

Position Statement on the Early Start Denver Model (ESDM) in Australia An Evidence-Based and Neurodiversity-Affirming Model of Inclusive Early Learning

Purpose of the Statement

This position statement provides an overview of the Early Start Denver Model (ESDM) as an evidence-based, neurodiversity-affirming early learning approach for young autistic children. It outlines the model's alignment with best practices in early childhood intervention, its application across community settings, and the rigorous training and certification process for ESDM therapists. The statement aims to clarify the role of ESDM in supporting the inclusion, development, and well-being of autistic children within their communities.

Audience

This statement is intended for key stakeholders involved in early childhood intervention, autism support, and early learning, including:

- Caregivers and families of autistic children
- Early childhood educators and care professionals
- Early intervention practitioners, including allied health professionals (speech therapists, occupational therapists, psychologists) and early childhood and specialist educators
- NDIS planners and support coordinators
- Policy makers and funding bodies in the disability and early childhood sectors

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THE EARLY START DENVER MODEL

An evidence-based and neurodiversity-affirming model of inclusive early learning

The Early Start Denver Model (ESDM) was brought into Australia in 2009 by a collaboration between La Trobe University, University of NSW and KU Children's Services to be embedded in the Federally funded Autism Specific Early Learning and Care Centres (ASELCCS) in Liverpool and Melbourne. The ASELCCS were developed under a Department of Social Services initiative, established in each state of Australia, by the Helping Children with Autism Funding (HCWA).

At the heart of the ESDM is the empirical knowledge base of infant-toddler learning and development principles. ESDM practices are based on replicated evidence from research on early childhood learning and development learning. The ESDM was chosen as the intervention of choice because of its high level of scientific evidence for autistic children under the age of 6. It was also chosen because of its direct alignment with the Early Years Curriculum Framework. As a naturalistic play and routines-based early education approach specifically designed for supporting autistic children in community settings, it was appropriate to embed it in Mainstream Early Childhood Education and Care Settings, Intervention Programs, Therapy Clinics, and the Family Home. Therefore, it was the most suitable choice for the ASELCCs.

To deliver the ESDM, you need to be trained and Certified by a UC Davis Certified ESDM Trainer (4 of us active in Australia). This is usually a 12 month fully supervised process to reach Certification in the model, that follows on from 30-hours of Introductory and Advanced

workshops. Once Certified, the practitioner's name is displayed on the ESDM.co website all over the world. At the time of writing this position statement, there are 164 Certified Therapists in Australia. Ongoing effectiveness and adherence to the delivery of this approach can be evaluated by using the ESDM Fidelity Rating Scale (Rogers & Dawson, 2010). This measures adult fidelity at using key teaching principles and has contributed to the high level of scientific evidence supporting this model.

Of equal importance, this model needs to be delivered by a multi-disciplinary team of allied health practitioners, including Speech Therapists, Occupational Therapists, Psychologists as well as Early Childhood Teachers, each also trained to the level of a Certified ESDM Therapist. Multi-disciplinary support and advice can also come from outside the organisation, via the child's regular therapist.

The teaching principles used in this model are informed by expertise from early childhood education and allied health professions. There are numerous ESDM manuals and resources to support tailoring therapy to everyday contexts, such as families, early childhood education and allied health service providers.

Major learning goals include skills that enable bi-directional social learning and engagement in naturalistic play and cooperative activities. Play is the natural medium of learning for all young children, so is used as the most natural medium for neurodivergent children accessing this early education approach. Through play and daily routines, we can embed all of the child's goals, whether it is via object focused play, caregiver mediated play, or peer play and daily routines, for example meals, dressing and bathing.

Becoming a connected and responsive play partner with neurodivergent children is the most beneficial starting point for their enjoyment of learning for life. All children of all abilities have the right to live their childhood in the most natural way and learn alongside their peers of similar age, using early learning approaches that are evidence-based and naturalistic, such as this one.

The ESDM is an early education approach aiming to:

- Support early childhood development
- Support autonomy and self-expression
- Enhance the child's and family's well-being and quality of life
- Enable social inclusion across all settings
- Foster full participation in learning and play

The ESDM promotes practices that are rights-based, strengths-based and neurodiversity-affirming. It achieves this by:

- building workforce capacity in professionals working with neurodivergent children
- understanding and supporting co-regulation between the child and the adult
- building the capacity of families to support their children's well-being with independence and self-determination
- supporting the development of socially inclusive community settings where children and families can participate fully and enjoy positive and reciprocal relationships.

NB: While the ESDM initially utilised high-intensity delivery (i.e., 25 hours / per wk), recent ESDM research has focused on low intensity and inclusive community-based delivery. Many of these studies focus on the complementary combination of caregiver-mediated and low-intensity therapist-delivered interventions. This research highlights the model's feasibility and applicability to the range of settings that children and their families access across their local communities, ensuring this model can be a neurodiverse affirming approach to early learning.

It is also important to note that the best practice framework used in delivery of this model is ECIA (2016) National Guidelines: Best Practice in Early Childhood Intervention.

For information about how the ESDM aligns with the best practice guidelines, please see Appendix A.

Appendix A: Alignment between best practice framework and ESDM

Best practice area	ESDM alignment	Research and references
Family centred and strengths-based practice	The ESDM utilises a Key Worker model to collaborate with families to develop learning goals, embed learning opportunities in daily routines and monitor progress. This ensures that supports are individualised to the child and family. Both the child's strengths and areas requiring support are identified through quarterly play-based assessments. Of note, a child's strengths and interests are utilised to support learning across all areas.	Rogers, S. J., & Dawson, G. (2010). <i>Early Start Denver Model for young children with autism: Promoting language, learning, and engagement</i> . Guilford Press
Culturally responsive practice	The ESDM emphasises adapting its practices to ensure interventions align with the cultural context and meet the unique needs of each family in a culturally safe way. In addition, ESDM manuals are available in more than fifteen languages, supporting access for professionals and families	Al Fahdawi, Z. <i>et al.</i> Developmental and Functional Outcomes Amongst Culturally and Linguistically Diverse Autistic Children. <i>Journal Autism Developmental Disorders</i> (2024)

	from diverse cultural and linguistic contexts.	
Inclusive and participatory	The ESDM emphasises working on goals that support each child's participation in routines and cooperative experiences that reflect typical childhood experiences, promoting inclusion and a sense of belonging. This is further supported by the emphasis on collaborating and capacity building of all members of a child's care team, including caregivers and early childhood educators.	Vivanti G, et al., Outcomes of children receiving Group-Early Start Denver Model in an inclusive versus autism-specific setting: A pilot randomized controlled trial. <i>Autism</i> . 2019
Engaging the child in natural environments	The ESDM prioritises embedding learning opportunities as part of play and daily routines in the child's community setting, like their home and preschool. This approach ensures children generalise new skills into their environments, maximising learning outcomes and supporting child participation.	Rogers, S. J., et al (2012). <i>An early start for your child with autism: Using everyday activities to help kids connect, communicate, and learn</i> . Guilford Press. Vivanti, G., et al (2017). <i>Implementing the group-based Early Start Denver Model for preschoolers with autism</i> . Springer.
Collaborative team work practice	The ESDM employs a Key Worker approach to foster collaboration among all team members, including caregivers, early childhood educators, and specialist referrals. This approach is supported by a transdisciplinary model, ensuring coordinated care.	Rogers, S. J., & Dawson, G. (2010). <i>Early Start Denver Model for young children with autism: Promoting language, learning, and engagement</i> . Guilford Press
Capacity building practice	The Parent-ESDM (P-ESDM) is a dedicated model for capacity-building caregivers, and includes resources	Rogers, S. J., Dawson, G., & Vismara, L. A. (2012). <i>An early start for your child with autism: Using everyday activities to</i>

	<p>developed specifically for caregivers and available to the community at large.</p> <p>The University of Wollongong and LaTrobe University investigated the outcomes of implementing the ESDM in early education and care services via targeted professional development programs. Results of these studies found that the benefits extended beyond child outcomes to educators, who were supported to develop the knowledge, understanding and strategies to engage and teach autistic children. These programs are now delivered across Australia.</p> <p>The key worker model utilised also facilitates ongoing capacity building for all members of a child's team, including caregivers, educators and therapists. Examples include that learning goals are customised to a child's setting, with members of the care team supported to embed these.</p>	<p><i>help kids connect, communicate, and learn</i>. Guilford Press.</p> <p>Waddington, H. et al (2024). Low-intensity parent- and clinician-delivered support for young autistic children in Aotearoa New Zealand: A randomised controlled trial. <i>The Lancet</i></p> <p>Aylward, E & Neilsen-Hewett, C. (2021). One for the Team: applying an evidence-based model of intervention for children with ASD in mainstream early childhood education and care settings via a targeted professional development program.</p>
<p>Evidence Base, Standards, Accountability and Practice</p>	<p>The ESDM has a comprehensive history of scientific research for autism intervention for children under age 6. This includes across multiple delivery models, for example parent coaching, high- and low-intensity, early education settings and so on. The process to become a certified</p>	<p>Please see list of publications here; https://www.esdm.co/research-articles Please see information regarding training and supervision to become a certified ESDM therapist here; https://www.esdm.co/therapist-certification</p>

	ESDM therapist is rigorous, taking a minimum of 12 months to complete under the supervision of a registered ESDM Trainer.	
Outcome based approach	The ESDM uses a comprehensive developmental checklist to identify a child's current strengths and areas requiring support, to develop individualised goals and monitor progress over time. In addition, regular data collection and monitoring ensure that therapy supports progress towards achieving these goals.	Rogers, S. J., & Dawson, G. (2010). <i>Early Start Denver Model for young children with autism: Promoting language, learning, and engagement</i> . Guilford Press