



Inquiry into Child Care and Early Learning

Submission on the Productivity Commission's draft report

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Executive Summary

This submission is in response to the Productivity Commission's draft report on its public inquiry into Child Care and Early Learning. The submission focuses on the inappropriateness of the inclusive service delivery model and funding arrangements recommended by the Commission for the provision of Early Childhood Education and Care (ECEC) to children with autistic disorder.

The submission describes how the characteristics and needs of children with autistic disorder differ from other children with additional needs and the implications of these differences for the ECEC service delivery model that is appropriate. The submission assesses the deficiencies of the inclusive model for children with autistic disorder, including the results of a survey of parents of children with autistic disorder that have attended both mainstream and autism-specific ECEC services, and provides an overview of the service delivery model and funding arrangements that are required to achieve optimal outcomes for both children with autistic disorder and their typically-developing peers.

Autistic disorder is one of several Autism Spectrum Disorders (ASDs) and is a life-long neurobiological disorder. ASD criteria includes impairments in social and communication skills and repetitive behaviour and interests. Individuals with this diagnosis show a 'spectrum' of impairments in terms of their levels of communication and social skills, repetitive behaviours, everyday life skills, and intellectual functioning.

The differences in the characteristics of children across the spectrum has a significant impact on the effectiveness of ECEC treatment. As children show wide variability in functioning in a range of areas, an individually-tailored approach to ECEC focused on each child's unique strengths and needs is required. This is consistent with the Commission's acknowledgement in its draft report that a 'one size fits all approach' is not appropriate and that the provision of ECEC services to children with additional needs must vary in accordance with the nature and extent of the needs of each child. For most children with other disabilities, such as hearing or visual impairment, the type of additional ECEC services required will be relatively uniform across children. This is not the case for autistic disorder.

The key differences between children with autistic disorder and children with other additional needs that impacts on the appropriate ECEC service delivery model are as follows:

- significant differences in terms of the characteristics of individual children, due to the spectrum nature of ASD;

- behavioural issues that are encountered by children with autistic disorder, particularly those toward the lower end of the spectrum, and the difficulties this poses in terms of interacting with other children;
- the evidence base supporting the efficacy of the provision of specialised early learning and care services to children with autistic disorder is stronger than for other disabilities; and
- the complex characteristics and needs of children with autistic disorder means that a multidisciplinary approach must be adopted, which adds further complexity to the task of providing ECEC services to children with autistic disorder.

These characteristics mean that the inclusive approach that is recommended (albeit at a high level) by the Productivity Commission in its draft report should not be applied for children with autistic disorder. The key deficiencies of the inclusive model are:

- mainstream providers lack the necessary capabilities and experience to provide high quality ECEC services to children with autistic disorder. These providers do not have access to a multidisciplinary team or training in the specific evidence-based strategies for working with children with autistic disorder and many of these providers are likely to also have little or no experience working with children with autistic disorder;
- the inclusive model results in sub-optimal outcomes for typically developing children attending mainstream ECEC services. Previous research has shown that high rates of challenging behaviour in children with ASD is disruptive to peers and may also pose a safety risk (e.g. aggressive behaviours) to both typically-developing peers and staff, particularly when not managed by staff with appropriate training or sufficient staff-to-child ratios; and
- accessing an autism-specific environment with staff with extensive experience and training in autistic disorder means that family members can also access support for the family environment within the same context. This potential does not exist in a mainstream setting.

In preparing this submission, AEIOU conducted a survey of parents of children with autism with experience in both mainstream and autism-specific settings. The key results of this survey were as follows:

- of the parents that responded that an Inclusion Support Program (ISP) worker had been engaged whilst their child was attending a mainstream ECEC service, 72.5% were either 'not satisfied' or 'very unsatisfied' with the level of support provided by the ISP worker;

- only 32% of parents were 'satisfied' or 'highly satisfied' with the level of knowledge of their mainstream provider regarding their child's diagnosis and needs, compared to over 90% for their autism-specific provider;
- only 42% of parents were either 'satisfied' or 'highly satisfied' with their experience in a mainstream setting, compared to 91.5% in an autism-specific program;
- 75% of parents preferred an autism-specific environment, with 10% preferring a mixed environment encompassing children with a range of disabilities. Only 7% preferred a mainstream setting; and
- 91.5% of parents disagreed with the philosophy of providing additional funding for mainstream ECEC providers to accommodate children with additional needs while not providing support to specialised programs for children with specific disorders or disabilities.

In addition to these results, to our knowledge there is no published data or research investigating the outcomes of ISP or of any other government funding programs that provide special early care and learning subsidies to mainstream providers. In contrast, there is an increasing number of studies showing the benefit of Autism Specific Early Learning and Care (ASELC) in a childcare context in Australia.

It is therefore necessary for funding arrangements to be implemented that enable specialised childcare to be provided where the care and/or educational needs of the child are best met in this setting – such as the provision of ASELC (in accordance with the Australian Government's Good Practice Guidelines¹) to children with autistic disorder. This has the potential to result in significant long-term benefits for both children with autistic disorder (and those with other disorders or disabilities for which there is evidence demonstrating that specialised childcare results in the best outcomes) and the wider community. It is not possible for these benefits to be realised under the inclusive model that would apply as a result of the Commission's proposed funding arrangements. It is also important that ASELC be available to all children with autistic disorder where it is the parents' preferred model, regardless of the employment status of parents, so that the benefits of ASELC are accessible to all.

The universal provision of ASELC to all children with autistic disorder will require both an increase in the level of government funding provided and the implementation of a new government funding model for the allocation of this funding. This model

¹ Prior, M. & Roberts, J. (2012). Early Intervention for Children with Autism Spectrum Disorders: 'Guidelines for Good Practice'.

must ensure that funding is only allocated to certified organisations that are providing ASELG in accordance with the Good Practice Guidelines. It is also important that any funding framework ensures that families that choose autism-specific supports and services are not disadvantaged relative to those families that choose to access a mainstream ECEC service (with additional funding under the ISP or Special Early Care and Learning Subsidy).

It is also important that funding is provided regardless of parents' employment status and that the current status that parents of children with additional needs (including autistic disorder) are exempt from the 'work, training, study test' that applies under the Child Care Benefit and Child Care Rebate allowances is maintained.

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1 Introduction

AEIOU has prepared this submission in response to the Productivity Commission's draft report on its inquiry into Early Childhood Education and Care (ECEC) in Australia, which was released in July 2014. As part of this review, the Commission addressed funding arrangements for the provision of ECEC services to children with additional needs.

The purpose of this submission is to address the position set out in the Commission's draft report regarding the inclusion of children with additional needs in mainstream ECEC environments, with a specific focus on children with autistic disorder. The Commission's draft report focuses on service delivery and funding models that involve the provision of additional funding to enable children with additional needs (including autistic disorder) to be included in mainstream ECEC environments.

At least for children with autistic disorder, AEIOU disagrees with this service delivery model and does not consider that it produces the least restrictive and best possible outcomes for these children and their families. Rather, funding should be provided to enable Autism Specific Early Learning and Care (ASELC) to be provided to these children. This is consistent with the growing body of evidence pointing to the significant benefits (both short and long-term) that can be achieved under this model.

As part of this response to the Commission's draft report, AEIOU conducted a survey of parents of children currently attending AEIOU's ASELC program that have previously received ECEC services in a mainstream environment. The results of this survey are reported in section 4.

The rest of this submission is set out as follows:

- section 2 provides an overview of the Commission's stance on the inclusion of children with additional needs in mainstream ECEC services;
- section 3 explains how children with autistic disorder, and their ECEC needs, differ from other children with additional needs;
- section 4 assesses the difficulties associated with accommodating children with autistic disorder in mainstream ECEC services under the Commission's inclusive approach;
- section 5 provides a high-level overview of the specialised ASELC model that is required to produce optimal ECEC outcomes for children with autistic disorder, their families and the community; and
- section 6 concludes the submission.

2 Inclusive approach of the PC

There are two broad approaches that can be adopted in the provision of ECEC services to children with additional needs:

- inclusive – the provision of ECEC in a mainstream setting, with additional assistance provided by childcare professionals; or
- specialised – the provision of ECEC in a specialised setting, tailored to meet the specific needs of the child.

The Productivity Commission’s draft report places a strong emphasis on providing funding to encourage the inclusion of children with additional needs in mainstream ECEC services. The draft report recommends that two funding programs be maintained to assist with the provision of ECEC services to children with additional needs – the Inclusion Support Program (ISP) and the Special Early Care and Learning Subsidy (SECLS). Both of these programs involve providing funding to mainstream ECEC service providers to assist them in providing services to children with additional needs. There are no provisions within the funding programs outlined by the Commission that involve the provision of funding to specialised service providers for children with specific disabilities or disorders.

While the Commission’s stance is consistent with global trends and the strong body of evidence supporting the inclusion of children with additional needs in mainstream early education settings, it is not appropriate to apply this approach across all children with additional needs without having consideration for specific disabilities. The Commission recognised in its draft report that a ‘one size fits all approach’ is not appropriate:²

It is also important to recognise that the cost of providing reasonable ECEC services to these children varies with the nature and extent of their additional needs so a one size fits all approach is not appropriate. As Children with Disability Australia (sub. 424) pointed out, children with disabilities can have very different needs, and a uniform approach is ‘a blunt policy solution to a complex issue’ (p. 12).

For children with autistic disorder, the provision of ECEC services in a mainstream environment does not result in optimal outcomes for the child and their families. Rather than providing funding to mainstream ECEC service providers for the inclusion of children with autistic disorder in mainstream facilities, a funding program should be established that enables families of children with autistic disorder to access a

² Productivity Commission (2014). Childcare and Early Childhood Learning – Draft Report, p 541.

specialised and intensive early intervention program that provides ASELG to children with autistic disorder in accordance with the Government's Good Practice Guidelines. Furthermore, it is important that ASELG be available to all children with autistic disorder where it is the parents' preferred model, regardless of the employment status of parents. This will ensure that the development outcomes of children with autistic disorder are maximised. Similar funding arrangements should also be established for children with other disorders or disabilities for which there is evidence demonstrating that specialised childcare results in the best outcomes.

3 Autistic disorder is different to other additional needs

This section sets out the nature of autistic disorder and explains how it differs to other types of additional needs and the implications of these differences for the model under which the provision of ECEC services is most effective.

3.1 Spectrum nature of the disorder

Autistic disorder is one of several Autism Spectrum Disorders (ASDs) and is a life-long neurobiological disorder. ASD criteria includes impairments in social and communication skills and repetitive behaviours and interests.³ Individuals with this diagnosis show a 'spectrum' of impairments in terms of their levels of communication and social skills (e.g. from no speech to full sentences), repetitive behaviours (e.g. motor characteristics through to rigid routines), everyday life skills (e.g. toilet training), and intellectual functioning. Individuals with ASD also show high rates of comorbid conditions, including intellectual disability, psychiatric disorders (e.g. anxiety, depression), and medical conditions (e.g. epilepsy). It has been found that 40 to 70% of individuals with ASD have a comorbid intellectual disability.⁴

The differences in the characteristics of children across the spectrum has a significant impact on the effectiveness of ECEC treatment. As children show wide variability in functioning in a range of areas in addition to ranging in comorbidities and needs, an individually-tailored approach to ECEC focused on each child's unique strengths and needs is required. This is highlighted in the Australian Government's guidelines for good practice:⁵

Individual Plans (IP) are to be developed which are to document:

- the child's strengths and needs
- goals for intervention, identified through a collaborative process with those involved with the child, including the family
- information about how these goals will be achieved and monitored.

³ American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

⁴ Fombonne, E. (2003). Epidemiological Surveys of Autism and Other Pervasive Developmental Disorders: An Update. *Journal of Autism and Developmental Disorders*, 33(4), 365-382. Doi: 10.1023/a:1025054610557; French, L.R., Betrone, A., Hyde, K.L., & Fombonne, E. (2013). Epidemiology of autism spectrum disorders. *The Neuroscience of Autism Spectrum Disorders*, 3-24.

⁵ Prior, M. & Roberts, J. (2012).

An IP should be developed for every child receiving intervention, with participation from family, EI providers, preschools or childcare services. IPs should be developed at least annually and reviewed at least every six months.

This is also consistent with the statement made in the Commission's draft report that a 'one size fits all approach' is not appropriate and that the provision of ECEC services to children with additional needs must vary in accordance with the nature and extent of the needs of each child.⁶ This is particularly the case for children with autistic disorder and is a key point of difference when considering the appropriate service delivery model for children with autistic disorder as opposed to other children with additional needs. For most children with other disabilities, such as hearing or visual impairment, the type of additional ECEC services required will be relatively uniform across children. This is not the case for autistic disorder, as is described above. The implications of this for the appropriate ECEC service delivery model for children with autistic disorder is discussed in section 3.5.

3.2 Behavioural issues of children with autistic disorder

Challenging behaviours – defined as behaviours that are of an intensity, frequency or duration that the physical safety of the person or others are placed in serious jeopardy, or behaviour that is likely to seriously limit use of, or result in the person being denied access to, ordinary community activities⁷ – has been found to occur in approximately 90% of individuals with ASD. In addition to this, between 10 and 20% of individuals with ASD exhibit severe behaviours such as aggression and self-injury.⁸

Children with ASD show higher levels of challenging behaviour than children who are typically developing or those with other conditions or disabilities.⁹ These behaviours can be significant barriers to the provision of ECEC services to children with autistic disorder in mainstream settings. This is discussed further in section 3.5.

⁶ Productivity Commission (2014), p 541.

⁷ Emerson, E. (1995). Challenging behaviour: Analysis and intervention in people with learning disabilities: ERIC, p 44.

⁸ Smith, T., McAdam, D., & Napolitano, D. (2007). Autism and applied behaviour analysis. In P. S. A. Fitzer (Ed.), *Autism spectrum disorders: Applied behaviour analysis, evidence, and practice*. Austin, Texas: Pro-ed.

⁹ Blacher, J., & McIntyre, L.L. (2006). Syndrome specificity and behavioural disorders in young adults with intellectual disability: cultural differences in family impact. *Journal of Intellectual Disability Research*, 50(3), 184-198. Doi: 10.1111/j.1365-2788.2005.00768.x; Eisenhower, A.S., Baker, B.L., & Blacher, J. (2005). Preschool children with intellectual disability: syndrome specificity, behavioural problems, and maternal well-being. *Journal of Intellectual Disability Research*, 49(9), 657-671. Doi: 10.1111/j.1365-2788.2005.00699.x; McClintock, K., Hall, S., & Oliver, C. (2003). Risk markers associated with challenging behaviours in people with intellectual disabilities: a meta-analytic study. *Journal of Intellectual Disability Research*, 47(6), 405-416. Doi: 10.1046/j.1365-2788.2003.00517.x.

In addition to this, children with autistic disorder often have difficulties communicating and interacting in social environments. This is demonstrated by one of the diagnostic criteria for childhood autism as identified by the World Health Organisation (WHO):¹⁰

A lack of socio-emotional reciprocity as shown by an impaired or deviant response to other people's emotions; or lack of modulation of behavior according to social context, or a weak integration of social, emotional and communicative behaviours.

3.3 The effectiveness of ASELC

As discussed in our initial submission to the Commission, there is growing evidence supporting the effectiveness of ASELC, both in terms of altering short-term development outcomes and in improving the life-long trajectory for a child who is diagnosed with the condition in the early years. ASELC refers to interventions of 15 to 25 hours per week, conducted over an extended period (1 to 2 years) with a high staff-to-child ratio (e.g. 1:2 to 1:3). High quality ASELC that are implemented in a manner consistent with the Australian Good Practice Guidelines has been shown to lead to significant improvements for children with ASD.¹¹ Significant improvements have been seen overall in the following areas:

- intellectual functioning
- adaptive behaviour
- challenging behaviours
- reductions in autism symptoms.¹²

Due to the timeframes required in undertaking longitudinal studies, the evidence base on the long-term benefits of ASELC is not as strong. However, a cost-benefit study

¹⁰ World Health Organisation (1993). The ICD-10 Classification of Mental and Behavioural Disorders - Diagnostic criteria for research, Geneva.

¹¹ Boyd, B., et al (2014). Comparative Efficacy of LEAP, TEACCH and Non-Model-Specific Special Education Programs for Preschoolers with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 44(2), 366-380. doi: 10.1007/s10803-013-1877-9; Magiati, L., Tay, X., & Howlin, P. (2012). Early comprehensive behaviourally based interventions for children with autism spectrum disorders: a summary of findings from recent reviews and meta-analyses. *Neuropsychiatry*, 2(6), 543-570. Doi: 10.2217/npv.12.59; Makrygianni, M.K., & Reed, P. (2010). A meta-analytic review of the effectiveness of behavioural early intervention programs for children with Autism Spectrum Disorders. *Research in Autism Spectrum Disorders*, 4(4), 577-593. Doi: <http://dx.doi.org/10.1016/j.rasd.2010.01.014>.

¹² Paynter, J., Scott, J., Beamish, W., Duhig, M., & Heussler, H. (2012). A pilot study of the effects of an Australian centre-based early intervention program for children with autism. *The Open Pediatric Medicine Journal*, 6, 7-14. Doi: 10.2174/18743099012060100007; Vivanti, G., et al (2014). Effectiveness and Feasibility of the Early Start Denver Model Implemented in a Group-Based Community Childcare Setting. *Journal of Autism and Developmental Disorders*, 1-14. Doi: 10.1007/s10803-014-2168-9.

conducted by Synergies in 2013 on the lifetime impacts of good practice ASELC for children with autistic disorder estimated the potential net economic benefit of ASELC for a cohort of children at \$1.22 billion, which translated to a Benefit Cost Ratio of 11.3 (i.e. for every \$1 spent on providing good practice ASELC to children with autistic disorder, \$11.30 is produced in economic benefits).¹³ The potential lifetime benefits of the provision of good practice ASELC include improvements in:

- educational attainment
- employment outcomes
- living independence
- healthcare outcomes
- quality of life for the individual and families.

While specialised intervention is also provided to some children with other additional needs, the scientific evidence supporting the efficacy of this form of treatment is not as substantial or robust for these other disabilities as is the case for children with autistic disorder.

3.4 The need for a multi-disciplinary approach

As discussed in section 3.1, the spectrum nature of autistic disorder and the variability in terms of the characteristics, capabilities and needs of children with autistic disorder has significant implications for the appropriate model for delivering ECEC services to children with autistic disorder. A key element for a high quality ASELC program is access to trained professionals with expertise across each area of need for ASD, including communication, social skills, behaviour, and related challenges in adaptive behaviour (e.g. toileting). In line with this, the Good Practice Guidelines emphasise the importance of multidisciplinary and/or transdisciplinary teams:¹⁴

Assessments of programs are provided by a number of individual service providers, such as speech pathologists, psychologists and teachers, who need to communicate and collaborate with each other to develop goals, provide intervention and evaluate progress.

¹³ Synergies (2012). The Economic Benefits of Early Intervention for Children with Disabilities – A Report for the Not for Profit Children’s Lobby Group.

¹⁴ Prior & Roberts (2012).

Likewise, the National Disability Insurance Agency also emphasises the need for a transdisciplinary approach for intervention.¹⁵ The implications of this need for a multidisciplinary approach to the provision of ECEC services for the service delivery model required for the provision of these services to children with autistic disorder is discussed in section 4.

3.5 Implications for the inclusive model

The differences that exist between children with autistic disorder and other children with additional ECEC needs, as set out in the preceding sections, significantly impacts on the appropriate ECEC service delivery model for these children. In particular:

- significant differences in terms of the characteristics of individual children, due to the spectrum nature of ASD;
- behavioural issues that are encountered by children with ASD, particularly those toward the lower end of the spectrum, and the difficulties this poses in terms of interacting with other children;
- the evidence base supporting the efficacy of the provision of specialised early learning and care services to children with autistic disorder is stronger than for other disabilities; and
- the complex characteristics and needs of children with autistic disorder means that a multidisciplinary approach must be adopted, which adds further complexity to the task of providing ECEC services to children with autistic disorder.

These characteristics mean that the inclusive approach that is recommended by the Productivity Commission in its draft report (albeit at a high level with the caveat that exceptions may be appropriate) should not be applied for children with autistic disorder.

¹⁵ National Disability Insurance Agency (2014). Individualised Transdisciplinary Services for Children with Disability: Fact Sheet for NDIA Staff, Service Providers, Participant Families; http://www.ndis.gov.au/sites/default/files/media/fact_indiv_trans_services_child_disability_may2014.pdf; DOA: 16 July 2014.

4 Difficulties accommodating children with autistic disorder in an inclusive model

As discussed in the preceding section, the characteristics and needs of children with autistic disorder mean that it is not appropriate for an inclusive service delivery model to be adopted in providing ECEC services to these children. This section provides further detail on the difficulties that are encountered under the inclusive service delivery model proposed in the Productivity Commission's draft report.

4.1 Lack of required qualifications and experience

Most importantly, mainstream ECEC providers lack the necessary capabilities and experience to provide high quality ECEC services to children with autistic disorder. These providers are predominantly drawn from education and childcare and do not have access to a multidisciplinary team or training in the specific evidence-based strategies for working with children with autistic disorder. Many of these providers are likely to also have little or no experience working with children with ASD.

International studies of strategies used by early childhood professionals to work with children with ASD have revealed a lack of knowledge and use of evidence-based strategies including in preschool (2 to 5 years) settings.¹⁶ In contrast, in our own survey of AEIOU staff, a high level of use of evidence-based strategies was found and staff used these strategies more often than unsupported practices. AEIOU staff also reported an average of almost four years' experience working with children with ASD.¹⁷

These findings suggest that mainstream ECEC providers lack the required staff knowledge, training and experience to implement an effective intervention program compared to an autism-specific setting with specialist staff. International studies suggest that significant resources (in terms of staffing and training) beyond those recommended in the Productivity Commission's draft report would be required in order for mainstream ECEC service provision to children with ASD to reach an acceptable level. For example, Strain and Bovey (2011) found that it took almost two years for staff to be trained to adequate fidelity (87%) in a comprehensive treatment model (Learning Experiences and Alternative Program for Preschoolers and their Parents or LEAP) and that providing program materials, videos, powerpoint

¹⁶ Hess, K.L., Morrier, M.I.J., Heflin, L.J., & Ivey, M.L. (2008). Autism Treatment Survey: Services Received by Children with Autism Spectrum Disorders in Public School Classrooms. *Journal of Autism and Developmental Disorders*, 38(5), 961-971. Doi: 10.1007/s10803-007-0470-5; Stahmer, A.C., Collings, N.M., & Palinkas, L.A. (2005). Early Intervention Practices for Children with Autism: Descriptions From Community Providers. *Focus on Autism and Other Developmental Disabilities*, 20(2), 66-79. Doi: 10.1177/10883576050200020301.

¹⁷ Paynter, J., & Keen, D. (under review). Knowledge and use of intervention practices by community-based early-intervention service providers. Submitted to the *Journal of Autism and Developmental Disorders*.

presentations, etc. was insufficient. The group reaching adequate fidelity received two years of training, mentoring, modelling and coaching that covered 23 full days over two years.¹⁸

In addition to being unable to manage the challenging behaviours of children with autistic disorder, the inclusive model also results in sub-optimal outcomes for typically developing children attending mainstream ECEC services (with children with autistic disorder). Previous research has shown that high rates of challenging behaviour in children with ASD is disruptive to peers¹⁹. There is the potential for this to pose a safety risk (e.g. aggressive behaviours) to both typically-developing peers and staff, particularly when not managed by staff with appropriate training or sufficient staff-to-child ratios. In such cases, children with autistic disorder are likely to require specialist autism-specific support to manage and respond to behaviours. In settings where this is not available, high level challenging behaviours have the potential to significantly interfere with the learning and development of peers and use more resources (i.e. number of staff, time) than is allocated.

Even with the additional assistance provided under the ISP (or other sources of government funding), mainstream ECEC providers are not sufficiently qualified and lack the necessary experience to manage the challenging behaviours of children with autistic disorder. This not only results in sub-optimal outcomes for children with autistic disorder, but also adversely impacts the quality of the ECEC services that are provided to typically developing children. This is particularly significant given the importance attributed to the outcomes from ECEC in the year prior the commencement of schooling in the Productivity Commission's draft report.²⁰

The characteristics identified above and the shortcomings in terms of the qualifications and experience of mainstream ECEC providers (in relation to providing ECEC services to children with autistic disorder) mean that the inclusive model recommended by the Productivity Commission in its draft report is not suitable for children with autistic disorder.

4.2 The cost of the inclusive model

In its draft report, the Commission estimated the average cost of providing ECEC services to children with additional needs in a mainstream environment at \$7,500 per

¹⁸ Strain, P.S., & Bovey, E.H. (2011). Randomized, Controlled Trial of the LEAP Model of Early Intervention for Young Children with Autism Spectrum Disorders. *Topics in Early Childhood Special Education*, 31(3), 133-154. Doi: 10.1177/0271121411408740.

¹⁹ Smith, T., McAdam, D., & Napolitano, D. (2007).

²⁰ Productivity Commission (2014). *Childcare and Early Childhood Learning - Draft Report*, p 12.

child. This estimate was based on three days per week at a cost of \$80 per day, assuming that 60% of the total cost was to be subsidised by government. This is significantly less than the cost that would be required to provide effective ECEC services to a child with autistic disorder, either in a mainstream or specialised environment. For mainstream ECEC providers, this cost estimate would also need to include the costs associated with providing sufficient staff with the necessary level of training to be capable of providing effective ECEC services to children with autistic disorder.

4.3 Lack of support for the family unit

Parents of children with ASD report significantly elevated levels of child and parent-related stress compared to parents of typically developing children.²¹ The reported stress levels are also higher than those reported by families with a child with intellectual impairment,²² Down syndrome,²³ or a chronic physical illness such as cystic fibrosis²⁴ or cerebral palsy.²⁵ Mothers of children with ASD are also more likely to experience poorer psychological well-being (e.g. depression symptoms) and coping compared to mothers of children with Down syndrome, fragile X, cerebral palsy, and developmental delay.²⁶ Combined with additional challenges around behaviour, learning, and development, families of children with ASD require a higher level of support than both families of typically-developing children and families of children with other disabilities.

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- ²¹ Baker-Ericzén, M.J., Brookman-Frazee, J., & Stahmer, A. (2005). Stress levels and adaptability in parents of toddlers with and without autism spectrum disorders. *Research and Practice for Persons with Severe Disabilities*, 30(4), 194-204; Lee, G.K., et al (2009). Health-Related Quality of Life of Parents of Children With High-Functioning Autism Spectrum Disorders. *Focus on Autism and Other Developmental Disabilities*, 24(4), 2270-239. Doi: 10.1177/1088357609347371.
- ²² Eisenhower, A.S., Baker, B.L., & Blacher, J. (2005); Konstantareas, M.M., Homatidis, S., & Plowright, C.M.S. (1992). Assessing resources and stress in parents of severely dysfunctional children through the Clarke modification of Holroyd's questionnaire on resources and stress. *Journal of Autism and Developmental Disorders*, 22(2), 217-234. Doi: 10.1007/bf01058152.
- ²³ Eisenhower, A.S., Baker, B.L., & Blacher, J. (2005); Sanders, J.L., & Morgan, S.B. (1997). Family Stress and Adjustment as Perceived by Parents of Children with Autism or Down Syndrome: Implications for Intervention. *Child & Family Behaviour Therapy*, 19(4), 15-32. Doi: 10.1300/J019v19n04_02.
- ²⁴ Bouma, R., & Schweitzer, R. (1990). The impact of chronic childhood illness on family stress: A comparison between autism and cystic fibrosis. *Journal of Clinical Psychology*, 46(6), 722-730. Doi: 10.1002/1097-4679(199011)46:6<722::aid-jclp2270460605>3.0.co;2-6.
- ²⁵ Eisenhower, A.S., Baker, B.L., & Blacher, J. (2005).
- ²⁶ Abbeduto, L., et al (2004). Psychological Well-Being and Coping in Mothers of Youths With Autism, Down Syndrome, or Fragile X Syndrome. *American Journal on Mental Retardation*, 109(3), 237-254. Doi: 10.1352/0895-8017(2004)109<237:pwacim>2.0.co;2; Blacher, J., & McIntyre, L.L. (2006). Syndrome specificity and behavioural disorders in young adults with intellectual disability: cultural differences in family impact. *Journal of Intellectual Disability Research*, 50(3), 184-198. Doi: 10.1111/j1365-2788.2005.00768.x; Eisenhower, A.S., Baker, B.L., & Blacher, J. (2005); Estes, A., et al (2009). Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. *Autism*, 13(4), 375-387. Doi: 10.1177/1362361309105658.

Accessing an autism-specific environment with staff with extensive experience and training in ASD means that family members can also access support for the family environment within the same context. This removes the potential for additional stress being exerted on the family unit as a result of the need to visit a range of organisations to meet their needs in addition to enabling staff to work with the family to address both their own and their child's needs concurrently. An autism-specific service also provides families with the opportunity to connect with other families experiencing similar challenges. This is important as previous research has emphasised the value associated with parents accessing appropriate social supports.²⁷

The need for the provision of ECEC services to children with autistic disorder to provide this support to the family unit is referred to in the Good Practice Guidelines:²⁸

Families should be meaningfully involved in assessment, and in program development and implementation. Effective programs are sensitive to the stress encountered by families and provide parent groups and other types of emotional support. Families should also be supported to utilize strategies taught as part of the interventions at home, and empowered to encourage communication, social interaction and effective behaviour management at home and in the community. Reliable provision of respite care is also important for decreasing family burden and stress.

This potential does not exist in a mainstream ECEC environment under the inclusive model.

4.4 Survey of parents with experience in a mainstream setting

In preparing this submission, AEIOU has conducted a survey of the parents of children with autistic disorder that attend (or have previously attended) our ASEL program. Of the surveys that were distributed, a total of 71 responded that their child had previously attended a mainstream ECEC service (this represents 80% of the parents that responded to the survey).

In summary, the results of the survey confirm that families of children with autistic disorder are largely unsatisfied with the level of care provided to their child in mainstream ECEC settings and that significantly better results are achieved in AEIOU's

²⁷ Boyd, B.A. (2002). Examining the Relationship Between Stress and Lack of Social Support in Mothers of Children With Autism. *Focus on Autism and Other Developmental Disabilities*, 17(4), 208-215. Doi: 10.1177/10883576020170040301.

²⁸ Prior & Roberts (2012).

autism-specific environment. The table below presents an overview of some of the key quantitative results from the survey.

Table 1 Summary of responses to survey on mainstream vs autism-specific ECEC

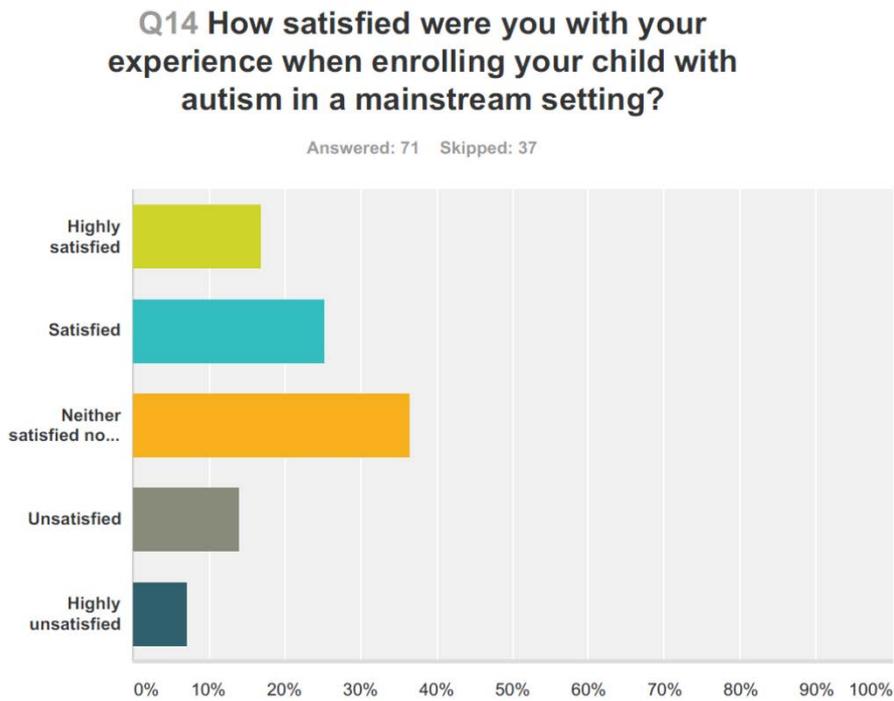
Question	Response
Satisfaction with the Inclusion Support Program	
<i>Did your mainstream child care provider engage an Inclusion Support worker?</i>	<ul style="list-style-type: none"> 56% responded that an ISP worker had been engaged (13% were unsure).
<i>What level of support did your child receive from the Inclusion Support worker?</i>	<ul style="list-style-type: none"> 41% (72.5% of the parents that had reported than an ISP worker had been engaged) were either 'not satisfied' or 'very unsatisfied' with the level of support provided by the ISP worker.
Satisfaction with level of care and performance of child in mainstream ECEC vs autism-specific setting	
<i>Rate your satisfaction with the level of knowledge your (mainstream) child care provider demonstrated.</i>	<ul style="list-style-type: none"> 32% of parents were 'satisfied' or 'highly satisfied' with the level of knowledge of the mainstream provider regarding their child's diagnosis and needs. 44% were either 'unsatisfied' or 'highly unsatisfied'.
<i>Rate your satisfaction with the level of knowledge your autism-specific provider (i.e. AEIOU) demonstrated about your child's diagnosis and needs.</i>	<ul style="list-style-type: none"> Over 90% responded that the level of knowledge of their autism-specific provider was either 'satisfactory' or 'highly satisfactory'. Only 7% responding with 'unsatisfactory' or 'highly unsatisfactory'.
<i>How did your child manage in a mainstream setting?</i>	<ul style="list-style-type: none"> 61% of parents responded with either 'not well' or 'very unwell'.
<i>How did/does your child manage in an autism specific setting (i.e. AEIOU centre)?</i>	<ul style="list-style-type: none"> Only 7% of parents responded with either 'not well' or 'very unwell'.
Social interactions with peers	
<i>In a mainstream child care setting, please rate your child's ability to engage with his or her peers.</i>	<ul style="list-style-type: none"> 77.5% responded that in a mainstream setting their child did not engage with peers.
<i>In an autism-specific setting (i.e. AEIOU) please rate your child's ability to engage with his or her peers.</i>	<ul style="list-style-type: none"> Only 28.5% of parents responded that their child did not engage with peers in an autism-specific setting.
Overall satisfaction with mainstream ECEC vs autism-specific setting	
<i>How would you rate a mainstream child care centre's ability to support a young child with autism?</i>	<ul style="list-style-type: none"> 65% of respondents rated the mainstream centre's ability to support a young child with autism as either 'unsatisfactory' or 'highly unsatisfactory'.
<i>How satisfied were you with your experience when enrolling your child with autism in a mainstream setting?</i>	<ul style="list-style-type: none"> 42% of respondents were either 'satisfied' or 'highly satisfied' with their experience in a mainstream setting.
<i>How satisfied were you with your experience in enrolling your child at an autism-specific program (i.e. AEIOU)?</i>	<ul style="list-style-type: none"> 91.5% of respondents were either 'satisfied' or 'highly satisfied' with their experience in an autism-specific program.
<i>Given the choice, your experience, and if possible financially, which of the following programs would you prefer your child to participate in?</i>	<ul style="list-style-type: none"> 75% responded that they prefer an autism-specific environment, with only 7% preferring a mainstream environment. 10% of respondents preferred a mixed environment encompassing children with a range of disabilities.

Note: This table does not include the results for all questions asked in the survey. Rather, only those considered most relevant to the consideration of mainstream and autism-specific ECEC services for children with autism have been included.

Source: AEIOU Survey – Mainstream childcare and supporting children with autism – survey results. September 2014.

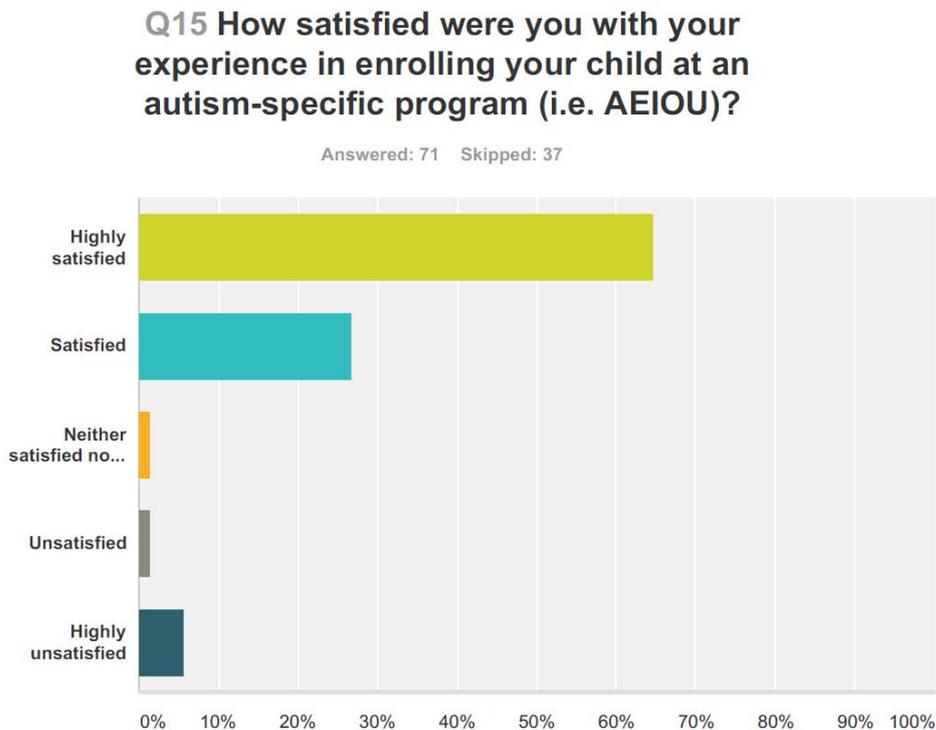
The following two figures demonstrate the differences in the level of satisfaction of parents in relation to their experience in a mainstream setting compared to AEIOU's autism-specific environment.

Figure 1 Survey respondents' satisfaction with mainstream setting



Data source: AEIOU Survey – Mainstream childcare and supporting children with autism – survey results. September 2014.

Figure 2 Survey respondents' satisfaction with AEIOU's autism-specific program



Data source: AEIOU Survey – Mainstream childcare and supporting children with autism – survey results. September 2014.

The survey respondents were also asked to identify the benefits of an autism-specific environment. The results were as follows:

- 89% identified the staff's understanding of their child's needs
- 82% identified their child's ability to learn new skills (e.g. toileting)
- 80% identified their child's ability to learn new communication skills
- 77% identified the way their child is supported to engage and attend tasks
- 70% identified the focus on their child's abilities
- 70% identified the individual support and skill development provided by staff.

The box below provides an overview of the qualitative responses provided by parents in relation to different aspects of the mainstream and autism-specific ECEC services provided to their children.

Box 1 Summary of qualitative responses to selected survey questions

Satisfaction with ISP worker

"Inexperienced support worker in relation to autism."

"They asked us to take our child out of inclusion day care as they didn't have the skill or knowledge to support the child's needs."

"Not sufficient training or experience with a child with autism it was purely babysitting only."

Satisfaction with mainstream ECEC provider

"Majority of staff had had little or no exposure to a child with ASD."

"They were not trained in ASD."

"They were unable to recognise his strengths or utilise any strategies to help include him in the learning."

Engagement with children in a mainstream setting

"The biggest problem he had was interacting with the other kids."

"Constantly told she went well on the day but to observe her there was little if no engagement in group activities, no interaction with the other children, she essentially just wandered around doing whatever she wanted with someone in tow as long as she was not misbehaving, it was not an issue for our childcare provider."

"He played on his own and had minimal interaction with children."

Inclusion in a mainstream setting

"If I didn't withdraw my child, I would have been asked to do so."

"Asked to cancel commitment from day care."

"Told that they stuck his shirt under the chair to keep him sitting."

Overall ability of mainstream ECEC providers

“Satisfactory in terms of general care and love, but not in terms of autism education.”

“The goal was to stop my son eating the craft materials and keeping him safe when he ran off. There was little help to develop any skills.”

“Though they mean well generally I do not believe they are equipped with the skills to manage autism.”

“The staff did not know how to communicate with him or how to teach an autistic child.”

“The staff were lovely but they were not trained to be able to educate our child – they really just kind of managed him. The difference in his development in just one term at an autism specific program over a mainstream kindergarten program in nothing short of phenomenal.”

Main benefits of an autism-specific program

“Has learned how to interact with others more appropriately.”

“His social skills were targeted and explicitly taught at the autism-specific program.”

“Far greater staff to child ratio and specialist support. The staff are trained to deal with the children’s specific needs.”

“Like minded children allowed for engagement with support.”

“The focus was specifically for autism, they understood the disability and were flexible enough to find out what worked with our child.”

“There is such a focus on improving social skills – there are role plays and activities every day that are designed to teach the children how to interact effectively with each other.”

“They knew the best strategies to help my child.”

“By having access to all the specific disciplines (speech, OT and psychologists) and Special Ed Teachers in the one centre.”

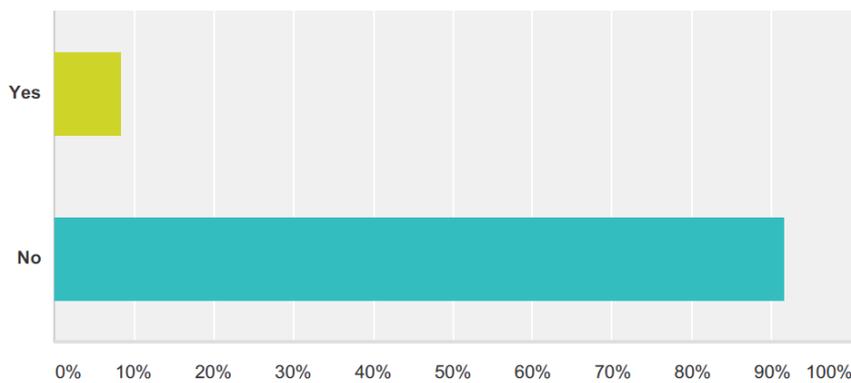
Source: AEIOU Survey – Mainstream childcare and supporting children with autism – survey results. September 2014.

Survey respondents were also asked whether they agreed with the proposal to provide additional funding for mainstream ECEC providers to accommodate children with additional needs while not providing support to specialised programs for children with specific disorders or disabilities (such as AEIOU for children with autistic disorder). As shown in the figure below, of the 71 respondents, 65 (91.5%) responded that they did not agree with this philosophy.

Figure 3 Survey respondents' view on funding of mainstream vs specialised models

Q18 The Productivity Commission seeks additional funding for mainstream providers of early childcare and education, but does not recommend supporting specialised programs for children with specific disorders or disabilities. Do you agree with this philosophy?

Answered: 71 Skipped: 37



Data source: AEIOU Survey – Mainstream childcare and supporting children with autism – survey results. September 2014.

Some of the qualitative responses submitted were as follows:

“When my child was in mainstream childcare and kindergarten, although the staff did their best the level of support needed just wasn’t available. The other factor is the amount of disruption this caused to the rest of the class.”

“Children with specific disorders and disabilities have special needs, which are often not dealt with appropriately in a mainstream setting.”

“Workers in a mainstream setting simply do not have the specialised training that is required to work with children who have a disability. Early intervention is proven to be the most effective time to make a difference to a child with autism, but only if they work with staff who have the specialised skills required.”

“Early intervention for children with special needs will assist them in engaging appropriately at school and in the community later on. This will reduce the burden on the government in subsequent years as they will require less support than otherwise.”

“I worry that with mainstream child care centres, as my child experienced, the staff are not knowledgeable and are not able to provide the developmental support

needed for my child to be able to participate in mainstream settings later in life. I am concerned that by reducing support in the early stages, far more support will be needed in schooling and beyond, which will end up costing more both in psychological and economic terms.”

“My child is able to attend a mainstream kindy and school. It was expensive to send him to aeioou, but it was well worth the investment in his future, because he now has a future.”

“ASD kids cannot develop in mainstream early childcare. They are put in the too hard basket by low paid employees and left in the corner by themselves.”

“ASD is just too complex to not have specific assistance. Funding is needed.”

“Children with autism NEED AND BENEFIT from a specialised program. It’s a very complex disorder that needs specialised teachers.”

“It was only through the Autism Specific Learning environment offered through AEIOU that our child was able to learn new skills, importantly “how to learn” and become more socially interactive to the extent he was able to enter mainstream school where he is now doing very well. Without that early intervention we are convinced he would not have been able to attend mainstream school.”

The results of the survey clearly demonstrate that the vast majority of parents of children with autism that have experienced both mainstream (with and without an ISP worker) and autism-specific ECEC consider that an autism-specific environment results in the best outcomes for their child and that mainstream providers are ill-equipped to provide effective ECEC services to children with autism.

In addition to these results, to our knowledge there is no published data or research investigating the outcomes of ISP or of any other government funding programs that provide special early care and learning subsidies to mainstream providers. In contrast, there is an increasing number of studies showing the benefit of ASELC in a childcare context in Australia. Thus, the research to date suggests an autism-specific setting is the best place for ECEC for children with autistic disorder.

5 Need for Autism-Specific Early Learning and Care

5.1 Requirements for effective ECEC

As has been discussed above (see section 3.3), ASELC that is provided in accordance with the Good Practice Guidelines has the potential to result in significant long-term benefits for both children with autistic disorder and the wider community. The realisation of these benefits is subject to the early learning and care satisfying the requirements set out in the preceding sections, including:

- autism-specific curriculum content focusing on attention, compliance, imitation, language and social skills;
- highly supportive teaching environments which deal with the need for predictability and routine, and with challenging behaviour, obsessions, and ritual behaviours;
- support for children in their transition from the preschool classroom; and
- support for family members, including partnership with professionals involved in treatments.

The Good Practice Guidelines for the provision of ASELC services to children with autistic disorder were included in the submission from Synergies and AEIOU to the Productivity Commission at the initial stakeholder consultation stage of this enquiry.²⁹

It is not possible for these requirements to be satisfied, and hence the benefits realised, under the inclusive model that would apply under the Productivity Commission's proposed funding programs. Under an inclusive model, a shortfall in adequate staffing, training and expertise would prevent the evidence-based practices being applied that are necessary to optimise developmental outcomes for children with autistic disorder. Furthermore, the inclusion of children with autistic disorder in mainstream ECEC services results in a lower standard of ECEC services being provided to typically developing children due to the inability of staff to effectively manage challenging behaviours.

In order for the highest quality ECEC services to be provided to children with autistic disorder (and their typically developing peers), ECEC services need to be provided in an autism-specific environment that enables highly trained and experienced staff to deliver evidence-based practices that optimise outcomes for children with autistic

²⁹ Synergies Economic Consulting and AEIOU Foundation (2014). Inquiry into Child Care and Early Learning - Submission to the Productivity Commission, p 23.

disorder. It is important to note that there is increasing scientific evidence supporting the effectiveness of ASELC programs, while there is no evidence supporting the effectiveness of ECEC provided to children with autistic disorder in a mainstream environment.

It is therefore necessary for funding arrangements to be implemented that enable specialised childcare to be provided where the care and/or education needs of the child are best met in a specialised setting – such as the provision of ASELC to children with autistic disorder.

5.2 Funding ASELC

As outlined in the initial submission to the Commission, providing ASELC to children with autistic disorder that is consistent with the Australian Government's Good Practice Guidelines can only be achieved at significant cost. AEIOU has estimated the total cost of providing good practice ASELC at \$50,000 per child per annum. Based on an ASELC program that is provided over a two year period, this equates to a total cost of \$100,000 per child. This is significantly higher than the cost of providing additional ECEC services to children with autistic disorder in a mainstream environment, as the staff and resourcing costs under this model are significantly lower than what is required to provide ASELC. However, as has been previously discussed, the growing body of evidence in support of the efficacy of the ASELC model cannot be attributed to the provision of ECEC services to children with autistic disorder in a mainstream environment. This needs to be a key consideration of government (and the Commission) in allocating funding for the provision of ECEC services to children with autistic disorder.

The need for a new government funding model for the provision of ECEC services to children with autistic disorder has been discussed in detail in the initial submission to the Productivity Commission lodged by Synergies and AEIOU (see section 6.3).³⁰ In summary:

- in addition to additional funding being required to enable the universal provision of good practice ASELC to children with autistic disorder, a new government funding model must be established for the allocation of these funds;
- this new funding model must ensure that funding is only allocated to certified organisations that are providing ASELC in accordance with the Good Practice

³⁰ Synergies and AEIOU Foundation (2014).

Guidelines and are therefore providing a services that enables optimal outcomes for children with autistic disorder; and

- funding should be allocated directly to certified good practice ASELC service providers to ensure that developmental outcomes for children with autistic disorder are optimised.

It is also important that the current status that parents of children with additional needs (including autistic disorder) are exempt from the 'work, training, study test' that applies under the Child Care Benefit and Child Care Rebate allowances is maintained.

In the event that the funding programs that are to be implemented are consistent with those outlined in the Productivity Commission's draft report, it is of particular importance that any funding for the provision of additional ECEC services to children with autistic disorder (or children with other disorders or disabilities for which there is evidence demonstrating that specialised childcare results in the best outcomes) is transferable to different services. Failure to implement this measure will result in families of children with autistic disorder that access ASELC, which has been shown to optimise developmental outcomes for children with autistic disorder, being deprived of funding. It is important that families that choose autism-specific supports and services are not disadvantaged relative to those families that choose to access a mainstream ECEC service (with additional funding under the ISP or SECLS).

6 Conclusion

The Productivity Commission's draft report acknowledges that a 'one size fits all approach' is not appropriate when considering the provision of ECEC services to children with additional needs. However, despite this, the Commission has proposed funding arrangements that will result in ECEC services being provided to all children with additional needs under the same service delivery model – in a mainstream setting with additional support provided – regardless of the characteristics and needs of individual children.

For children with autistic disorder, there is no such evidence that the inclusive service delivery model has the capacity to result in the best outcomes. Alternatively, an autism-specific model based around the Australian Government's Good Practice Guidelines has been shown to result in significant improvements in the developmental outcomes for children with autistic disorder. However, based on the recommendations and funding framework set out in the Productivity Commission's draft report, this service delivery model would not receive government funding.

The key shortcomings of the inclusive service delivery model for the provision of ECEC services to children with autistic disorder are as follows:

- mainstream ECEC providers lack the necessary capabilities and experience to provide high quality ECEC services to children with autistic disorder. In particular, these providers do not have access to a multidisciplinary team or training in the specific evidence-based strategies for working with children with autistic disorder;
- mainstream ECEC providers are also poorly equipped to manage the challenging behaviours of children with autistic disorder, resulting in sub-optimal outcomes for both the children with autistic disorder and their typically-developing peers; and
- the inclusive service delivery model does not enable sufficient support and services to be provided to the families of children with autistic disorder.

In preparing this submission, AEIOU conducted a survey of parents of children with autistic disorder with experience in both mainstream and autism-specific settings. The key results of this survey were as follows:

- of the parents that responded that an ISP worker had been engaged whilst their child was attending a mainstream ECEC service, 72.5% were either 'not satisfied' or 'very unsatisfied' with the level of support provided by the ISP worker;

- only 32% of parents were 'satisfied' or 'highly satisfied' with the level of knowledge of their mainstream provider regarding their child's diagnosis and needs, compared to over 90% for their autism-specific provider;
- only 42% of parents were either 'satisfied' or 'highly satisfied' with their experience in a mainstream setting, compared to 91.5% in an autism-specific program;
- 75% of parents preferred an autism-specific environment, with 10% preferring a mixed environment encompassing children with a range of disabilities. Only 7% preferred a mainstream setting; and
- 91.5% of parents disagreed with the philosophy of providing additional funding for mainstream ECEC providers to accommodate children with additional needs while not providing support to specialised programs for children with specific disorders or disabilities.

There is a growing body of evidence supporting the efficacy of ASELC provided in accordance with the Good Practice Guidelines. Alternatively, to our knowledge there is no published data or research investigating the outcomes for children with autistic disorder under the inclusive service delivery model in Australia.

The universal provision of ASELC to all children with autistic disorder will require both an increase in the level of government funding provided and the implementation of a new government funding model for the allocation of this funding. This new funding model must ensure that funding is only allocated to certified organisations that are providing ASELC in accordance with the Good Practice Guidelines. It is also important that any funding framework ensures that families that choose autism-specific supports and services are not disadvantaged relative to those families that choose to access a mainstream ECEC service (with additional funding under the ISP or SECLS). Similar funding arrangements should also be implemented for children with other disorders or disabilities for which there is evidence demonstrating that specialised childcare results in the best outcomes.

Attachment - Appendix 1 - Full Survey Results