Department of Families, Housing, Community Services and Indigenous Affairs

EVALUATION OF THE AUTISM SPECIFIC EARLY LEARNING AND CARE CENTRES INITIATIVE

FINAL REPORT

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EXECUTIVE SUMMARY

BACKGROUND

This is the final report on the evaluation of the Autism Specific Early Learning and Care Centres (ASELCCs) initiative. It provides a summative assessment of the strengths and weaknesses of the ASELCC model; an examination of the ways in which each centre has developed over time; and options for the future development of the model. The evaluation has been undertaken on behalf of the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) from January 2010 to December 2011.

OVERALL FINDINGS

The model of providing an autism specific program within a long day child care setting provides positive outcomes for children and parents. Centre staff and parents are seeing significant improvements in the children. A very high 95% of surveyed parents indicated satisfaction with the services provided. However, the model has proved to be extremely challenging to put into operation in its entirety.

Sustainability

Over the period of operation the ASELCCs have struggled with sustainability. Each auspicing body is currently supplementing departmental funding. Every centre has made modifications to the original ASELCC model in order to continue providing their services. At this stage it is not clear if all of the centres are sustainable in the longer term, even in their modified form.

The experiences of the centres indicates that it is not possible to successfully provide all the components that are specified in the current guidelines:

- Early intervention; and
- Long day care of sufficient hours to enable a parent to work full time; and
- Family support that caters to the multiple and diverse needs of parents of children with autism.

Whilst each of the components is important, it is clear that the outcome expectations need to be more clearly prioritised before considering any future directions for the ASELCCs and the overall model.

Cost effectiveness

The model as set out in the Operational Guidelines is very high cost, especially when considering that only around 240 children Australia wide are currently enrolled in the six ASELCCs. Any expansion of services would have significant cost implications. In the longer term, options for an alternative model that reaches a greater number of children and families will need to be considered.

Replicability

The current model does not appear to be suitable for replication without modifications to a number of elements. The objectives of the ASELCCs also require re-consideration and clarification.

MAJOR STRENGTHS

Opportunities for learning and development in a supported environment

The major strength of the model, which incorporates the skills of staff from a range of disciplines, is its capacity for providing children with opportunities for learning and development in a supported environment. The day care environment provides opportunities beyond those that can be provided through one on one therapy alone.

Workforce development

Staff of all the ASELCCs, including early childhood educators, allied health professionals, and child care workers, have become highly skilled in working with children with ASD. With only six centres nationwide, it could not be expected that the initiative would as yet, be having a significant impact on the ASD workforce overall. However, each new staff member trained in an ASELCC represents some advancement in the skills of the workforce, and the ASELCCs themselves are raising awareness and understanding of the needs of children with autism through their associations with mainstream centres.

Meeting the needs of parents

Parents are very happy with the ASELCCs overall. The centres offer a family-centred approach, provide respite, help them gain skills in working with their children, and help alleviate social isolation. Mainstream children and parents are being introduced to children with ASD. This has a strongly positive normalising effect, which is most beneficial to parents of children with ASD.

Collaboration with Universities

Most of the ASELCCs have formed strong partnerships with and received valuable guidance from university research centres.

MAJOR WEAKNESSES

Staff stress and burnout

Staff in all the centres are experiencing significant levels of stress. Centres have all made modifications to their original plans or are currently trialling different options to mitigate the stress. Nevertheless, most centres are experiencing relatively high levels of staff turnover.

There are several contributors to staff stress: the nature of the work itself; working for long days with children with very challenging behaviours; the struggle to find planning and meeting time in such a busy environment; and occupational health and safety issues.

Equity issue: assisting only limited numbers of families and children

The ASELCC model provides a very high level of service to a very small number of families. These children are receiving what could be considered to be a ‘gold standard’ level of assistance. Families are receiving a very high level of service, including in some instances, home visits and specialist counselling. The centres are experiencing considerable pressure from those parents who miss out to make more ASLECC places available.

High cost

The model is quite expensive to operate, so any expansion of services would have significant cost implications. The cost of operating with professional allied health staff and a staff ratio of one for every four children is quite high. At present all of the auspicing bodies for the ASELCCs are either directly contributing extra funds or are providing some type of extra ‘in kind’ assistance, for example by providing additional staff when needed from within the auspicing organisation.

ONGOING ISSUES

Over time, the centres have struggled to meet all of the ASELCC objectives. This has resulted in centres interpreting and re-interpreting the operational guidelines to the extent that they are now moving down some quite different pathways. The most striking contrast in the re-interpretation of the model is the priority given by different centres to early intervention and long day care. The type and extent of family support also varies considerably across centres.

The threshold issue

As the centres are evolving in two clear and different directions, there is a threshold issue that requires consideration and determination: Is the key objective early intervention for children; or is it the provision of appropriately supported child care to enable parents to participate in the community?

Parental employment opportunities

Long day care centres usually operate between 7:30am and 6:00pm, that is, ten and a half hours a day to enable parents to work full time. Five of the centres started out operating for ten hours a day, but have found it to be unworkable with the level of intervention they are providing. The operational guidelines require the AELCCs to operate for a minimum of eight hours a day and currently five of the six centres have either reduced their hours to this minimum or have requested permission to do so.

If the ASELCC is intended to increase opportunities for parents to obtain employment, the eight hours a day may not be sufficient. Conversely, a ten hour day is very long for children with ASD.

Differing methods of family support

It is not clear how much family support was envisioned under the ASELCC model. Some centres are finding that their families are very needy, requiring considerable resources to deal with issues related directly to the management of the child with ASD, but also with family issues more generally. This has significant implications for resource allocation. Clear guidance on the expected type and extent of family support will assist centres.

FUTURE DIRECTIONS

Improving sustainability

In considering the future directions of the ASELCCs it is important to understand that presently there is no clear alternative model without reconsidering the desired objectives and outcomes as discussed above. Following clarification of the key ASELCC objectives (the threshold issue) a number of modifications could be made to improve the sustainability of the centres. These are outlined in the body of the report.

Expansion in the long term

There is potential for expansion of the ASELCC services in the longer term. An important outcome of the ASELCCs has been the development of skills and expertise in working with children with ASD in child care settings. An expanded model should build upon what has been achieved and ensure that the knowledge gained is not lost but is spread as widely as possible in the child care system.

The expansion process should be considered a longer-term goal. Current ASELCCs will need to refocus following the threshold decision and clarification of objectives / outcomes discussed above. When they have proved to be sustainable in their modified form, careful expansion should be undertaken. One option that appears to have considerable potential is a ‘hub and spoke’ model where ASELCCs could become Centres of Excellence or Demonstration Centres, providing outreach services that pass on the knowledge and expertise developed to designated ‘spoke’ child care centres.

Under this model appropriately trained early childhood educators and childcare workers deliver the program, with access to allied health professionals from the ASELCC. Designated 'spoke' centres could be supported to offer places to a small number of children with autism within their mainstream facility. The ASELCCs could train staff in the designated centres.

LIST OF RECOMMENDATIONS

Priority to early intervention / long day care

1. The centres are evolving in two clear and different directions. There is a threshold issue that requires consideration and determination by the department: What is the primary objective of the ASELCCs? Is it early intervention for children; or is it the provision of supported child care incorporating an appropriate early learning program to enable parents to participate in the community? This issue needs to be considered in the context of the whole package of services offered under HCWA.

Differing methods of family support

2. Centres are providing family support of different types and intensity. This has significant implications for resource allocation. Clear guidance on the expected type and extent of family support will assist centres.

The priority of access guidelines

3. In light of the evidence from the centres and in accordance with the best practice guidelines a review of the rationale for priority of access to the year before school should be undertaken.

The importance of the physical space

4. In any expansion or modifications to the ASELCC model, the adequacy of the physical space needs to be carefully considered.

Sustainability and replicability

5. Over the period of operation the ASELCCs have struggled with sustainability. Each auspicing body is currently supplementing departmental funding. Every centre has made modifications to the original ASELCC model in order to continue providing their services. At this stage it is not clear if all of the centres are sustainable in their modified form.

6. The current model does not appear to be suitable for replication without modifications to a number of elements. The objectives of the ASELCCs also require re-consideration and clarification.

The long term view

7. There is potential for expansion of the ASELCC services in the longer term. An important outcome of the ASELCCs has been the development of skills and expertise in working with children with ASD in child care settings. An expanded model should build upon what has been achieved and ensure that the knowledge gained is not lost but is spread as widely as possible in the child care system.

8. The expansion process should be considered a longer-term goal. Current ASELCCs will need to refocus following the threshold decision discussed above. When they have proved to be sustainable in their modified form, careful expansion should be undertaken.

9. The Department could consider facilitating the development of an autism specific early learning or intervention program which could be used in 'spoke' centres. The Perth ASELCC has already done some work here, and it may be possible to build on what they are doing.

1. INTRODUCTION

This is the final report on the evaluation of the Autism Specific Early Learning and Care Centres (ASELCCs) initiative. It provides a summative assessment of the strengths and weaknesses of the ASELCC model; an examination of the ways in which each centre has developed over time; and options for the future development of the model. This evaluation is focussed specifically on implementation of the initiative; a separate study, the Child and Family Outcomes Strategy, is examining outcomes for children and families.

The evaluation has been undertaken on behalf of the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) from January 2010 to December 2011. This is the third and final evaluation report. The first report covered early implementation issues for the first two ASELCCs to begin operation. The second report examined early implementation issues for all six of the ASELCCs.

1.1 Helping Children with Autism (HCWA) package

The Australian Government is committed to providing improved support for children with Autism Spectrum Disorder (ASD), their families and carers. To help address the need for support and services for children with ASD, the Government is delivering the $220 million Helping Children with Autism (HCWA) package. The HCWA package is being implemented through the Departments of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Health and Ageing (DoHA), and Education, Employment and Workplace Relations (DEEWR).

In addition to the HCWA package, the Government has established six ASELCCs which will provide early learning programs and specific support to children with ASD or ASD like symptoms in a long day care setting. FaHCSIA is responsible for the implementation of the six ASELCCs.

1.2 Background to the Autism Specific Early Learning and Care Centres (ASELCCs)

Each of the autism specific centres provides a minimum of 20 approved child care places for children with ASD up to six years of age. The ASELCC model combines specialist early intervention services and early childhood education in a long day care setting.

Each centre has been funded to employ a multi-disciplinary team of childcare workers and specialist staff. Specialist staff must include at least one allied health professional from two or more of the following disciplines – speech pathology, occupational therapy and child psychology. These centres have some of the most highly qualified staffing profiles across Australia. The combined expertise of the specialist staff allows each centre to provide a tailored early learning program and specific support that targets the learning and development needs of each enrolled child with ASD and their families.

There is an emphasis on providing support for children making the transition to further educational or therapeutic settings. Those accessing the service in the year before formal schooling must be provided with access to an early childhood education program with appropriate autism specific support.

The ASELCCs are also intended to provide parents with support in the care of their children and give parents the opportunity to participate more fully in the community. An ASELCC has been established in each of the following locations:

- Adelaide - the Daphne Street Child Care and Specialist Early Learning Centre, Prospect;
- Brisbane - the AEIOU ASELCC on the Griffith University campus, Nathan;
- Perth – the Jellybeans ASELCC in Warwick;
- Sydney – the KU Marcia Burgess ASELCC, Liverpool;
- Melbourne - the La Trobe University Margot Prior ASELCC on the La Trobe University campus, Bundoora; and
- Burnie, North West Tasmania – the Alexander Beetle House ASELCC, Burnie.

1.2.1 ASELCC services

ASELCCs are required to ensure that:

- children are provided with early learning, early childhood education and specific support that targets the learning and development needs of young children with ASD and their families. To do so, specialists with expertise in the provision of specific support for children with ASD must work with specialists in child care and early childhood education for children with special needs;
- parent contributions to send their children to the service are no greater than long day care fees;
- programs are delivered in a long day care setting;
- service development and delivery is based on the Early Intervention Best Practice Guidelines published by Prior and Roberts (2006)[1] and the current evidence base in child care and early childhood education for children with special needs;
- programs emphasise a family-centred approach which ensures that individual needs of children are viewed in the context of their family situation;
- programs provide initial and ongoing assessment of individual children and prepare them for transition to further educational or other therapeutic settings; and
- children are provided with opportunities for integration and interaction with other children including children in a mainstream child care service.

1.3 ASELCC strategy objectives

The funding provided by the Australian Government towards the establishment and operation of the Autism Specific Early Learning and Care Centres[2] is designed to:

- provide families with young children with ASD increased access to high quality and affordable early learning programs in a long day care setting by ensuring that all children attending the Early Learning and Care Centres:
  - engage in quality learning and developmental experiences;
  - are provided with individual support and intervention strategies to develop their capacity to participate in child care, early learning and education settings;
  - in the year before formal schooling receive an autism specific early childhood education program;
  - are supported to transition to and participate in further educational and therapeutic settings and in everyday life; and
  - have opportunities for integration and interaction with other children.

- provide parents and carers with specialist child care services to support their capacity to:
  - participate in the community (i.e. work/study); and
  - manage the needs of their child/children with ASD.

- support the ASD sector to:
  - build understanding of strategies to improve access by children with ASD to early childhood education programs;
  - provide opportunities for collaboration to facilitate research and interventions for children with ASD and the development of best practice; and
  - build workforce capability.

Strategies to achieve the objectives outlined above must target the unique requirements of each location.

[1] Prior, M. & Roberts, J. (2006), Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice.
[2] Evaluation Strategy for the Autism Specific Early Learning and Care Centres, 29 March 2010.

1.4 The evaluation context

The establishment of the ASELCCs is one of a range of measures that the Australian Government is implementing to assist children with autism and their families. The Helping Children with Autism Package (HCWA), a related but separate set of initiatives, aims to address the need for support and services for children with ASD. The evaluation of the HCWA package, being undertaken as a separate exercise, will consider access to services for the entire population. In contrast, the ASELCC evaluation focuses on the development of the six individual centres.

The Department of Families, Housing, Community Services and Indigenous Affairs has an overarching evaluation framework for the full range of measures that it is charged with implementing to assist children with autism and their families. It sets out the ASELCC evaluation focus and key evaluation questions.[3]

This evaluation has been undertaken in three phases. Phase One was a process evaluation, focussing on the implementation and scope for improvement of the first two centres to commence operation, Adelaide and Brisbane. Phase Two was also a process evaluation, bringing together information on the early implementation issues of all six centres. The third and final phase, the subject of this report, provides a summative assessment of the ASELCCs according to the key evaluation questions.

1.5 Evaluation purpose and scope

The purpose of evaluating the ASELCC initiative is to:

- assess the extent to which the program objectives are achieved;
- identify the specific service models that emerge within each centre;
- identify possible improvements; and
- inform decisions about future directions and/or expansion.

In particular, this final report is focussed on answering, to the extent possible, the following evaluation questions:

What are the service delivery models developed by the centres?

- How and to what extent have the centres achieved their objectives to support the parents/carers of children with ASD to:
  - improve their capacity to participate in the community; and
  - manage the needs of their child with an ASD;
  - are parents, centre staff and the ASD sector satisfied with centre services.

- How and to what extent has each of the pilots influenced the local and wider ASD sectors;
  - demonstrated strategies to increase access to early childhood education;
  - delivery of best practice;
  - collaboration with research bodies;
  - building workforce capacity.

- Have there been any unexpected outcomes?

- What is the scope for refining or expanding the program?
  - how suitable are different service delivery models for replication elsewhere in Australia? What are the benefits of and challenges to replication;
  - how appropriate is the program model in relation to government policy, and evidence of best practice;
  - how well does the program model align with the emerging service models and evidence of best practice;

[3] HCWA Evaluation Strategy Feb 2009.

- what are the strengths and weaknesses of the program model/s and how could it be improved.

1.5.1 Clinical outcomes for the children

There is one remaining evaluation question which cannot be answered definitively by this final report and that is:

- To what extent has each of the pilots achieved its objectives for children with ASD (improved capacity for participation in early learning, transition to further education and/or therapeutic settings, interaction with other children), including relevant clinical outcomes?

When the evaluation strategy for this evaluation was agreed it was expected that the outcomes of separate study, the Child and Family Outcomes Strategy (CFOS) would be available for inclusion in this report. However, these outcomes were not available at the time of compiling this evaluation report. Whilst the opinions of service providers and parents do provide some evidence for changes in children, the only objective assessment of improved clinical outcomes will come from the CFOS.

1.7 Evaluation methodology

The evaluation uses a mixed methods approach to examining the achievements, limitations and future directions of the ASELCCs. The evaluation methodology consists of:

- desk based analysis of relevant literature and program documentation such as quarterly reports, work and curriculum plans, and communication strategies;
- case study field work with the six centres involving:
  - in-depth face-to-face discussions with centre staff and auspicing agency staff; and interviews with a sample of parents from each centre in the early implementation phase;
  - telephone follow up discussions with each centre after a minimum of twelve months of operation;
- a survey of parents from each ASELCC;
- collection of ‘stories of change’ from parents; and
- consultation with a sample of key stakeholders in the ASD and child care sectors.

A key feature of the approach is the triangulation of information through the use of multiple methods, drawing on a range of data sources. The purpose is to arrive at an objective, credible and unbiased assessment. Multiple sources of data provide complementary findings and thus provide a basis for a plausible argument about the relationship between the initiative and the observable impacts.

1.8 Acknowledgements

The authors gratefully acknowledge the time and expertise that was freely given by: all staff in the ASELCCs; the parents / primary carers of children attending the ASELCCs; key academic stakeholders, and State Office and National Office staff of FaHCSIA.

2. OPERATIONAL OVERVIEW OF THE CENTRES

This chapter provides an overview of key aspects of the six ASELCCs in order to answer the evaluation question: What are the service delivery models developed by the centres? It also provides information on the question: How and to what extent have the centres achieved their objectives to support the parents/carers of children with ASD to improve their capacity to participate in the community and manage the needs of their child with an ASD?

The description of each centre below details the physical set up of the centres, their staffing, overall operating methods, choice of therapeutic interventions, extent of training, methods of supporting parents, major achievements, changes that have been made or are being considered, and challenges still to be met.

2.1 Key features of the ASELCCs

The ASELCCs started operation at different times: the Adelaide ASELCC started in mid 2009, considerably earlier than the other centres; the centres in Brisbane and Perth started in early 2010; the ASELCCs in Sydney, North West Tasmania and Melbourne started in mid 2010.

Each ASELCC is relatively different in physical set up, methods of intervention, and the manner in which it has interpreted the departmental Operational Guidelines.[4] Table 1 below provides an overview of some of the key features of the ASELCCs.

Table 1: Key ASELCC features at the time of the case studies (September-October 2011)

Features	Adelaide	Brisbane	Perth	Sydney	Melbourne	Burnie
Commenced	June 2009	February 2010	February 2010	June 2010	July 2010	June 2010, in new building August 2010
Auspicing agency	Anglicare South Australia	AEIOU Foundation	Autism Western Australia	KU Children's Services	La Trobe Children's Centre	Burnie City Council
Building	Small renovation to existing building, small addition	New, stand alone, purpose built centre	Refurb to child care centre and additional outdoor play area	New purpose built centre	New addition to existing child care centre	New addition to existing child care centre
Hours of operation	Open from 8.30am to 4.30pm	Open from 7am to 5pm	Open from 6.30am to 6pm	Open from 8am to 5pm	Open from 8.15am to 6.15pm	Open from 8.30am to 4.30pm
Number of families and children	Fam: 36 Child: 41	Fam: 53 Child: 53	Fam: 37 Child: 40	Fam: 37 Child: 37	Fam: 24 Child: 25	Fam: 35 Child: 41
At capacity	Yes	Yes	Yes	Yes	Yes	Not yet, but close
Proximity to mainstream child care	Attached, shared playground, same entry	5 to 10 minute walk	Attached, same entry	Co-located, different entry	Attached, separate wing, same entry	Upstairs in building, different entry

[4] Autism Specific Early Learning and Care Centres Operational Guidelines, Department of Families, Housing, Community Services and Indigenous Affairs, October 2010.

Integration	Yes, heavily integrated	Not yet	Some children	Some children	Some children	Some children
Main program / curriculum	Own program, some assistance from Autism SA	Own program, based on AEIOU experience	Autism WA developed and operated in close cooperation	Early Start Denver Model	Early Start Denver Model	Developed by Autism Tasmania, minimal further assistance

2.2 The Adelaide ASELCC

The Daphne Street Child Care and Specialist Learning Centre ASELCC is operated by Anglicare South Australia Incorporated in partnership with the Autism Association of South Australia (Autism SA) and Flinders University. It is situated within Anglicare's ninety-place mainstream Daphne Street Child Care Centre in the suburb of Prospect in Adelaide. Autism SA has a training role for the centre, while Flinders University provides student placements as part of its undergraduate degree in disability and community rehabilitation. The centre commenced operation in July 2009.

Operation and the physical set up

Around seventy percent of the existing child care building was refurbished to provide space for the ASELCC. The ASELCC specific area consists of a single classroom, a small sensory room and a small outdoor play area. The therapy room, consultation rooms, offices and staff lunch room were part of the refurbishment and are shared with the mainstream child care centre. The total area of the building, which accommodates seventy places in the mainstream childcare centre and twenty places in the autism program is around the same size of some of the other ASELCCs' accommodation for twenty places.

The mainstream child care centre is open from 6.30am to 6.30pm Monday to Friday. The ASELCC opens from 8.30am to 4.30pm, with the intensive therapy program operating from 9.30am to 2.30pm each day. The centre had no difficulty recruiting families and is at full capacity, with thirty-three families and thirty-six children involved. The maximum on any day is eighteen and the minimum is thirteen children. Most children come from two to three days a week; the centre has recently instituted a minimum two day enrolment. A lot of the families have one parent at home (not in employment). There are several families with twins who have ASD, quite a few single parents and several families from culturally or linguistically diverse backgrounds. There are no Indigenous children attending.

The small space and particularly having only a single classroom for the twenty children has created significant difficulties. In the early days of implementation at certain times there were eighteen or nineteen children and up to six staff in the single room, creating a good deal of noise and congestion. Rainy days were particularly difficult.

To overcome the space problem the ASELCC has separated the children into four groups; one group of children goes to the mainstream area of a morning, with support from one ASELCC worker per four children; another group of four children work in the sensory room; and the play area takes another group. Staff commented that the change has significantly enhanced their capacity to engage with the children.

The centre has found that parents seeking information during the intervention times were a big distraction for the staff and the children. They now manage this by scheduling interview times. They have also instituted a mostly tick box communication book to be given to parents so that they are fully aware of what their child is doing. The social worker also tries to catch up with parents as they drop off and pick up children.

The centre is keen to ensure that children and their families are supported during transition to kindergarten or school. They visit the institution to prepare teachers and manage the transition process in consultation with the Department of Education and a disability coordinator.

With so many children in a relatively small space, however, noise remains a problem. The centre is seeking some capital expenditure funding to put carpet around the walls, to reduce the noise level.

Staffing

For much of the implementation phase the manager of the ASELCC also managed the mainstream childcare centre. She had a background in disability with Anglicare and some experience and training in autism issues, but had no experience running a child care centre. A reorganisation within Anglicare resulted in the appointment of a new manager who is responsible for the ASELCC alone. The staffing situation has been relatively stable overall despite some early staff movements. The biggest recruitment issue has been with the child care workers; they now trial staff on the floor for a day to see if this type of work suits them.

The ASELCC employs six specialist staff: a social worker, two occupational therapists who share a full time position, early childhood teacher, developmental educator and a research officer. The centre was without a speech therapist for a short period but this position has since been filled. There are five childcare workers, some of whom work part time and the centre believes the part time work has contributed to a reduction in staff stress and burn out. The ASELCC has trained three casual staff who know the children and the centre routine to cover staff absences.

The staff work in a multi-disciplinary team, each contributing their specialist skills and knowledge to address the needs of the children. The centre sees the family support role of the social worker as integral to the centre's success as the families present with many issues, including domestic violence, financial problems, loss and grief and depression.

Anglicare is funding an additional part time worker for four hours daily to help cover staff lunch breaks.

Intervention model

Staff have developed the intervention programs, routines and strategies as they have learned what works and what does not. Until the appointment of the new manager the intervention model was a relatively eclectic one, the Individual Development Plan building on other therapies children are receiving as appropriate, for example, if a child is receiving external Applied Behaviour Analysis (ABA) or Picture Exchange Communication System (PECS) therapy, the centre will liaise with the external therapist and incorporate those techniques. More recently the centre has adopted SCERT (Social Communication, Emotional Regulation and Transactional Support) as its primary intervention model.

Initially the therapy staff were keen to have one on one therapy sessions with every child, but over time it became clear that this was an impossible goal. Most of the therapy happens on the floor, though some one on one therapy is undertaken with particular children as appropriate. Some therapists take small groups of up to four children for intensive therapy. Some families use the centre in conjunction with a kindergarten and the centre has worked extensively with kindergarten staff to train and advise on appropriate strategies. The long term goal of the centre is to transition children into a mainstream kindergarten and / or school.

The centre is very focussed on the family support aspect of the ASELCC. They recognise that they cannot provide sufficient therapy to individual children and encourage families to take advantage of external assistance. However, there are relatively few private sector therapists in Adelaide and most have considerable waiting lists. Consequently, the centre is keen to train parents so that they can undertake some of the therapy themselves. The importance of consistency of methods between the centre and the home is emphasised and the occupational therapist and the speech therapist are available to undertake home visits to assist parents in home routines.

Integration with mainstream children

Integration is an important aspect of the program, in part because of the centre's philosophical approach and in part because of the lack of space. The mainstream child care manager is very supportive of the ASELCC and its integration program. Children attend mainstream music and play sessions on a daily basis. In addition, the centre has a program of reverse integration, where the mainstream children come into the ASELCC rooms for sessions.

The integration was difficult at first; some mainstream staff did not cope with the children with autism, particularly with the challenging behaviours. Over time it has become more like a partnership. The mainstream staff cover some of the centre staff's lunchbreaks, so they have time to get to know the children better. The biggest challenge for the mainstream teachers is how to manage their own children when the children with ASD are exhibiting challenging behaviours, to ensure no child is injured.

Training

Autism SA provided a considerable amount of initial training. A great deal of the early recent training concentrated on areas that therapeutic staff had identified, such as around communication strategies. The mainstream child care staff were also encouraged to attend appropriate training courses. There are some concerns about the difficulty of access to adequate, appropriate training within South Australia. The ongoing cost of training is also of concern for the centre's budget, particularly because of the need to attend interstate courses. SCERT training will be provided to staff in the near future.

Staff have suggested closing for a half day a week to allow time for training and meetings. There are a number of parents who work full time and the centre is concerned to support them, so at present there are no clear solutions. The centre has taken some student placements from Flinders University.

Parent involvement / support

A parent support group operated by the social worker is popular and meets regularly, offering training and speakers on topics identified by the group. The centre is also slowly building up a resource centre of information for parents. The social worker is keen to start a siblings support group to help them understand autism issues and take some of the stress off parents. She is also keen to make connections with local businesses who may be supportive of families of children with ASD. They already have identified a hairdresser who is autism-friendly.

The centre is also working on expanding parent's involvement on a daily basis, within the program and also within the mainstream, however space remains a major limiting factor.

Achievements

The centre has established a cohesive team of allied health and child care workers and has successfully put in place routines and strategies that operate in the small available space. Adoption of the SCERT framework is expected to enhance the intervention provided to the children. Integration between the centre and mainstream children and staff has been very successful. Parents are appreciative of the emphasis the centre has placed on training so that they can work together on their child's needs.

Key challenges

Operating in the small amount of space is an ongoing challenge with no obvious solution, other than a change in the contractual arrangements. Finding time for team meetings is also an ongoing difficulty. The centre would like to see the priority of access guidelines reconsidered so as to be able to work with younger children, where they can see greater opportunities for creating change

While acknowledging that the funding is very generous by child care standards, there is concern that the cost of equipment and resources to undertake all of the functions required of the ASELCC is more than anticipated and will be ongoing as the equipment is more likely to be broken than in a

mainstream centre. Staff stress and the need for breaks from the intensive nature of the day to day operation of the ASELCC remain problems.

2.3 The Brisbane ASELCC

The Brisbane ASELCC is operated by the AEIOU Foundation (AEIOU) and is based at Griffith University's Nathan Campus. AEIOU is a Queensland based not-for-profit organisation offering part time and full time early education programs for children aged two and a half to five years who have been diagnosed with ASD. AEIOU opened its first centre in Brisbane in 2005 and currently operates seven centres in a range of locations across Queensland. The organisation has extensive experience in working with children with ASD and their families.

AEIOU has a good record in fundraising and is making substantial contributions to the ASELCC in addition to the FaHCSIA funding.

Operation

The Brisbane ASELCC is housed in a new purpose built facility. Unlike the other ASELCCs it is not co-located with or part of another mainstream child care centre. The building is spacious and includes two large classrooms that are divided into smaller spaces, a sensory room, a motor skills room and an outdoor play area for the children. There is also a parent's room, staff office spaces and lunch room, as well as ample storage space. The Brisbane ASELCC put considerable thought into the design of the building, based on AEIOU's previous experience with autism specific early learning programs.

The Brisbane ASELCC commenced taking children in February 2010. The centre currently has fifty-three children enrolled in the program, with a full time equivalent of forty-four. Of these, thirty-five children are attending full time and eighteen part time.

Opening times are from 7am to 5pm Monday to Friday. The autism specific program operates between 9am and 2.30pm, with play based child care provided in the remaining hours.

Staffing

The mix of staff is modelled on AEIOU's other centres and consists of two early childhood teachers, two speech pathologists, an occupational therapist, a psychologist, a researcher and child care workers.

The centre uses a trans-disciplinary approach, with staff from different disciplines working collaboratively, sharing knowledge, skills, and responsibilities. In practice this involves a certain amount of boundary blurring between disciplines as staff work together to best meet the needs of each child and family.

A more recent development for AEIOU as a whole has been the introduction of a senior therapy team who supervise all the therapists across the organisation. This has provided additional support and guidance for the ASELCC therapists.

The Brisbane ASELCC provides a staff to child ratio of 1:2 for the younger children. The older children, who are being prepared for transition to school, have a1:4 ratio in order to facilitate the learning of more independent skills in preparation for the school environment. The AEIOU Foundation provides supplementary funding to maintain the higher staff to child ratio for the younger age group.

Intervention model

The Brisbane ASELCC's intervention model is based on the approach that AEIOU has found to be successful in their other autism specific centres. The intervention is undertaken in the group context, with the teachers and allied health professionals working together in the classrooms.

The centre believes that this style of integrated therapy provides for better generalisation of learning strategies to new situations and new people than can be achieved through one on one therapy alone. In this context therapy is not limited to special times with a therapist; the child is working on their goals and skills throughout the day. Speech and occupational therapy are embedded into all aspects of the learning program.

Over time the roles and responsibilities of the allied health therapists have evolved. In the early days the therapists worked on the floor with the children for the duration of the program, between 9am and 2.30pm. Whilst this had the benefit of maximising the therapists' time with the children and other staff, it left little time for planning and development and placed significant demands on the therapists. Now the therapists are on the floor between 9am and 1pm each day, with the afternoons devoted to program planning and meetings with parents. The early childhood educators and child care staff continue to implement the program with the children in the afternoons. This arrangement seems to be working well for the centre and the therapy staff are experiencing increased levels of satisfaction.

The Brisbane ASELCC offers home visits to families who request additional assistance. These visits enable staff to observe the child's behaviour in the home setting, and to assist families with appropriate strategies that are consistent with those being used in the ASELCC. In the early days the home visits were mainly done after hours. This has lessened to some extent with the changes to the model, although the staff still try to be flexible in fitting in with family needs which will inevitably require some after hours visits.

Mainstream integration

The Brisbane ASELCC has not been successful in managing mainstream integration. As a stand-alone centre there were logistical difficulties in sending the children to another centre that made it too difficult to manage. Instead the centre has increased their efforts towards transitioning children part time into mainstream kindergartens and childcare centres when they are ready. The children still spend a couple of days at the ASELCC so they continue to get the support they need along with mainstream experience.

Parental involvement / support

The centre facilitates two My Time groups for parents, one in the daytime and one in the evening. These are parent led groups, with funding provided by Playgroup QLD. The speech therapist, occupational therapist and psychologist are each available for one afternoon per week for parents to come and meet to discuss issues relating to their child's needs or development.

A spacious and well appointed parents room is available for parents to drop in, meet and have coffee. Home visits are provided to parents who require additional assistance with their child.

Achievements

The opportunity to create a purpose built centre has enabled the Brisbane ASELCC to tailor the building to the requirements of the program, taking into account the needs of the children, parents and staff. The physical environment appears to be having a positive effect on all concerned.

Parents are very satisfied with the support they receive from the centre. A dedicated parent room and the option of home visits provide opportunities for parents to be engaged with the program, to benefit from the support of staff and other parents, and to improve their capacity for managing their child's behaviours.

AEIOU have recently opened a new centre which provides places for fifteen children with autism within a seventy-five place child care centre. This integrated model is a new direction for AEIOU, whose other centres have been autism specific. AEIOU's experience operating the ASELCC has broadened the organisation's views about different ways of supporting families with children with ASD.

Challenges

Mainstream integration remains a challenge for the Brisbane ASELCC. The fact that the centre is not co-located with a mainstream centre is a significant barrier, and it is only a relatively small proportion of children who are managing the transition to part time kindergarten. Providing any kind of mainstream experience is particularly difficult with those children who first come to the centre in the year before school, since there is not sufficient time for the centre to prepare them.

Staff burnout continues to be a concern for management. The centre has attempted to reduce the impact of stress on staff by putting a lot more effort into staff induction and training, providing staff with a better understanding of what they can expect in the role and giving them strategies for managing the demands of the job. However, as with all the ASELCCs, staff turnover is an ongoing issue.

2.4 The Perth ASELCC

The Autism Association of Western Australia (Autism WA) operates the ASELCC within the Jellybeans Child Care Centre, located in Warwick. The Autism WA is in partnership with Jellybeans Child Care Centre and the Curtin University of Technology, which is supporting the research component of the program. The existing 102 place Jellybeans Child Care Centre was refurbished to create space for the ASELCC. It commenced operation in February 2010. The Autism Association is Western Australia's largest provider of early intervention services, with significant experience that is relevant to the operation of the ASELCC.

The existing Jellybeans Child Care Centre is a private, for profit service provider; this type of partnership is a new working arrangement for the Autism WA. A unique aspect of the agreement is that fees parents pay to attend the ASELCC go to the Jellybeans Child Care Centre, not to the ASELCC. Autism WA acknowledges that if the child care fees were to go to the ASELCC it could have made a significant difference, particularly to the number of staff they could employ. Currently Jellybeans Childcare only provides one full time junior educator from the child care fees received. This has placed considerable pressure on the program.

Operation and the physical set up

The centre is unique in that it operates for an eleven and a half hour day, from 6.30am to 6.00pm. This is a significant additional amount of time in comparison to the other ASELCCs which are mostly operating on an eight hour day.

Centre management is very clear that they are operating a long day care centre. They incorporate autism specific intervention methods, tools and techniques that are drawn from developmental, behavioural and social approaches into the long day care setting rather than providing a direct therapy service. The centre encourages the families to enrol their child into kindergarten and pre-primary, and supports schools and parents to transition the children to their chosen educational setting. A strong emphasis is placed on supporting parents to recommence work, start studying and spend time with the children's siblings or just relax. There are forty children, from thirty-seven families, attending the centre. The children range in ages from two to six years old.
There is relatively limited indoor space for the centre. Developing the routines in the centre has been challenging: the indoor space is relatively small in comparison with most of the other ASELCCs. A specialised timetable had to be designed to ensure smooth transitions in particular on wet or very hot weather days, when it is not possible to use the outdoor area at all. In addition, as the mainstream Jellybeans program has been expanded to full capacity, there is often less opportunity to use space in other centre areas. In the short term, the centre has been able to modify the routines, but it is clear that in the longer term an alternative location is the only solution.

The majority of children in the program have only recently received their ASD diagnosis. These children have had no prior services and require intensive support and a higher staff ratio (mostly 1:1) than anticipated. Families who are at this stage of diagnosis also require more intensive support. The centre is seeking clarification of the Priority of Access Guidelines around high priority families with low needs children and those with low priority but high needs children.

Staffing

The centre is staffed with a trans-disciplinary team consisting of one early childhood teacher, two primary school teachers, two occupational therapists, a senior speech pathologist, and five educators. A very experienced Executive Manager from Autism WA provides centre oversight. A Training and Development Consultant from the Autism WA is also involved in the centre operations. The current program manager is an experienced psychologist who has worked extensively in the field of Autism, including positions in the Early Intervention Program and as an Autism Adviser.

Initially, the centre was experiencing difficulty in retaining educators within the specialised education and care setting. By introducing volunteer days for prospective employees as well as a complex mentoring and training program, staff retention grew significantly.

Intervention model

The curriculum has inbuilt flexibility, adapting to the different ages, abilities and learning styles of the children. The centre integrates the Early Years Learning Framework into an autism specific curriculum, which focuses on strategies and tools drawn from behavioural, developmental and social intervention approaches for children with autism to support their learning. Experienced staff from the Autism WA's early intervention program have participated in the development of the centre curriculum and individual program plans.

Autism WA sees the overall model as one of complementarity between the ASELCC, the children's school and their Early Intervention providers. The centre concentrates on group work and encourages parents to use their state and federal funding to access early intervention services.[5] Families are encouraged to send their child to the centre for a minimum of two days per week.

Clinicians within the ASELCC work collaboratively with parents to identify the priorities for their child and to develop an Individual Learning Plan. The team work collaboratively with the families, intervention providers, kindergartens, and schools where children are attending part time to ensure that information is shared and interventions are as consistent as possible (with formal parental permission). To support transition to school, a special program of skills based learning is provided as well as training for parents in advocacy on their child's behalf. School teachers are invited to visit the ASELCC to observe their student and meet with clinical staff to develop goals and strategies to facilitate participation and inclusion in the classroom.

Integration with mainstream children

Integration opportunities into the mainstream centre for the children from the ASELCC have been facilitated through extensive planning and joint management meetings. When children within the ASELCC are at the appropriate skill level to integrate into the mainstream program, it is integrated into their timetable for periods across the day. Training and support is provided to staff in the mainstream program to facilitate this integration. Reverse integrations are also organised for children in the mainstream program to integrate for short periods within the ASELCC to facilitate social skill development. One of the most significant challenges to the continuity of this integration has been the high turnover in staff within the mainstream Jellybeans program. This has made the retention of knowledge in the mainstream program difficult.

Training

The clinicians were recruited before the centre opened and training was provided at the Autism Association's Early Intervention Centre, where the staff had the opportunity to work directly with the children and experienced clinicians.

Extensive training has been provided to develop a strong framework for positive behaviour support. The role of all staff requires a trans-disciplinary framework, hence, a considerable amount of training is invested to develop their competencies in working with children with autism and their families. Training occurs in various forms and methods, is continuous and takes into consideration

[5] The centre points out that WA has quite generous ASD funding as well as the Federal Helping Children with Autism funding.

the individual learning needs of each staff member.

Recently the centre has successfully trialled a program of self-directed learning for staff as part of their mentoring and training program. The centre also facilitates student placements in occupational therapy, speech pathology, psychology, allied health and community services.

Parental involvement / support

All families have been allocated one clinician who is their case manager and their key contact person. Families have been very responsive to this approach and find it very valuable to have one key contact who has an in depth understanding of their child and the family. Case managers are available to work with parents to develop strategies to support the child and family across home, school and community settings. The centre is particularly interested in developing parents' advocacy skills so that they can work with teachers to facilitate a positive transition into the school environment. Parents are also invited to participate in the weekly parent support groups that are run through the Autism WA's Early Intervention Centre.

The centre has developed an annual training calendar detailing the courses available for parents through the Autism Association. A parent handbook provides them with an overview of the centre's operations and information about the approaches to intervention that the ASELCC draws from when working with the children. Formal meetings are organised with parents at the end of every twelve week block. Families can request meetings with their clinical case manager at any time and are encouraged to observe their child within the ASELCC so they can develop strategies to integrate across the home and school environments.

Achievements

The centre has a cohesive rationale, with a clear emphasis on the importance of long day care. There is a strong emphasis on enhancing child and family outcomes. The aim is to provide long day care through a model that supports, educates and empowers parents, who may then take up the opportunity to participate in employment and studies. The centre places a strong emphasis on supporting families to integrate successfully across home, school and community environments, and significant training and support is provided to facilitate this. The program works closely with families to facilitate the generalisation of skills into the home environment. Management reinforces the importance of training and development through their mentoring and training program.

Parents are happy with the centre and are confident that their children are receiving excellent care and skills training, resulting in considerable improvements in their children. There has been a gradual increase in the number of parents using the full extent of the longer hours that the centre offers, possibly indicating that some parents are returning to full time work or other activities in the community.

Key challenges

Working with the relatively small physical space and extended opening hours is an ongoing challenge. There is very limited indoor space and on wet or hot weather days it is often difficult to use any outdoor area. There are no solutions to this problem in the foreseeable future. Extended operating hours make it challenging to organise staff meetings. The centre is aware of the need to manage potential staff burnout. The centre is well aware of the stresses inherent in working in the centre and has put in place measure to mitigate it. Consequently, staff breaks are built into the day. and the centre provides clinical staff with administration time so they can focus on. All educators have half a day each week allocated for administration duties, focusing on parent liaison, programming and documentation.

The centre believes that most children at the centre represent those with lower functioning skills than the general cohort of children with autism. The majority have exceptionally high needs, are under four years of age and non-verbal. This places considerable demands on the centre and they have decided that, given the current staffing, they need to restrict the number of children with high needs requiring 1:1 support to six on any one day. All children are placed in skill based groups

based on the outcomes of their initial assessment and places are offered based on the level of staff required for each individual child.

2.5 The Sydney ASELCC

The Sydney ASELCC is operated by KU Children's Services and is based in the south western suburb of Liverpool. KU is a large, well-established provider of child care services with over 150 early childhood centres throughout Australia. The ASELCC is next door to a mainstream kindergarten operated by KU.

Operation

The centre currently supports thirty-seven children, with twenty attending each day. Most children attend two or three days per week, with a small number attending five days. The children are aged between three and six years.

The children are divided into two classrooms. Originally the groups were mixed but the ASELCC has now decided to group the children according to their development needs, which they feel enables the provision of more tailored support.

Each child is assigned a key worker who is responsible for every aspect of child intervention, including goal setting, monitoring progress, and liaising with the families. Most of the intervention is done in the group setting, with the key worker providing one on one therapy for the children in their caseload. Each child is allocated an hour per week for individual therapy.

The ASELCC is housed in a new purpose built facility. One of the most appreciated aspects of the building has been the inclusion of a small outdoor area, called the 'calming courtyard', which provides a quiet, restful space for children who may be over-stimulated or need some time out from the group.

The centre is open for nine hours a day, however, due to the very demanding nature of the work the Sydney ASELCC is looking to reduce their hours by half to one hour each day.

The Early Start Denver Model

KU has adopted the Early Start Denver Model (ESDM) as their method of intervention. The Early Start Denver Model is a play-based approach to teaching that focuses on helping children with ASD to develop social communication skills (such as showing interest and responding to others). The ESDM emphasises the development of play skills, relationships and language. The intervention is based on developing a strong positive relationship between children and their carers. This relationship is encouraged by focussing on activities children enjoy, and using these activities as the basis for teaching.[6]

The ESDM was developed in the United States of America at the University of California Davis MIND Institute and was first introduced to Australia in early 2009. Through its partnership with the University of New South Wales the ASELCC became aware of ESDM and was convinced that the intervention would work well in their centre. The ASELCC maintains regular contact with the university and say that the support provided through this partnership has been invaluable to the implementation and development of the program.

The Sydney ASELCC is also in regular communication with the Melbourne ASELCC where they have also adopted the ESDM. Staff of both centres believe this is the first time anywhere that the ESDM has been adapted to a long day care setting.

[6] http://raisingchildren.net.au/articles/denver_model_th.html?highlight=Early%20start%20denver%20model, accessed April 2011.

Training in ESDM

The model involves intensive staff training and assessment to reach a level of competence, termed 'fidelity', a process that usually takes around three to six months. The centre has trained a number of staff to fidelity including one who has achieved ESDM trainer status - the first in Australia and one of only six worldwide. Most of the training has been done via video-conferencing with the MIND Institute in the US. Now, with a staff member having achieved trainer status, more of the training can be provided in-house.

KU has also provided introductory ESDM training to directors of twenty-six satellite KU child care centres as well as all permanent relief staff for the ASELCC.

The ESDM includes a parent training module to enable families to implement the program at home. KU have not yet reached the stage of delivering the ESDM parent training module, and staff will need to be trained in the delivery of this. In the meantime the centre is running monthly sessions with parents, called 'Becoming a play partner'.

Staffing

The centre is staffed by a team of early childhood educators, a speech therapist, an occupational therapist, child care workers and a researcher. The Director has overall responsibility for the management of the centre. The staff member who has achieved trainer status acts as team leader for staff delivering the intervention. The team leader has been seconded from another area of KU, and the position is additional to the FaHCSIA funded staff. This person also holds the position of Behaviour Analyst at the centre.

The centre also engages a family support worker, as well as a paediatrician for half a day per week, both funded through partnerships with other agencies.

Mainstream integration

Integration with the co-located mainstream pre-school was introduced in March 2010. The initial program involved one staff member taking four children to the mainstream preschool for one hour each day; across the week twenty children from the ASELCC were taken to the mainstream centre. These arrangements have since been modified as part of a change to the overall model.

Parental involvement / support

The centre runs information sessions for parents, explaining about the ESDM model, what it involves and how they can become a play partner for their children. Each child has a key worker who is the main point of contact for parents wanting to discuss any aspect of their child's program or development.

The centre employs a family counsellor who is available for parents to talk to and who helps to link parents with any other support services they may need. The family support worker spends time in the foyer each morning, greeting parents on arrival, attempting to create a welcoming and supportive environment for families. She also coordinate the transition to school process for all children; runs regular coffee mornings and holds monthly information sessions for parents.

Changes to the model

The Sydney ASELCC has recently decided to rethink their model, driven largely by high levels of staff exhaustion and high staff turnover. At the time of the second case study discussion the centre had not yet implemented the new arrangements, so the effects of the changes are yet to be seen.

The new model involves four children per day being integrated with the on-site preschool, supported by an ASELCC staff member, while the remaining fifteen children stay in the Autism specific centre. The children going into the mainstream environment will be those who are higher functioning; they will continue with the ESDM but in the mainstream environment, with their intensive individualised ESDM therapy being provided each afternoon between 3pm and 4pm . KU have put on an extra staff member in order to maintain the staff to child ratio under these new

arrangements. The centre hopes that these changes will reduce congestion in the ASELCC and ameliorate staff stress.

The centre is also looking for ways to assist parents to better understand their model, specifically the fact that the intervention occurs in a group setting. It appears there is confusion amongst parents around the concept of an individualised program that is delivered within the group, as distinct from one on one therapy. Several parents had recently voiced an expectation of greater one on one therapy, despite information having been provided to them about the nature of the intervention. The centre thinks that a way to mange this in the future will be to place a greater emphasis on initial meetings with parents, so that the program can be fully explained before the child commences to ensure that parents do not gain unrealistic expectations.

Achievements

Centre staff have worked extremely hard to establish and maintain a high level of service to children and their families. A significant achievement for the Sydney ASELCC has been the training and development of a group of highly skilled and committed staff. Importantly, staff and parents have observed considerable improvements in the children.

Providing sufficient up-front time for training and development in their establishment phase enabled the Sydney ASELCC to make a good start, and management believe this had a significant impact on the smooth implementation of the service in their early establishment phase.

Challenges

Staff stress is a major concern for the Sydney ASELCC. The centre hopes that the introduction of the new arrangements that will have staff rotating through the preschool integration component, plus an additional staff member, will alleviate some of the burden.

Exacerbating the load on staff is the high number of older children - the centre has strictly followed the priority of access guideline that stipulates preference be given to children in the year before school. Larger children, particularly when they are not toilet trained, place significant physical demands on the staff.

Staff and management express considerable enthusiasm about the ESDM and its capacity to improve children's level of functioning. However, the training is expensive and time consuming, so staff turnover is experienced as a considerable loss to the centre.

2.6 The Melbourne ASELCC

The Melbourne ASELCC is located at the La Trobe University campus in Bundoora. The ASELCC has been built as an extension to an existing facility, the La Trobe University Community Children's Centre.

Although located in a separate, purpose built wing of the mainstream child care centre, families of the ASELCC enter through the main entrance. This was an important aspect of the building design and a deliberate decision on the part of the centre to foster a sense of inclusion for families.

The centre has adopted the Early Start Denver Model (ESDM) as their method of intervention. The choice of ESDM was largely influenced by the centre's partnership with the Olga Tennison Research Centre (OTARC) at La Trobe. In early 2009 OTARC hosted a visit by Professor Sally Rogers and her team from the University of California Davis MIND Institute to introduce the Early Start Denver Model in Australia.

Operation

The Melbourne ASELCC is a twenty-place facility. The centre has twenty-five children enrolled in the program, aged between two and five years.

The centre operates from 8.15am to 6.15pm. The Melbourne ASELLCC has recently received approval from FaHCSIA to reduce their operating hours to 9am to 5pm, however upon review has decided to remain open from 8.15 am to 6.15 pm. Intentional teaching sessions are scheduled from 10am to 3pm daily.

The intervention is largely undertaken in the group setting. Historically much of the treatment in autism has been conducted in a one on one setting, so when the centre opened there was pressure to add one on one therapy times to the group delivery. Staff complement the group work with one on one therapy; however in practice this often proves difficult. When a staff member comes off the floor for therapy the staff to child ratio is reduced and there is greater pressure placed on the staff remaining in the room. The solution was to increase the amount of one on one therapy in the room in segments of the playrooms that allow for concentrated work.

Staffing

The ASELCC is managed by the director of a mainstream child care centre. It is staffed by a team of early childhood educators, psychologists, a speech therapist, an occupational therapist, and child care workers. A post-doctoral research fellow, recruited from the MIND Institute, works in collaboration with the Olga Tennison Research Centre and is responsible for managing the data collection for FaHCSIA's Child and Family Outcomes study.

In addition to the FaHCSIA funded staff the centre has recruited an administrative support person who works part-time with the Allied Health team. Additional part time staff have been recruited to cover staff absences. This all supports continuity of care for the children and addresses staff fatigue.

The centre initially experienced difficulty filling the position of psychologist / ESDM team leader. This caused some frustration and stress for staff members who were experiencing difficulty managing the balance between meeting the child care requirements and delivering an effective ESDM intervention for the children. Subsequent recruitment has alleviated much of the stress around this issue

The Melbourne ASELCC was successful as of March 2011, in recruiting a psychologist from the MIND Institute who brings considerable skills in ESDM, and who provides clinical leadership and professional development for the staff.

Training in ESDM

As an evidenced based approach for very young children, the Early Start Denver Model requires intensive training and assessment until staff reach a level of competence, termed 'fidelity', a process that usually takes around three to six months.

The Melbourne ASELCC was unable to undertake any staff training prior to the centre opening. The centre believes they underestimated just how much time, effort and money would need to be put towards staff training. (The Sydney ASELCC has also found the ESDM training process to be very resource intensive.) Staff initially had expectations that they would to reach fidelity quickly. However, training in the ESDM has proved to be a difficult process to manage around the requirements of a fully operational child care facility. Over time, expectations became more reasonable and, in particular with the employment of a psychologist to provide training and leadership to the team, they have made greater progress on staff training and implementation of the program.

Parental involvement / support

The ASELCC has run a number of sessions for parents on the ESDM and around two thirds of parents have attended these. These sessions are the beginning of the parent training component; the second phase involves parents observing and practising the skills with their child. Parents are able, if they wish, to video record their sessions at home and bring them back for feedback and discussion with the psychologist.

The ASELCC has a dedicated parent room and has established regular fortnightly coffee mornings; these have been a mix of information sessions and informal get togethers. Parents seem to be very comfortable in the room and it is very well utilised. The centre has been proactive in seeking information and trialling solutions to meeting parental needs, for example, they have introduced a visiting Psychologist program for families to use on site. These consultations are bulk billed through Medicare.

Mainstream integration

Staff and parents see mainstream integration as an important component of the service, however it has taken some time for the centre to find the most appropriate way of managing this. The centre recognised the importance of mainstream integration and decided to proceed with caution as staff needed to understand the children and the mainstream environment as well as educating mainstream service staff before it could be confidently implemented. Recently the Melbourne ASELCC has begun to take on psychology students as interns, who are trained and supervised by the centre psychologists. In addition to other activities, interns provide one on one support for children to be taken to the mainstream centre and support 'reverse inclusion'. Over time, the centre hopes to develop practice that is accessible to community based child care programs.

Achievements

Despite the huge effort involved in ESDM training and the intensive nature of working within this model of intervention the staff are committed to the model and believe that it can work well in a child care setting. Having an expert in ESDM provide on the job training and mentoring for staff is enhancing the skills and capacity of staff. The centre has successfully created a cohesive team, and the staffing situation is stable at this stage.

Staff and parents are noticing significant improvements in the children since they have been attending the centre. The centre is making great efforts towards making parents feel welcome in the centre. Families have expressed great relief at being able to leave their child with competent, caring staff.

Challenges

In common with the other ASELCCs the intensity of working long hours with groups of children with ASD is placing considerable strain on the staff. The ESDM is a resource intensive model to implement and the centre recognizes the need to protect the quality of the ESDM treatment approach, which is why an internal trainer has been established.

The ESDM was originally developed as a one on one therapy to be applied in the home. The centre is working hard to adapt it to the group setting and to ensuring that it can achieve good outcomes for children. Initially, many of the parents had read the research on ESDM and were requesting more one on one therapy for their children. The centre is making progress in demonstrating the effectiveness of the group intervention and in finding ways to appropriately manage parental expectations. It is unlikely that they will be able to increase the level of one on one intervention within their current arrangements.

The centre has prioritised the early intervention component of the ASELCC model, and consequently has struggled at times to satisfy family expectations.

2.7 The Burnie ASELCC

The Burnie ASELCC is operated by the Burnie City Council through an expansion of their existing long day care centre, Alexander Beetle House. The centre was built on the top of the existing mainstream long day care centre that caters for sixty children aged between six weeks and six years. The ASELCC began operations in June 2010.

Construction of the ASELCC building was delayed and the initial start up in June 2010 was undertaken in the mainstream child care area. Staff from both areas found it difficult to integrate the new ASELCC routines with those of the existing child care centre. The mainstream managers

and educators did not understand the need that ASD children have for order and routine and resisted suggestions that their program be changed to incorporate the ASELCC needs in the short term. This unsettled atmosphere continued for a time after the ASELCC staff and children occupied their new premises in August 2010; relationships have subsequently improved somewhat.

Because demand for ASD services is very geographically dispersed in north west Tasmania the centre has been set up with a 'hub and spoke / satellite' methodology. The Burnie centre is the main provider and where most staff are situated. Satellite centres are located through long day care centres in three other townships in the area. Staff travel to the satellites to provide one on one assistance and also teach and coach child care workers around the needs of children with ASD attending the satellite centres.

There are currently forty-one children enrolled, with thirty-three in the Burnie centre and eight in satellite centres. The oldest child is over five years of age and the youngest two years old. The maximum number of children enrolled on any one day is eighteen.

Staffing

A new manager with a strong background of experience was appointed in May 2011 and she has subsequently instituted many changes. Until relatively recently there has not been real consensus on the centre's direction and objectives, resulting in a level of confusion about roles, responsibilities and the overall intervention program. This is being worked on over time. The centre has experienced a considerable changeover in staff, having recently lost a speech pathologist, occupational therapist and an educator, as well as some of the casual child care pool. Recruitment is in progress and proving to be challenging, partly because of the centre's regional location and partly because of the uncertainty surrounding ongoing funding.

Currently there are fifteen staff in part time and full time positions: the manager; a speech pathologist; a social worker; a part time psychologist; a qualified teacher; and child care workers. Some staff work only in the satellite centres with their wages paid from the ASELCC budget to the host child care centre. Most of the staff had no or minimal experience with children with ASD prior to working at the centre.

Operation

The centre has notionally allocated twelve full time child care places to the Burnie centre and eight to the satellite centres, although the number in the Burnie hub differs from day to day to meet demand. The ASELCC is open from 8.30am to 4.30pm, with care beyond these hours provided by ASELCC staff in the mainstream child care centre. The centre is not yet at capacity. There is one Indigenous child and one child from a culturally and linguistically diverse background.

Attendance at all the centres is very variable, with some children attending only once a week. Only one child attends for the full five days. Most of the children also attend state-run intervention services or kindergarten at least one day per week. Some families travel considerable distances to attend the centre, for example from Sheffield, a one and a half hour drive and from Hobart, more than three hour's drive. The new manager has begun to talk to parents about the Prior and Roberts best practice guidelines and suggest that parents consider longer attendance. Travel time and financial issues are significant issues impacting on participation.

A lot of the children have not been diagnosed with ASD, but are showing signs and symptoms. Staff say there is a shortage of relevant personnel and there is at least a six month wait for the diagnostic process in north west Tasmania.

Intervention model

Autism Tasmania put together a curriculum outline for the centre, based on a trans-disciplinary approach. The curriculum uses a functional approach to challenging behaviour, and draws from a range of evidence based approaches such as TEACCH – Treatment and Education of Autistic and Related Communication Handicapped CHildren (TEACCH). This intervention incorporates

behavioural and developmental strategies, focusing on working with and managing the characteristics of ASD. There has been a good deal of criticism of the curriculum from child and family professionals and changes are being implemented. Currently it is a relatively eclectic model while the new team is learning about best practice interventions. It has been a challenge for the staff to embed the autism specific curriculum within the child care context.

There is still a degree a conflict amongst the different therapy professionals and with the teachers and child care staff due to a lack of understanding about the role and areas of expertise of the team members, with a tendency to “work in silos”. The new manager is emphasising a more collaborative, trans-disciplinary way of working. A significant amount of time and energy is focused on building the skills of educators to incorporate therapy and other goals into the daily program.

Integration with mainstream children

Almost two-thirds of the children are involved in daily integration with the mainstream child care centre. Children that are deemed ready are attending integrated sessions for group or play time with the mainstream children. The mainstream child care area has quite a high turnover of workers so training and support is an ongoing process.

Satellite centres

Staff are very enthusiastic about and committed to the provision of assistance through the satellite centres and the satellite centre managers are very positive about the assistance provided. However, resourcing is a significant issue. There is a considerable difference between the plan for the satellite centres on paper and the reality on the ground. Specialists can be away from the main campus for considerable amounts of time, with driving times of around two hours return, to provide only a couple of hours of intervention and satellite staff support. Planning for staff to visit the centres and how to deal with the subsequent loss of their skills while they are away takes considerable effort.

The Tasmanian Inclusion Support team (run by the Burnie City Council) have worked closely with the centre to identify children in need of additional support and to assist with the inclusion of children with ASD in mainstream childcare programs. Different specialist staff visit each week, depending on the children’s needs. Relationships with the mainstream satellite centres are strong and the services are particularly pleased with the degree of specialist involvement in the centres.

The Burnie City Council has installed high speed video conferencing facilities in the Burnie hub and two of the three satellite centres to allow specialist staff and the educators in the satellite centres to communicate despite the distance. There have been some technical challenges with its use to date. The Council sees considerable potential to service more satellite centres once they have access to the National Broadband Network.

Training

The ASELCC staff had an initial two weeks training run by Autism Tasmania before the centre opened. One day training courses have been run for the child care workers in the mainstream and satellite centres and for Burnie City Council permanent and casual child care staff. Casual care staff members are proving difficult to retain, so training will need to be ongoing.

Parental involvement / support

There is a parent room that can be used at any time. Parents are provided with advice from their child’s case manager about strategies on request, including the satellite centre parents. There are plans to use the centre’s video cameras to show parents particular strategies that work with their child.

The centre’s social worker provides support and counselling to families and links families together. The new manager has identified a range of support options that could be strengthened including access to additional parent training, sibling programs, awareness training for extended family, parent support groups, home visits and behaviour support planning for home and the community.

Achievements

The new manager has made considerable progress in integrating centre staff, the curriculum and intervention strategies to create a cohesive trans-disciplinary team. The parents are very positive about the centre and the staff, indicating that the children are showing considerable improvements. The managers of the satellite centres are particularly happy with the way the model has been implemented and the assistance they are receiving.

The centre is well known in the local community and has many requests for visits. There is substantial support within the Burnie City Council, community organisations and the community at large. Many families in the region struggle financially and the centre has began to introduce innovative strategies to assist, for example, by encouraging car pools for travelling to the Burnie hub or satellite centres and liaising with local clubs to sponsor families to attend the centre.

Key challenges

The Burnie ASELCC has particular challenges that are unique to them as well as experiencing some of the same challenges as the other ASELCCs. The geographic isolation means that recruiting experienced staff can be difficult. Additionally, there are few if any peers in the region with whom they can talk over and obtain advice about practice in relation to ASD issues. The hub and satellite model also has its particular challenges.

The centre has identified the need to work with families to increase the number of days children attend and hence increase the intervention intensity. The cost of childcare and transport to and from the centre is prohibitive for many families in the north west and it will be necessary to further develop strategies to support these families.

Uncertainty about ongoing funding is making recruitment difficult and the current staff are becoming concerned about their continuing employment prospects. The lack of clarity about the future of the service is also causing stress in a number of families who have come to rely on the centre for support.

3. PARENT VIEWS ON THE ASELCCS

This chapter addresses the evaluation outcomes question: How and to what extent have the centres achieved its objectives for the parents / carers of children with ASD (improved capacity to participate in the community and manage the needs of their child with an ASD)? It presents the views of parents[7] whose children are attending the centres. Parent views were obtained in two ways, through discussions during the case studies, and through two paper based surveys offered to all parents in the six centres.[8]

On average, around four to five parents were interviewed face-to-face at each of the six case study sites. Parents who could not attend the centre were invited to provide telephone comments and a number did so.

The first survey was provided to parents around seven to eights months into the first year of operation of each ASELCC. The second survey was provided in the second year of operation. A total of 207 surveys from parents were received.

It is important to recognise that the information presented here may not necessarily reflect the views of all parents. We do not know whether those parents who have not responded to the survey or been involved in a case study are different in some way – whether they are less engaged, or simply busier and less inclined to participate. However, a high level of consistency has been evident between the parent case study discussions and the survey responses.

For ease of reading only percentages are shown in the tables below. Due to rounding, percentages may not total to 100% in all cases.

3.1 Overall satisfaction

Overall, a very high 95% of responding parents indicated satisfaction with the services provided. The parents interviewed during the case study visits also expressed a high level of satisfaction.

Table 2. Overall satisfaction (N=207)

	Completely agree %	Tend to agree %	Tend to disagree %	Completely disagree %	Don't know / NA %
Satisfied with services provided by centre	71	24	3	1	1

3.2 Change in primary carer employment situation

One of the objectives of the ASELCCs is to support the capacity of parents to participate in the community, including taking up employment or study. Some 15% of parents have taken up employment or study since their child has been attending the ASELCC. A further 28% indicated that they were considering the option.

[7] The term 'parents' is used for brevity. It refers to the primary carer/s of the child with ASD attending the centres.
[8] On the advice of parents and staff a paper survey was chosen as the most appropriate method of surveying parents.

Table 3. Employment status (N=207)

	Percentage
Status unchanged	45
Thinking about employment or study	28
Not interested / feel unable to take up employment or study	12
Taken up employment	11
Taken up study	4
Total	100

Quite a few case study parents said that they felt that part-time work or study could be an option for the future.

3.3 Initial advice about the centres

Parents found out about the existence of the centres through a relatively wide variety of sources, with the autism adviser and word of mouth being the major sources of advice.

Table 4. Where found out about centre*

	Percentage
Autism adviser	30
Word of mouth	30
Other**	21
Web search	16
Paediatrician / psychiatrist	12
Newspaper / radio	5
Raising Children website	3
General Practitioner	1

* Multiple responses allowed so total is greater than 100%.
** Other sources include: other health professionals, the Autism Yahoo web group; the FaHCSIA website; Anglicare family support worker; seminar on autism; and unspecified government websites.

3.4 Parents' impressions on improvements in children

Overall, a very high percentage of respondent parents say they are noticing improvements in their child since attending the centre. Notably, the areas that most parents (92%) say have improved are communication and their child interacting more with other people. More active play is also an area of high improvement (91%). The area that has seen least improvement is in children having fewer tantrums, though a quite high 74% indicate that improvement has occurred.

Table 5. Changes observed in child since coming to the centre (N=207)

	Completely agree %	Tend to agree %	Tend to disagree %	Completely disagree %	Don't know / NA %
Communication improved	60	32	4	0	3
Interacting more	58	34	5	1	2
More active play	54	37	4	0	5
Behaviour improved	45	40	10	1	3
Fewer tantrums	40	34	16	1	

During the case studies parents were also very enthusiastic about the improvements they were seeing in their children since attending the ASELCCs. In particular, improved communication and behaviour were mentioned frequently.

3.5 Benefits to parents

The survey provided parents with a number of domains where positive change might be expected in their own and their families' life since their child has been attending the centre. The strongest change that parents indicated was in feeling more supported (93% overall). The second highest overall positive change (85% of respondents) was the change to a more settled family life.

Table 6. Changes in parent's own life (N=207)

	Completely agree %	Tend to agree %	Tend to disagree %	Completely disagree %	Don't know / NA %
Feeling more supported	57	36	4	1	1
Able to get out more often	48	34	11	2	4
Feeling less isolated	47	35	9	1	6
Feeling less stressed	41	36	16	3	3
Family life is more settled	40	45	10	2	2

Several parents mentioned during the case studies that they had been virtually trapped in the house prior to their child starting at the centre. Guilt about the time they needed to spend with their child with ASD and the perceived neglect of other siblings was also a frequent comment.

The survey canvassed the degree to which the parents felt their capacity to help their child had increased as a result of being at the centre. The responses indicate that the quality of the relationship with their child was the most improved (88% overall). Some 86% of parents indicated that they felt more confident in caring for their child and were better able to manage their child's behaviour.

Table 7. Changes in capacity for helping child (N=207)

	Completely agree %	Tend to agree %	Tend to disagree %	Completely disagree %	Don't know / NA %
Quality of relationship with child improved	50	38	6	1	5
More confident in caring for child	41	45	9	1	3
Better informed about ASD	44	40	10	1	5
Better able to manage child's behaviour	33	50	11	1	4
More comfortable about transition to school	40	36	14	3	7

During the case studies, some parents remarked that they now felt more confident, both about caring for their child, and how their child would cope in a school or kindergarten classroom.

3.6 Parent perspectives on the centres

Parents are exceptionally positive about the centres and the way they interact with families, with all but one of the issues canvassed in the survey being rated overall as above 90% positive. The surveyed parents indicated they could access staff when needed (96%) and could obtain help with particular problems (93%). Being involved in decision making (92%) and feeling like there is a partnership between their families and the centres (92%) are also very highly rated.

Table 8. Views about the centre (N=207)

	Completely agree %	Tend to agree %	Tend to disagree %	Completely disagree %	Don't know / NA %
Can access staff when needed	65	31	2	1	1
Helps with particular problems	64	29	3	1	2
Involves me in decisions	62	30	4	2	1
Staff have adequate expertise	60	32	2	1	4
Feels like a partnership	59	33	3	2	3
Considers family needs	54	34	4	2	4

3.7 Interaction with other parents

The survey asked parents about the extent that the ASELCC had helped them meet and socialise with other parents of children with ASD. Overall, the positive responses are quite low in comparison with responses to other survey questions, with 72% agreeing that the centre facilitates interaction with other parents and 58% saying they have developed a support network with other parents. Of some concern is the 42% who either disagree or are unable to say that the centre has helped them develop a support network.

Table 9. Parent interaction (N=207)

	Completely agree %	Tend to agree %	Tend to disagree %	Completely disagree %	Don't know / NA %
Facilitates interaction with other parents	42	30	11	5	11
Developed support network with other parents	29	29	20	10	12

3.8 Parent focused education services

Most centres are providing parent education through their own staff and occasional guest speakers. Of those who are aware of the education on offer, 90% believe it is relevant to their needs. Centres understand that evenings may not suit all parents; 27% of parents say the services are not at times that suit them. Whilst weekends may be more suitable for some parents - and

some centres have offered an occasional weekend session - it is a considerable impost on staff, who often provide child care whilst the sessions are being conducted.

Table 10. Learning about ASD issues

	Yes %	No %	Don't know %
Centre has provided parent focussed education (N=207)	76	20	4
Education services are relevant to my needs (N=158)*	90	6	4
Education services are at times that suit me (N=158)*	70	27	3
I have attended a parent education session (N=158)*	61	35	4

* Those responding 'no' to provision of parent focussed education were not asked about the subsequent three statements.

3.9 Aspects of the centre that are most important to parents

Surveyed parents were asked to identify the aspects of the centre that were most important to them. A large number of the comments related to the staff. Parents said it was important that the staff were skilled and qualified, and that they had expertise in dealing with children with ASD.

Parents commented that having a range of specialist staff in the ASELCC was important, and they appreciated the fact that their child had access to speech therapists, occupational therapists and educators all in one building.

A major theme was an appreciation of the fact that the staff genuinely care for the children. Parents were strongly of the view that having caring and supportive staff was very important, and in many cases it was the most important aspect of the centre for them. Many parents commented that their child seemed happy to be at the centre, and see the ASELCC as providing a safe and supportive environment.

During the case studies many parents pointed out that their child genuinely liked and was eager to come to the centre. For those who had experience of other child care centres that were not oriented towards autism care it was a major relief. For many parents, the opportunity for their child to interact with mainstream children was very important.

Other important aspects of the centre for parents included individualised care and attention, as well as a program of intervention tailored to their child's particular needs. Communication between staff and families, and a sense of there being a partnership between the centre and families were also very important.

Some parents commented on the importance of meeting other parents with children with ASD, and others said that having their chid at the centre meant that they were able to do other important things such as spend quality time with their other children, work, or study. Some appreciated having the time to do something for themselves.

3.10 Suggestions for improvement from parents

Parents were asked in the survey to comment on what else they would like the Centre to do to support their families. Whilst many parents had suggestions for improvement, many were also at pains to point out that the centres were doing a very good job overall and that they, the parents,

were extremely grateful for the existence of the centre. Many observed that the staff have an extremely difficult job, and appreciate the fact that staff are very busy and very dedicated.

The most frequent comments for improvement related to a desire for more family support, and for more communication between staff and parents. Parents asked for more education and information on what they could do at home to help their child and how to ensure consistency between the centre and the home environments. They also wanted to know how to deal with siblings and sibling relationships. Some parents wished that the centres could provide in-home support.

Whilst most parents said they are able to access staff when they need to, parents frequently expressed a wish for more time with staff, such as through regular meetings, to be able to discuss their child's progress in greater depth.

Parents were keen for their child to integrate with typically developing children. Some parents identified transition to school as an area where they would like more information or support.

Some parents expressed concern about staff turnover or staff changes, noting the very high demands of the job but also the importance for their child of having a predictable environment and stable relationships.

Some parents noted that either the rooms were too small or that there were too many children in any one room, and felt that this was not a good environment for a child with ASD.

One of the most frequent comments from parents, both in the survey and in the case study interviews was the need for more centres. Some families travel great distances to attend the centres; some have moved homes, states and two have even relocated from another country. Parents are extremely grateful that their child has access to an ASELCC and are keenly aware of the fact that many families are struggling with ASD without adequate support.

4. SUSTAINABILITY OF THE MODEL

This chapter focuses on the evaluation's key outcomes questions: What is the scope for refining or expanding the program? How suitable are different service delivery models for replication elsewhere in Australia? What are the benefits of and challenges to replication? Have there been any unexpected outcomes? It discusses the strengths and weaknesses of the model itself and highlights the different types of modifications or adjustments to the model that the centres have made in order to remain sustainable.

4.1 The model

The Operational Guidelines[9] for the ASELCCs detail multiple objectives. In particular, they specify separate objectives for children and for their families that the centres are expected to meet.

Children are to be provided with high quality, autism specific early learning. In developing their program, centres are expected to provide best practice integrated service delivery, based on the Early Intervention Best Practice Guidelines published by Prior and Roberts (2006) and current evidence of best practice in child care and early childhood education for children with special needs. Children must also be provided with opportunities for integration and interaction with other children including children in the mainstream service.

Families should expect to be provided with: a long day child care service; a family-centred approach that ensures the family context is considered; support in managing the needs of their child with ASD; and support to participate in the community, potentially to be able to undertake paid work or study.

Centres are also expected to support the ASD sector by building understanding of successful strategies and subsequently building workforce capacity, as well as providing collaborative research opportunities.

4.2 Major strengths of the ASELCC model

The ASELCC model as set out in its Operational Guidelines has many strengths; the centres' implementation experiences[10] demonstrate that the model of early intervention within a long day care centre presents significant opportunities for children and their families. However it has also proved to be extremely challenging to put into operation in its entirety.

4.2.1 Opportunities for learning and development in a supported environment

The major strength of the model, which incorporates the skills of staff from a range of disciplines, is its capacity for providing children with opportunities for learning and development in a supported environment. Working with the children in a day care setting means that staff get to know the children and their individual needs and can provide tailored support in a naturalistic setting. The day care environment provides opportunities for learning and development beyond those that can be provided through one on one therapy alone. Staff can observe and guide children as they go about their daily routine. Interacting with other children, having meals, toileting, all provide opportunities for intervention and generalising appropriate behaviours.

The child care setting also provides important opportunities for social interaction and the development of social skills; aspects that parents highly value.

4.2.2 Workforce development

Staff of all the ASELCCs, including early childhood educators, allied health professionals, and child care workers, have become highly skilled in working with children with ASD.

[9] Autism Specific Early Learning and Care Centres Operational Guidelines, Department of Families, Housing, Community Services and Indigenous Affairs, October 2010.
[10] Described in detail in the report Evaluation of the Autism Specific Early Learning and Care Centres Initiative: Early Implementation Issues, April 2011.

With only six centres nationwide, it could not be expected that the initiative would as yet, be having a significant impact on the ASD workforce overall. However, each new staff member trained in an ASELCC represents some advancement in the skills of the workforce, and the ASELCCs themselves are raising awareness and understanding of the needs of children with autism through their associations with mainstream centres.

The need for skilled, trained relief staff means that many more staff than originally employed in the centres are receiving training. Staff in the mainstream child care centres where integration is occurring are also gaining a good understanding of working with children with ASD. Some mainstream staff are working directly with the centres, covering lunch breaks and gaining hands-on experience. The Burnie centre is pioneering training staff in satellite centres, again increasing the skill levels of mainstream child care workers.

The child care workforce has a relatively high turnover overall and although this is a source of constant frustration for the ASELCCs, requiring ongoing training both of ASELCC and mainstream child care staff, it also means that autism trained child care workers can potentially transfer the knowledge gained into other mainstream child care centres.

KU Children's Services, the auspicing body of the Sydney ASELCC has trained the directors of twenty-six of their mainstream centres in working with children with ASD. WA Autism, the auspicing body of the Perth ASELCC is using the ASELCC experience to formulate a longer-term plan to translate autism support into mainstream day care centres in their state.

4.2.3 Meeting the needs of parents

As evidenced by the survey data, parents are very happy with the ASELCCs overall. The centres offer a family-centred approach, provide respite, help them gain skills in working with their children, and assist with social isolation.

For some parents, being able to place their child in the ASELCC offers the opportunity to work or study. Some 28% of parents indicated that since their child had been at the centre they were thinking about employment or study in the near future.[11] Quite a few case study parents said that they felt that part-time work or study could be an option for the future.

Mainstream parents are also being introduced to children with ASD, seeing them in corridors and at drop off and pick up times. Some mainstream centre staff have remarked that this has a strongly positive normalising effect, which is most beneficial to parents of children with ASD.

Some centres are offering home visits to families, so that ASELCC staff can better understand the problems that parents and siblings are confronting and can choose the most appropriate techniques to manage ASD behaviours in the context of the family.

4.2.4 Collaboration with Universities

Most of the ASELCCs have formed strong partnerships with universities. Where the partnerships were set up early, they have provided valuable guidance to the centres. A couple of centres did not have early partnerships and are collaborating with the universities on research projects rather than receiving direct advice and assistance.

4.3 Major weaknesses of the ASELCC model

The ASELCC model also has some major weaknesses, many of which have already been identified by the centres. Indeed, the centres have been quite dynamic in identifying the model weaknesses and modifying their practices as new challenges emerge. This has resulted in unintended consequences, as discussed in Section 4.4 below.

[11] Note that these results were mostly prior to any agreed or proposed changes to opening hours of some ASELCCs.

4.3.1 Staff stress and burnout

All of the centres are aware that staff are experiencing significant levels of stress. They have all made modifications to their original plans or are currently trialling different options to mitigate the stress. Nevertheless, most centres are experiencing relatively high levels of staff turnover.

There are several contributors to staff stress: the nature of the work itself; working for long days with children with very challenging behaviours; the struggle to find planning and meeting time in such a busy environment; occupational health and safety issues; and the additional stress placed on existing staff members when a trained staff member does leave. It takes time to recruit and train a new staff member, especially for those centres using the ESDM intervention model. The remaining staff are under additional stress during the recruitment and training process.

There appears to be ongoing potential for high staff turnover. Over time the expectations of working in a highly stressful job, finding time outside of work hours for training and meetings, working with parents and making home visits may begin to outweigh the rewards of working with the children.

4.3.2 Equity issue: assisting only limited numbers of families and children

The ASELCC model provides a very high level of service to a very small number of families. Around 240 children Australia wide are currently enrolled in the six ASELCCs. These children are receiving what could be considered to be a 'gold standard' level of assistance. Families are receiving a very high level of service, including in some instances, home visits and specialist counselling.

All of the centres apart from Burnie, which is not yet at capacity, have long waiting lists. The centres are experiencing considerable pressure from those parents who miss out to make more ASLECC places available.

4.3.3 High cost

The model is quite expensive to operate, so any expansion of services would have significant cost implications. The cost of operating with professional allied health staff and a staff ratio of one for every four children is quite high. At present most of the auspicing bodies for the ASELCCs are either directly contributing extra funds or are providing some type of extra 'in kind' assistance, for example by providing additional staff when needed from within the auspicing organisation.

Additionally, four of the ASELCCs built new, purpose designed buildings to house the centres. The other two were provided with funds to modify additional buildings. Those with purpose built centres have been quite happy with their buildings; those working with modified buildings have found them to be inadequate. The implementation evaluation of the model[12] found that the physical space had a significant effect on centre operations.

4.4 Issues / unexpected outcomes

Over time, the centres have struggled to meet all of the ASELCC objectives. This has resulted in centres interpreting and re-interpreting the operational guidelines to the extent that they are now moving down some quite different pathways. Whilst they all differ to an extent in their particular service delivery model, two broad approaches have emerged: those prioritising early intervention and those prioritising long day care. A third component of the model, family support, is part of the service delivery mix for all centres, and the emphasis given to this element varies across centres.

4.4.1 Priority to early intervention

The most striking contrast in the re-interpretation of the model is the priority given by different centres to early intervention.

[12] Evaluation of the Autism Specific Early Learning and Care Centres Initiative: Early Implementation Issues, April 2011

The Melbourne and Sydney ASELCCs have developed along similar lines having both opted to use the Early Start Denver Model (ESDM). Both centres prioritise early intervention. Although still meeting the operational guidelines' definition of long day care through the provision of eight hours of child care, both centres have indicated that they are keen to reduce their child care hours of operation so that they can focus more strongly on the therapeutic, early intervention aspect of their service.

Both centres each have strong relationships with their university partners who were influential in steering them towards adopting the ESDM. It is not clear whether the choice of ESDM has necessarily led to a prioritising of early intervention over long day care but it seems likely to have influenced their service philosophy to an extent.

As highlighted in earlier sections the ESDM has significant resource implications, specifically in the area of staff training. Both centres said that they underestimated the amount of time and money they would need to invest in staff, so choosing this model has reduced their capacity in other areas.

The Brisbane ASELCC is auspiced by AEIOU, an organisation with a strong background in the provision of early intervention programs to young children with autism. Given their background, a focus on early intervention would appear to be a natural development. Brisbane still operates for ten hours a day, meeting the DEEWR definition of a long day care centre. AEIOU has provided significant additional funds so that the staff ratio is generally around one staff member to two children.

Overall, it is fair to say that the Brisbane centre has a philosophical bent towards early intervention, but in practice provides a balance across the different elements, except for mainstream integration which they do not provide.

4.4.2 Priority to long day care

The Perth ASELCC has a clear view that the provision of long day care to enable families to participate in the community is the rationale for their centre. They do not see themselves as an early intervention service; rather they see their service as providing an early learning program, which is ideally complemented by families accessing early intervention services outside the centre.

The Perth ASELCC is in a strong position to facilitate family access to other intervention and support services, since they are auspiced by Autism WA. There is also a good range of services available to families in Perth.

Adelaide prioritises child care to enable parents to work or participate more fully in the community and has a strong family support focus. The small physical space really dictates the amount of therapeutic intervention that they can undertake.

The Burnie ASELCC is essentially still evolving its therapeutic philosophy, with a change of manager relatively recently. To date it has tended more towards the child care end of the spectrum.

The centres are evolving in two clear and different directions. There is a threshold issue that requires consideration and determination by the department: Is the key objective early intervention for children; or is it the provision of appropriately supported child care to enable parents to participate in the community?

4.4.3 The long day care setting and parental employment opportunities

The Department of Employment, Education and Workplace Relations' website My Child states that long day care centres usually operate between 7:30am and 6:00pm, that is, ten and a half hours a day.[13] These hours maximise the opportunities for parents to undertake full time work or study. The

[13] http://www.mychild.gov.au/pages/CCOptions.aspx, accessed 7 December 2011.

ASLECCs are intended to operate in a long day care setting, although it is not entirely clear what the rationale was, presumably so that parents could seek employment.

The ASELCC operational guidelines state that ASELCCs must 'remain available to provide care for at least eight continuous hours on each normal working day'. Five of the centres started out operating for a minimum of ten hours a day. Adelaide is the exception, operating eight hours a day from the beginning. Perth is committed to operating as a long day care centre, opening for eleven and a half hours. However, the other four centres have all indicated that they have sought or intend to seek departmental approval to reduce their current hours to the minimum of eight hours a day.

There are several issues here. If the ASELCC is intended to increase opportunities for parents to obtain employment, the eight hours a day may not be sufficient. Conversely, a ten hour day is very long for children with ASD.

4.4.4 Differing methods of family support

It is not clear how much family support was envisioned under the ASELCC model. Some centres are finding that their families are very needy, requiring considerable resources to deal with issues related directly to the management of the child with ASD, but also with family issues more generally. Some have taken a very strong role in dealing with family support issues.

Most of the centres have a dedicated family space where parents can spend time and talk with other parents in a similar situation. These are very popular with families.

Two centres have chosen to employ a social worker. Both of these centres say the position is integral to their service delivery model. In Adelaide the support is tailored to the needs of the whole family and incorporates such things as grief counselling, and assistance in accessing family support service such as domestic violence or financial counselling as appropriate. In the Burnie ASELCC the social worker is also very closely involved with the families, providing advice and counselling as necessary, setting up car pools for those in outer regional areas and ensuring access to subsidies and financial support. For example, the centre has sought out community clubs such as the Lions Club to seek sponsorship for some children to attend the ASELCC.

The remaining four centres have strong family support programs, but they tend to focus more on helping parents to develop skills and strategies to manage the needs of their child with ASD than on family counselling sessions. Two centres, Brisbane and Adelaide, offer home visits on request. This involves observation of the child with ASD, the family and siblings so that home based strategies can be developed in line with those used in the centre. The home visits are very resource intensive.

Centres are providing family support of different types and intensity. This has significant implications for resource allocation. Clear guidance on the expected type and extent of family support will assist centres.

4.4.5 Very high expectations from parents

It is clear from the case studies and comments in the surveys that although parents are very happy with and indeed grateful for the existence of the ASELCCs they also have expectations that are in many cases well beyond the capacity of the centres to deliver. In particular, parents want: more one-on-one therapy from the health professionals, especially the speech therapist; to be directly involved in decision making on their child's program; a much higher level of involvement with staff; and more training and support in working with their own child. No matter the level of assistance that is provided some parents appear to want more. They are in general, a very needy group. Many parents appear to be looking to the ASELCCs to meet all their needs relating to their child with ASD, so that other specialist assistance is not often sought.

It is also clear that centres do not have the capacity to provide more intensive assistance than they are currently providing. In addition, most centres have a relatively large number of families that

they are working with; around thirty-five families on average, to fill the twenty full time child care places. The high level of unmet need places great stress on staff. There are no obvious solutions except for a greater clarity around what centres are expected to provide so that they can establish clear boundaries around the services that they provide and communicate these to parents.

Information is available on autism intervention from a number of sources and it is likely that the website Raising Children Network[14], supported by FaHCSIA, is a source of information for many families. In the website's autism section the importance of one-on-one therapy appears to be emphasised. It is possible that some information about the ASELCCs on the website, describing the group based and multi-disciplinary approach to intervention could assist families to understand exactly what is offered for children attending an ASELCC.

4.4.6 The priority of access guidelines

All centre managers except Burnie, which is not yet at capacity, mentioned their desire for changes to be made to the priority of access guidelines. Those centres with an emphasis on early intervention were particularly interested in changing the priority from the year before school (essentially four-plus years) to younger ages, where they feel the greatest positive change can be achieved. Other centres also see the benefits in working with younger children and, apart from the likelihood of creating greater change, also cite the difficulty created for staff working with the much bigger and stronger four plus year olds.

The rationale for prioritising children in the year before school appears to place an emphasis on providing assistance that will enhance the transition of children with ASD into formal schooling. However, the changes to the priority of access guidelines that the centres propose are more consistent with the early intervention rationale as described in the Prior and Roberts Guidelines for Best Practice that state "Intervention should begin as early as possible in the child's life, (optimally between 2 and 4 years).[15]

In light of the evidence from the centres and in accordance with the best practice guidelines a review of the rationale for priority of access to the year before school should be undertaken.

4.4.7 Meeting the child care regulations

Some centre managers and staff have found it difficult to reconcile the needs of a therapeutic environment for children with ASD and the detailed child care regulations. They argue that the purposes of the centres are quite different from a 'standard' child care centre, pointing out that the philosophy of child care and early intervention are not always in alignment in a practical sense. For example, Burnie sought the advice of two experts, one from the ASD sector and one from the child care sector. They found that the two experts had very different views, and found it difficult to reach a consensus on the way forward.

4.4.8 The importance of the physical space

Although physical space was obviously a consideration in setting up the ASELCCs, as funding for modifications and / or new buildings was a component of the ASELCC tender, the physical space has proven to be a very important aspect of each centre's success. Whilst every centre has indicated that they would prefer to have a little more room, it is clear that those centres with inadequate space have been very constrained in the provision of therapy and family involvement.

In any expansion or modifications to the ASELCC model, the adequacy of the physical space needs to be carefully considered.

[14] http://raisingchildren.net.au/children_with_autism/children_with_autism_landing.html/highlight/autism, accessed 15.12.2011.
[15] Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice, M. Prior and J Roberts, 2006, p4.

4.5 Conclusion

Despite the considerable progress that the ASELCCs have made and the very high level of service provided to children with ASD and their families, each centre has made significant operational changes to the original ASELCC model in order to achieve these successes. Even still, most centres continue to need and provide additional operating funds, are constantly dealing with highly stressed staff and are experiencing high staff turnover with resultant increased stress and cost pressures in training new staff. Most centres have long waiting lists and can obviously only assist a very limited number of families.

The experiences of the centres indicates that it is not possible to successfully provide all the components that are specified in the current guidelines:

- Early intervention; and
- Long day care (of sufficient hours to enable a parent to work full time); and
- Family support that caters to the multiple and diverse needs of parents of children with autism.

Whilst each of the components is important, it is clear that the outcome expectations need to be more clearly prioritised before considering any future directions for the ASELCCs and the overall model.

Sustainability
Over the period of operation the ASELCCs have struggled with sustainability. Each auspicing body is currently supplementing departmental funding. Every centre has made modifications to the original ASELCC model in order to continue providing their services. At this stage it is not clear if all of the centres are sustainable in their modified form.

Replicability
The current model does not appear to be suitable for replication without modifications to a number of elements. The objectives of the ASELCCs also require re-consideration and clarification.

5. FUTURE DIRECTIONS

This chapter suggests some options for the continuation of the ASELCCs. It also discusses ways of building on the strengths of the ASELCC model, mitigating some of the identified weaknesses. Finally, it looks beyond the current ASELCCs to envision an expanded service that could potentially provide a more equitable distribution of support to children with ASD and their families in the longer term.

5.1 Focusing the ASELCCs - the threshold issue

There is a lack of clarity in the guidelines about the relative importance of the multiple ASELCC objectives. This is a major reason that the ASELCCs are struggling. In particular, there is the lack of clarity around the priority to be given to two key but competing objectives: to provide early intervention through intensive support; and to provide long day care for families (incorporating an appropriate early learning program in a supported environment), either for respite or to enable parents to work, study, or participate in the community. Centres have found over time that it is necessary to prioritise one of these objectives over the other.

In considering the future directions of the ASELCCs it is important to understand that presently there is no clear alternative model without reconsidering the desired outcomes and objectives as highlighted above. All options for reworking the ASELCC model fall out of this threshold decision.

If early intervention is prioritised, then there are limits to the amount of child care that can be offered with the current staffing arrangements / funding package. Priority of access becomes a critical issue. If the provision of long day care is prioritised then there are limits to the extent and nature of therapeutic intervention that can be provided.

An important outcome of the ASELCCs has been the development of skills and expertise in working with children with ASD in child care settings. Any changes to the current arrangements should be guided by the principle of building upon what has been achieved and ensuring that the knowledge that has been gained is not lost. It is also important to recognise that the ASELCCs are highly valued by families who have come to rely on the support provided through the centres.

5.2 Early intervention options

Under the early intervention option the priority of access issue is brought to the fore. The current guidelines prioritise children in the year before school; however, this is not consistent with best practice for early intervention, which generally suggests intervention begins at an earlier age.

Regardless of the threshold issue above, those centres that have already prioritised early intervention are still struggling with a number of issues, especially staff stress and burnout. Some options that would assist are:

- Take younger aged children with the objective of transitioning to mainstream child care / preschool in the year before school.
- Cut back the number of children / families (Melbourne is currently operating with only 25 children from 24 families compared to over thirty-five for the other centres).
- Take only those children who can attend for a reasonable period of time, for example three days a week or for around twenty hours of intervention.
- Consider who is best placed to benefit from the intervention – the very low or high functioning children.
- Separate the ASELCC from the child care regulations.

- Consider time limiting attendance to say, twelve months, with the intention of transitioning to a supported mainstream environment.

- Reduce the number of child care places in those centres with inadequate space for early intervention or provide additional funding to expand the building space.

5.3 Child care options

With the child care option the current priority of access guidelines could remain, although there is no particular reason why priority should be given to children in the year before formal schooling. Any new centres should be co-located with a mainstream long day care centre. Some options that would assist are:

- Retain the long day care setting, preferably around ten hours per day, for parents who want to work or study full time.

- Provide intervention as appropriate and practicable, to a maximum of 3 to 4 hours a day.

- Provide clear information to parents about the extent and type of intervention provided and the options for external one-on-one therapy.

- Provide supported child care for the non-therapeutic remainder of the day.

- Increase the number of child care staff and reduce the number of therapeutic staff.

- Have support staff in the co-located child care centre for integration purposes.

5.4 Options for both early intervention and child care models

There are some options that could be taken up with either variation of the model:

- Put a limit on the amount of family support required – foster links with support services outside of the centre rather than taking it on in-house.

- Increase the amount of time therapeutic staff can talk with and coach parents (it is what parents want).

- Fund autism child care workers at a higher pay level in order to recognise the higher skill and stress levels and potentially reduce staff turnover.

5.5 The long term view

There is considerable potential for expansion of the ASELCC services in the longer term so that a greater number of children and families can reap the benefit of the knowledge and experience gained. It will important to allow time for the centres to refocus and refine their practices in any new ASELCC model, however it will also be useful for the centres to be aware of and begin working towards a longer-term goal.

One way of expanding the services is through an inclusion approach, using a variation of the ‘hub and spoke’ model currently being trialled in the Burnie ASELCC. The ASELCCs could become Centres of Excellence or Demonstration Centres, providing outreach services that pass on the knowledge and expertise developed to designated ‘spoke’ child care centres. The ASELCCs could help to develop an appropriate early learning program for implementation in the ‘spokes’. It would be necessary for the ASELCCs to over time cut down on the number of children they work with in-house to free up time for the outreach service. In this way the ASELCCs could continue to develop their own expertise and provide ongoing assistance to families with children currently enrolled.

The Department could consider facilitating the development of an autism specific early learning or intervention program which could be used in 'spoke' centres. The Perth ASELCC has already done some work here, and it may be possible to build on what they are doing.

Under this model appropriately trained early childhood educators and childcare workers deliver the program, with access to allied health professionals from the ASELCC. Designated 'spoke' centres could be supported to offer places to a small number of children with autism within their mainstream facility. The ASELCCs could train staff in the designated centres. Many of the ASELCCs currently have observation facilities and these could also be used for training designated centre staff – direct observation is a highly effective training tool.

One example of an inclusion approach is the AEIOU Early Learning Childcare Centre which has recently opened on the Sunshine Coast. The centre provides places for fifteen children with autism within a seventy-five place child care centre. The centre is staffed by early childhood educators and child care workers, who have access to allied health professionals such as speech pathologists and occupational therapists.

In the AEIOU example, the support structures can be found within the organisation since they have expertise in delivering autism specific early learning programs and access to allied health professionals who are employed across all their centres. In the proposed hub and spoke model the allied health professionals could visit and provide telephone / video support from the ASELCC as well as 'spoke' staff visiting the ASELCC for hands-on training.

Designated 'spoke' centres would ideally be part of a large provider of childcare services so they could support the development of appropriate centres within their organisation, using the skills and expertise of staff in the ASELCC. The 'spokes' should have a strong inclusion philosophy. At least two of the auspicing agencies for the ASELCCs have already indicated that their longer-term goal is to take the learnings from the ASELCCs and promulgate it throughout their networks.

A key learning from this evaluation is that any new centre or model should start slowly, with a small number of children, to allow sufficient time for the program to bed down. Staff training prior to set up is also essential. It should then be possible to expand the number of places over time as staff skills and expertise are built up.

An inclusion model such as the one outlined above assumes that families can access early intervention services, such as individual speech or occupational therapy outside the child care centres. The findings from the HCWA evaluation should provide information about families' access to the range of ASD services, and should be taken into consideration in future planning of the AELCCs or any similar initiative.

There is potential for expansion of the ASELCC services in the longer term. An important outcome of the ASELCCs has been the development of skills and expertise in working with children with ASD in child care settings. An expanded model should build upon what has been achieved and ensure that the knowledge gained is not lost but is spread as widely as possible in the child care system.

The expansion process should be considered a longer-term goal. Current ASELCCs will need to refocus following the threshold decision discussed above. When they have proved to be sustainable in their modified form, careful expansion should be undertaken.

5.6 List of recommendations

Priority to early intervention / long day care

- The centres are evolving in two clear and different directions. There is a threshold issue that requires consideration and determination by the department: What is the primary objective of the ASELCCs? Is it early intervention for children; or is it the provision of supported child care incorporating an appropriate early learning program to enable parents to participate in the community? This issue needs to be considered in the context of the whole package of services offered under HCWA.

Differing methods of family support

- Centres are providing family support of different types and intensity. This has significant implications for resource allocation. Clear guidance on the expected type and extent of family support will assist centres.

The priority of access guidelines

- In light of the evidence from the centres and in accordance with the best practice guidelines a review of the rationale for priority of access to the year before school should be undertaken.

The importance of the physical space

- In any expansion or modifications to the ASELCC model, the adequacy of the physical space needs to be carefully considered.

Sustainability and replicability

- Over the period of operation the ASELCCs have struggled with sustainability. Each auspicing body is currently supplementing departmental funding. Every centre has made modifications to the original ASELCC model in order to continue providing their services. At this stage it is not clear if all of the centres are sustainable in their modified form.
- The current model does not appear to be suitable for replication without modifications to a number of elements. The objectives of the ASELCCs also require re-consideration and clarification.

The long term view

- There is potential for expansion of the ASELCC services in the longer term. An important outcome of the ASELCCs has been the development of skills and expertise in working with children with ASD in child care settings. An expanded model should build upon what has been achieved and ensure that the knowledge gained is not lost but is spread as widely as possible in the child care system.
- The expansion process should be considered a longer-term goal. Current ASELCCs will need to refocus following the threshold decision discussed above. When they have proved to be sustainable in their modified form, careful expansion should be undertaken.
- The Department could consider facilitating the development of an autism specific early learning or intervention program which could be used in ‘spoke’ centres. The Perth ASELCC has already done some work here, and it may be possible to build on what they are doing.