



# Early Years Strategy

Early Start Australia Discussion Paper Response

5 May 2023

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## About Early Start Australia

**Early Start Australia (ESA) is a large national paediatric therapy organisation enabling better lives by creating brighter futures for children, their families and the community. We work with families to optimise the development of children, adolescents and young adults helping them to achieve their potential by supporting the development of physical, communication, cognitive, sensory, social, and emotional skills.**

Our vision is a world where all children reach their potential and find their place in a community that respects and values diversity. Our mission is to deliver evidence-based early intervention and therapy services that support children and families to achieve their dreams and aspirations.

Starting in 2018 as a few small clinics scattered across Australia, we are now more than 500 passionate allied health professionals working across multidisciplinary teams operating from 52 clinics across all Australian states and territories. Our staff are qualified across a range of disciplines including psychology, occupational therapy, speech pathology and physiotherapy, and have undergone additional training to provide best practice intervention and assessment services to young children experiencing developmental delays.

We are dedicated to improving the lives of children and their families around Australia. Since 2018 we have supported more than 28,000 children and their families to maximise their potential, including 8,812 in the last year.<sup>1</sup>

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<sup>1</sup> Internal data for FY22

## About our services

Our dedicated teams work with our clients to help them meet their growth and development goals. We deliver services in a range of settings including our clinics, schools, early learning centres, in homes and community settings. We focus on supporting children (and their families) to develop communication, motor, cognitive, social and emotional skills, and provide therapy supports for children with neurodevelopmental disorders, developmental delay or disability, including autism spectrum disorder.

We work collaboratively with families to navigate complex funding and support systems to achieve their goals. We liaise and advise with government and stay connected with research leaders and partners to inform our practice.

ESA is also the largest Early Start Denver Model (ESDM) provider in Australia. As one of the most effective early intervention therapies for children on the autism spectrum and with developmental delays, ESDM therapy is a fun and flexible evidence-based intervention that follows a play-based approach to improve communication, social and cognitive skills. The ESDM is multi-disciplinary and works across all areas of development.

Importantly, the ESDM approach is child-led, allowing them to make the choices. In general terms, a family might find that the ESDM approach starts with a generalised and naturalist approach that focuses on individual motivation and what the child wants to do and enjoys. If the child doesn't make progress, more structure might be brought in, but ESDM is always about learning through play-based activities. Fun activities are created to address a child's goals and teaching needs.

It is designed for toddlers and pre-schoolers but can help children from 12 months to 6 years of age, and can be delivered almost anywhere including homes, clinics, and kindergartens and in groups or one-on-one.

In addition to ESDM, ESA delivers a wide range of early intervention approaches for children on the autism spectrum and/or with developmental delays, including behavioural, developmental, naturalistic developmental behavioural interventions, sensory based interventions and technology-based interventions.

As individuals on the autism spectrum vary widely in developmental abilities and support needs, it is recognised that there is no 'one size fits all' approach to autism intervention; that is, there is no one therapy model or intensity that improves outcomes for all children.<sup>2</sup>

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<sup>2</sup> [David Trembath Publications | Griffith University; Interventions for children on the autism spectrum: A systematic umbrella review | Autism CRC](#)

## Introduction

ESA welcomes the opportunity to contribute to this important discussion on a future early years strategy. As a provider working in the paediatric therapy space with children with neurodevelopmental disorders, developmental delay or disability, including autism spectrum disorder, we are passionate about ensuring that all children have the opportunity and access to the supports they need to reach their potential and find their place in a community that respects and values diversity.

We agree that Australia should hold the highest ambitions and aspirations for all young children, their families, and kin. We see firsthand the power of intervention in the early years in positively influencing a child's development and their pathway right through to adulthood, supporting and developing a child's sense of identity, health and wellbeing, learning, safety, and happiness.

Our contribution is based on our unique vantage point in the ecosystem.

As a multi-disciplinary allied health service provider working with children with disability or with developmental concerns, we are often the first contact point for children and families as they explore the services and supports available when they have concerns with their child's developmental progress. We work across the policy and program silos, seeing firsthand how difficult coordination between programs, funding, services, and frameworks can be and how hard it is for families to navigate a clear pathway to access the optimal supports for their child's needs.

We commend the government's commitment to breaking down silos and developing a Commonwealth Early Years Strategy that aims to create a new, integrated approach to the early years and improve coordination between Commonwealth Government programs, funding and frameworks impacting early childhood development.

We also welcome the government's commitment to a strategy that seeks to honour the experience of and actively support the joy of childhood. As a provider of early years supports, we recognise the privilege of sharing in the delight of each child and watching them grow and thrive as they develop through play, friendship, connection, and safe, supportive relationships now and into the future.

## The role of family

The discussion paper notes that the strategy will be child and family centred, based on children and families' voices, needs, interests, strengths, understandings and capacity. We feel it is important to say upfront how critical the role of family is to the success of interventions and supports delivered in the early years. Parents and/or primary care givers have the greatest influence over a child's outcomes, and prioritising support for parents and families as part of the Early Years Strategy will be an important element of success.

Our experience supports what the data shows - children from disadvantaged backgrounds (especially those whose parents have not had the opportunity to complete higher levels of formal education, or who have lower household and neighbourhood socio-economic status backgrounds) are more likely to be developmentally vulnerable.

The impact of families being under financial and housing stress, being less informed, less able to advocate for themselves and their child, and navigate increasingly complex systems cannot be understated, particularly when it comes to accessing funding packages.

## Responding to the Discussion Paper

ESA recognises the breadth and depth of feedback that the government will receive in response to the questions raised in the discussion paper. Rather than respond in detail to each individual question, we note our overarching support for the strategy framework and offer some practical strategies as well as some high-level observations on the vision and outcomes. Our main focus is on question five - *what could the Commonwealth do to improve outcomes for children - particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?*

## Practical ideas for the strategy

Based on the pillars of timing, access and equity, navigation, and national consistency, we believe the below actions should form part of any underpinning plans associated with the strategy.

**Improve access to early universal screening:** National screening programs should be established for speech, communication, and motor functioning. These screenings should be free and easily accessible for all children. The screenings should also be held in places such as childcare centres and ELC's to make it easier for families to attend.

**Develop easily accessible information of where to refer for immediate support:** Once a child has been identified as needing support, a simple tool to refer them for immediate support should be developed. This will ensure that families are not left without support and can access the necessary services.

**Facilitate better collaboration:** To improve collaboration, a network of trusted stakeholders should be developed. This will identify the various stakeholders involved in the child's care and how they can work together to ensure the child receives the necessary support.

**Improve linkages:** There are currently many gaps in the system. To address this, linkages between services should be improved. This will ensure that families do not fall through the gaps and can access all the necessary services.

**Greater focus on individual outcomes:** To improve outcomes for children, a greater focus should be placed on individual outcomes. This means that each child's progress should be tracked and monitored to ensure they are meeting their individual goals.

**Support and training for the workforce:** To ensure that professionals are equipped to provide the necessary support, nationally consistent support and training should be provided. This includes GPs, child health nurses, day care workers, and other professionals involved in the child's care.

**Better connectedness, peer support networks, and community engagement:** To ensure families feel supported, better connectedness, peer support networks, and community engagement should be established. This will help families feel less isolated and more connected to their community.

**True consultation and community engagement:** To ensure that families are fully engaged in the process, true consultation and community engagement should be established. This means that families should be consulted on the services they need and how they want to receive them.

## Structure, vision and outcomes

We think that the proposed structure, underpinned by implementation action plans and a clear and measurable outcomes framework is robust and appropriate based on our experience with other strategies and initiatives such as Australia's Disability Strategy (ADS).

We support a strategy vision that is ambitious and bold and enables children to reach their fullest potential. A vision that recognises the joy of childhood, expresses the positive outcomes that arise when children are safe, loved, nurtured, protected and enjoyed. That articulates both support and accountability for those entrusted with their care, and that seeks to ensure every child, regardless of their circumstances are provided with equitable opportunities to explore their interests and develop their unique talent and, ultimately, to thrive.

In respect to outcomes in the strategy, we agree that the focus should be on the physical, cognitive, emotional, and social development of children in the early years. The strategies should ensure that all children have access to the same opportunities for development, learning and growth by reducing poverty, providing housing, improving health and nutrition, promoting, and supporting positive parenting practices, access to quality childcare, supporting school readiness, developing communication and literacy skills and fostering positive relationships with families and communities.

## Improving outcomes for vulnerable and/or disadvantaged children including those with disability

As highlighted earlier, our contribution is based on our unique vantage point in the ecosystem as a multi-disciplinary allied health provider working with children with disability or complex developmental concerns. Improving outcomes for vulnerable and/or disadvantaged children, adolescents and young adults is at the core of what we do. We know children with disability are more likely to experience developmental vulnerability, and as the discussion paper notes, they deserve the same positive experiences and opportunities to thrive as all children.

Based on our experience, we believe there are four key interrelated areas that should be prioritised to improve developmental outcomes for children with disability and their families: timing, access and equity, navigation, and national consistency.

These are areas which we think will have significant impact – improving connectedness, linkages, and facilitating greater collaboration across the health system; ensuring the right supports are available at the right time to maximise the impact of interventions regardless of social or economic circumstances; and providing a national approach that means where you live no longer determines the likelihood to access and/or outcomes.

### Timing

Intervening as early as possible in a child's development enables interventions to have the greatest impact laying the foundations of development for continued growth and learning. As the paper outlines, interventions can be less impactful as the child ages. The most effective interventions for ensuring a child's health and development occur as early in life as possible, particularly during the first 1000 days from conception to the end of the second year, as during this time, there is the greatest potential to shape outcomes and optimise the effects of interventions. If a gap in development emerges by age 5 and is not addressed, it is likely to remain, particularly for those children who are vulnerable or disadvantaged.

It is well evidenced that early identification allows families to intervene earlier, leading to more cost-effective treatment during the preschool years.<sup>3</sup> It is therefore critical that the strategy focuses on providing greater opportunities for early identification of the need for additional supports, as well as the systems for the interventions to occur.

At present, there is a lack of national population-based screening programs to identify developmental delays, which, as we explain later in this response, we believe results in missed opportunities to establish a strong foundation for success in all children.

We wholeheartedly endorse a strategy that emphasises the importance of the first three years as a crucial developmental period for setting children up for success. However, we also acknowledge the need for a longer-term focus to ensure sustained success. It is crucial to recognize that without ongoing support, children with additional needs may struggle as they progress through childhood and into young adulthood. We support an Early Years Strategy focussed on early intervention as well as ongoing support through a child's developmental journey. Both are needed to ensure children are equipped to navigate their futures.

The reality is that without ongoing focus, the losses could outweigh the gains achieved through early intervention – particularly at key transition points such as starting and/or leaving school.

For example, most children face anxiety when starting school, triggered by a new environment, insecure relationships with a new educator, new routines, being surrounded by other children and not understanding instructions. Children with developmental delays or disability find this context particularly challenging which can result in behavioural reactions making it difficult for schools to support the child and leading to negative associations with the school environment and leading to school refusal.

Although we predominantly operate in the paediatric space, we also offer services to young adults where we see these longer-term impacts for children who have fallen through service gaps post earlier in their lives.

### **Access and Equity**

Equitable access to early intervention ensures that all children, regardless of their background or socioeconomic status, have the same opportunities to receive support and reach their full potential.

The discussion paper acknowledges the additional barriers for children from low socioeconomic areas, families with disability, CALD or first nations backgrounds, or regional or rural areas in accessing early intervention services and supports. Barriers can include lack of financial resources, health issues, language and/or digital literacy, knowledge about available services, or ability to self-advocate. This can lead to disparities in developmental outcomes and widen existing gaps in health, academic achievement and longer term social and economic outcomes.

Better access and equity requires a focus on increasing awareness and education. Many families may not be aware of the availability of early intervention services or may not know how to access them. We often engage with parents who have wasted months, or years on paediatrician waitlists when they could have received allied health therapies, and parent support during a child's early years.

Increasing awareness and education through outreach efforts, community events, and partnerships with regularly accessed healthcare or other service providers can help families understand the importance of

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<sup>3</sup> [Birth to 5: Watch Me Thrive! | The Administration for Children and Families \(hhs.gov\)](#)



early intervention and how to access services. Providing information and services in culturally appropriate ways to support families from diverse backgrounds can build knowledge and confidence and reduce stigma around accessing supports.

Embedding services within the community, for example within childcare, community centres, kinder/early learning settings, healthcare or other regularly accessed services can help identify children in need of early intervention and increase access to services. In our experience collaboration across services also supports better ongoing engagement in and continuity of care.

Whether due to parental stress, language barriers, caregiver disability or other factors, parents can find it difficult to repeatedly tell their story and may struggle to adequately convey their concerns and recount their child's history to a new person or organisation. Better collaboration across service providers can improve sharing of information, reducing the risk of children falling through the gaps.

Increased access and equity is also dependent on central and easy to navigate referral and connection processes (discussed further under navigation) - not necessarily coordinated by one single organisation but a collaboration of many, that enables families to easily find and follow a path or flow that will lead to no or low cost, high standard accessible services. This can be supported by digital solutions such as telehealth when geography presents a barrier to access.

Accessibility of information example: Victorian Early Years Learning and Development Framework (VEYLDF).

[Early Years Communication Practice Guide \(vcaa.vic.edu.au\)](http://vcaa.vic.edu.au)

The purpose of this guide is to:

- Strengthen early years professionals' understanding of the importance of communication across the birth to eight years age range.
- Support practices that consolidate and strengthen all children's communication skills.
- Guide the assessment practice decisions of early years professionals working within and across early years services and settings and in the early years of school.
- Support improvements in the quality of engagement between early years professionals and children and families, and with other early childhood professionals.
- Highlight the importance of the birth-to-three-years period in establishing a strong foundation for subsequent communication skill development.

## Navigation

Early intervention services can be fragmented, and families may struggle to navigate the different systems and providers involved in their child's care. As discussed above, this can be particularly challenging for families who may not have the resources or knowledge to navigate the system effectively.

There is no one clear path for families to access services and supports when they first become aware their child may need them. Australia lacks a centralised intake and advisory system to guide parents on this confronting journey.

ESA can often be the first point of contact for parents when they have concerns, but don't know what to do or how to access supports. They may have heard that an Occupational Therapist or Speech Pathologist can

help with the specific concerns they have identified, or they may have been told by a friend or family member that this is the best course of action. They may have googled certain signs or symptoms and found our services that way.

Our therapists regularly support and guide families to understand their options – for example getting on to a paediatrician’s waitlist, applying for NDIS early intervention funding, understanding Medicare rebates for chronic disease management plan, child development services etc. We see the full spectrum of families and care givers, differing levels of competence navigating supports, different levels of need, and who may or may not be eligible for supports/funding. We often work with families who express their extreme frustrations researching and trying to find the supports they need on top of the logistics of attending multiple appointments weekly for a single child.

Current systems also assume families have the knowledge and skills to navigate this complex ecosystem (literacy, computer skills, access to tech, English proficiency, internet access, stable housing, financial resources). Our experience tells us that forming a dynamic support team around a child is dependent on a persistent, articulate parent who does not face additional barriers such as financial, employment and/or housing stress. This connects directly to the issues of access and equity raised above, and the need for increased education and resources. We also know parents often feel better able to make decisions about their child’s supports when they were able to discuss their options with a trusted individual.<sup>4</sup>

A practical example of this impact is therapists seeing two children with similar presentations and needs coming into the same clinic with different NDIS funded plans. This causes us to contemplate how other factors in the child’s funding, such as socioeconomic, geographic, community supports may be impacting on the funding decision, and how this can be addressed within the early years strategy.

### **National Consistency**

A nationally consistent, holistic approach to screening links directly to timing, access, equity, and navigation. We believe national consistency to screening should be considered critical to a successful early years strategy.

Australia currently lacks a nationally consistent approach to screening across all childhood development. While systems exist across the states and territories, for example, national hearing screening at birth or free vision screening for pre-schoolers, there are no nationally consistent programs or approaches dedicated to speech, communication, and motor functioning.

We are missing key opportunities to consistently identify children with developmental delays or disabilities early in life when interventions are most effective.

The current system results in some children being screened more or less frequently than others, depending on where they live or the resources available within the family or in their community. This leads to disparities in screening rates and access to early interventions, exacerbating existing inequalities in developmental outcomes.

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<sup>4</sup> [Literature and Research relevant to our field of practice. Include guidelines: Autism, ADHD, Peak body statements, Reimagine \(consultation response\), Research of our own employees \(Dr Nicole Grant\), \(Caroline De Fina\)](#)

A targeted, national approach to holistic screening would positively impact access and equity in interventions, helping to ensure that all children are screened consistently, regardless of where they live or their socioeconomic status.

**Case Study: The Maternal and Child Health (MCH) Service in Victoria**

<https://www.health.vic.gov.au/primary-and-community-health/maternal-and-child-health-service>

The MCH service in Victoria provides a universal health and development assessment for all children at 2, 4, and 12 months of age, and again at 18 months and 3.5 years of age.

This service is designed to identify any health or development concerns early so that families can access the necessary support.

Further, at a policy level, nationally consistent and aligned screening measures have the added benefit of being able to help identify trends in developmental delays or disabilities across different populations or geographic areas. This information can be used to target interventions and resources where they are most needed, and to better evaluate the effectiveness of early intervention programs.

## Conclusion

Early Start Australia appreciates the opportunity to contribute to this important discussion. We strongly support the government's desire to create a strategy that will celebrate the successes of Australian children and to ensure that no child or family is held back or left behind.

We hope that our input, based on our unique position in the early years ecosystem, provides useful insight and we would welcome the opportunity to discuss any element of our submission with you in more detail.

### ESA Contact

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