 minutes each way)	Max. 30 mins each way	\$193.99 per hour
Report Writing	-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).	Typically takes 3 hours per report	\$193.99 per hour

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 effective in improving cognitive, adaptive, and communicative outcomes in young Autistic children (Dawson et al., 2010; 2016; Rogers et al., 2019). (Research papers available)

Why Utilise the Specialist Program?

- Children receiving ESDM in naturalistic, group settings (G-ESDM) 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 settings that promote engagement in joint activities with peers have been found to positively impact 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 Specialist Program is that it provides a **'one-stop-shop'** for families. Families can access best-practice long-daycare, 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/feeding challenges assessment & 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)

Parent ESDM Coaching Team;

- Support for family to generalize key learning into the 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.

ESDM Trainer Team;

- Highly individualised support for child with complex learning needs (i.e, minimal progress on standard individualised ESDM goals and/or 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

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

Ensure all NDIS reports accurately reflect child's support needs, including Key Worker recommendation to continue 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's learning 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 supports are required to support optimal 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 12-14 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;
 - 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 – up to 1.5 hours per week
 - 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 plans for key routines collaboratively with education team
 - Might include intermittent teaching periods (with 5-10 min breaks between activities), using same area/location for activities, 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., locker area, Education room, multi-purpose room, hallway visits)
- Highly individualised and updated **resources** to tap into motivations and 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.