



# Review of Best Practice in Early Childhood Intervention

Targeted Action Plan  
Deliverable 4

## Review Report

---

Version 2.0, December 2024  
The University of Melbourne



THE UNIVERSITY OF  
MELBOURNE

# Acknowledgments

The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples (Burnley, Fishermans Bend, Parkville, Southbank and Werribee campuses), the Yorta Yorta Nation (Dookie and Shepparton campuses), and the Dja Dja Wurrung people (Creswick campus).

The University also acknowledges and is grateful to the Traditional Owners, Elders and Knowledge Holders of all Aboriginal and Torres Strait Islander nations and clans who have been instrumental in our reconciliation journey.

We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We also acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Aboriginal and Torres Strait Islander knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Aboriginal and Torres Strait Islander colleagues and partners.

This document has been developed by a University of Melbourne-led Consortium as part of an independent review of best practice in early childhood intervention in Australia.

Funded by the Department of Social Services, the consortium is led by Professor Christine Imms of the University of Melbourne in partnership with Murdoch Children’s Research Institute (MCRI), Professionals and Researchers in Early Childhood Intervention (PRECI), SNAICC - National Voice for our Children and Children and Young People with Disability Australia (CYDA).

## Recommended Citation

Imms, C., Moore T., Luscombe, D., SNAICC authors, Wilson, M., Knight, S. (2024). *Review of best practice in early childhood intervention: Review Report*. The University of Melbourne, funded by and provided to the Commonwealth of Australia’s Department of Social Services.

Along with the named authors of the report, we acknowledge Leadership Team members Bruce Bonyhady, Kirsten Deane, Anita D’Aprano, Gretchen Young, Skye Kakoschke-Moore and Karen Dimmock, Susana Gavidia-Payne, Kerry Bull, Anoo Bhojti and advice and research assistance from the SNAICC Policy and Research and Programs Teams, national and international expert advisors.



# Table of Contents

<b>Table of Contents</b> .....	<b>3</b>
<b>List of Tables</b> .....	<b>5</b>
<b>List of Figures</b> .....	<b>5</b>
<b>1 Executive Summary</b> .....	<b>6</b>
1.1 Aim .....	6
1.2 Methodology.....	6
1.3 Key findings .....	6
1.4 Recommendations .....	9
<b>2 Introduction</b> .....	<b>9</b>
2.1 A note about terminology.....	9
2.2 Aim .....	10
<b>3 Methodology</b> .....	<b>10</b>
3.1 Evidence from the literature.....	10
3.1.1 Narrative review of policy, research and practice .....	11
3.1.2 Scoping review to compare early childhood intervention frameworks.....	11
3.1.3 Systematic review of research-tested interventions and strategies.....	12
3.2 Evidence from the consultations .....	13
3.2.1 Professionals and Researchers in Early Childhood Intervention (PRECI) .....	13
3.2.2 SNAICC: National Voice for Our Children .....	13
3.2.3 The Association for Children with a Disability (ACD) .....	14
3.2.4 Healthy Trajectories qualitative study with young people .....	14
3.3 Methods used to synthesise the evidence.....	14
<b>4 Findings</b> .....	<b>15</b>
4.1 What is a practice framework.....	15
4.1.1 Who this practice framework is for .....	16
4.1.2 Defining key terms .....	16
4.2 Synthesis of findings, identifying candidate items.....	17
4.2.1 Vision, aims and outcomes – for all children .....	17
4.2.2 Vision / aims for children with developmental concerns, delay or disability and their families .....	24
4.2.3 Proposed theory of change.....	31
4.2.4 Principles for practice .....	34
4.2.5 Practices .....	41
4.2.6 Strategies .....	59
4.3 Service system and implementation issues .....	61
4.3.1 Service systems challenges .....	61
4.4 Tools instruments and resources to support implementation .....	65
4.4.1 Evidence from the desktop review .....	65
4.4.2 Evidence from the consultations .....	65
<b>5 Discussion</b> .....	<b>66</b>

5.1	Strengths and limitations .....	66
5.2	Variation amongst perspectives.....	67
5.3	Addressing terms and terminology.....	68
5.4	What still needs to be addressed.....	69
5.4.1	How much is enough?.....	69
5.4.2	Integrating discipline and/or diagnostic specific evidence .....	69
<b>6</b>	<b>Implications for the best practice framework.....</b>	<b>70</b>
6.1	Who the framework is for.....	70
6.2	The form the framework should take .....	70
6.3	Implications for implementation .....	71
6.4	Implications for service systems .....	71
<b>7</b>	<b>Recommendations.....</b>	<b>72</b>
<b>8</b>	<b>References .....</b>	<b>73</b>
<b>9</b>	<b>Appendix.....</b>	<b>75</b>
9.1	Summary of stakeholders reached during the consultations .....	75

## List of Tables

Table 1: Definitions of key terms relevant to a practice framework.....	16
Table 2: Synthesis of principles identified in the consultations and desktop reviews .....	35
Table 3: Synthesis of practices identified in the consultations and desktop reviews .....	43
Table 4. An overview of participant demographics from the four consultations .....	75

## List of Figures

Figure 1: Theory of Change - Part 1 .....	32
Figure 2: Theory of Change - Part 2 .....	33
Figure 3: The Practice Cycle .....	41

# 1 Executive Summary

This Review Report has been prepared as part of an independent review of best practice in early childhood intervention (ECI) commissioned by the Department of Social Services. The review is being undertaken in fulfilment of Action 2.4 of the Early Childhood Targeted Action Plan, which is part of the implementation of Australia's Disability Strategy 2021-2031.

## 1.1 Aim

The Review Report is Deliverable 4 of 7 deliverables that form the independent review of best practice in ECI. The aim of this Review Report was to bring together the key findings and recommendations from the literature and the lived experiences and expertise of the ECI stakeholders who took part in the deep engagement and co-production activities. This synthesis will inform the development of the draft practice framework (Deliverable 5) and identify implications for developing the tools, resources and advice for implementation (for Deliverables 6 and 7).

## 1.2 Methodology

The evidence that underpins this report is derived from that gathered using two primary methods. The two methods were reviews of the literature (comprising three reviews) and consultations with stakeholders across Australia (comprising four approaches). Findings across these seven sources were synthesised to determine key elements and candidate content required for a practice framework for ECI.

## 1.3 Key findings

A practice framework:

- is a structured approach that provides a set of assumptions, concepts, values, and practices, and acts as a bridging tool for knowledge synthesis and communication
- provides a set of principles (based on core assumptions, values, and concepts), processes (practices required to implement the principles), indicators of process and practice applications and fidelity, and identification of the range/type of evidence required to demonstrate the indicators and outcomes.

The ECI Practice Framework is for:

- those working with families of children who have developmental concerns, delay or disability in the early childhood period (i.e., <9 years of age)
- the systems, services, and approaches intended to support the health, wellbeing, learning and development of children and their families in the early years of a child's life
- parents/carers, families and communities raising young children with developmental concerns, delay or disability who also require guidance to support their decision-making
- children with any, or multiple diagnoses or developmental concerns or delay, and
- families with diverse needs no matter where they live in Australia.

A practice framework articulates

- a vision and aims
- outcomes sought
- a theory of change
- principles underpinning practice
- practices aligned to principles
- strategies applied in particular circumstances
- indicators of implementation and outcome effects
- tools and resources for implementation
- accountability mechanisms

#### Candidate content for the ECI Practice Framework

- The vision and aims are that
  - all young children with developmental concerns, delay or disability and their families thrive.
- The overall aim for children with developmental concerns, delay or disability and their families is to
  - ensure that children with developmental concerns, delay or disability and their families have the conditions they need to thrive, including any additional services (such as ECI services) and other supports needed
- The overall aim for ECI services is to
  - promote the capabilities of parents, carers, service providers and communities to be able to provide children with developmental concerns, delay or disability with the experiences and opportunities they need to participate meaningfully in home, community and ECEC/school settings and build their capacity and agency.
- The specific aims for ECI services, are to
  - build on child strengths, interests and preferences in daily life to enhance learning, development, engagement and participation in everyday activities
  - honour and extend existing family culture, knowledge, skills and confidence to support child and family quality of life
  - understand and promote safe, welcoming, inclusive, responsive and connected communities
  - contribute to, and be part of, a collaborative and integrated network of support for families, children, communities and colleagues
- The proposed theory of change, includes eight 'if this, then that' statements:
  - **If** we provide children and families with the core care conditions that they need...**then**, we will see children and families attaining positive outcomes needed to thrive;
  - **If** ECI services are part of a comprehensive integrated social and services network...**then**, it will be more likely that children, parents, carers, and families are provided with the core care conditions they need;
  - **If** system, policy and funding settings are designed and established to support effective and equitable ECI service provision...**then** ECI will contribute to positive early developmental and health outcomes at national and population levels;
  - **If** ECI services base the support that they provide on a best practice framework ... **then**, they will be more effective in promoting the capabilities of parents/carers and

other adults to provide children with the environments, experiences and opportunities they need.

- **If** ECI services critically reflect on their cultural safety practices, build their cultural capability, and provide culturally safe services for Aboriginal and Torres Strait Islander children and families ... **then** it will be more likely that Aboriginal and Torres Strait Islander children and families will comfortably engage with and benefit from ECI services.
- **If** parents and carers of children with developmental concerns, delay or disability have timely access to ECI support services ... **then** they will be able to understand and meet their child and family needs at an early stage, laying the foundation for positive parent/carer-child interactions, child development and family functioning.
- **If** ECI services successfully promote the capabilities of parents, carers and others involved in the child's life...**then** they will be able to provide the children with the experiences and opportunities they need to participate meaningfully in their everyday home, ECEC and community environments and build their capacity and agency.
- **If** parents, carers and others involved in the child's life are able to provide the children with the environments, experiences and opportunities they need ... **then** the children will be able to participate meaningfully in home, community and ECEC settings and build their capacities and agency for the future.
- The principles: ECI practice is
  - Culturally safe
  - Rights based
  - Family-centred
  - Community-centred
  - Child-centred
  - Authentic relationships
  - Focused on inclusion and participation in natural/everyday settings
  - Strengths based, future-focused
  - Outcomes focused
  - Collaborative
  - Evidence-informed
- The practices aligned with principles are
  - Culturally safe supports, practices and services
  - Relationship based practices
  - Child-focused practices that are affirming and build on their strengths
  - Family-centred practices that empower and strengthen parents, carers and families, and are tailored to their needs and circumstances
  - Practices that support holistic, wrap-around integrated service provision that is inclusive of early childhood education and other community settings
  - Timely identification and responsiveness to concerns (seek and respond)
  - Community-focused practices that build knowledge and awareness
  - Embedded in the natural/everyday settings of children and families
  - Inclusive and support participation
  - Adopt a continuum of support approach, based on needs

- Assessment practices for children and families that are authentic, strength-based, culturally relevant and safe
- Trauma-informed
- Evidence-informed practices
- Practices around child protection and children in out of home care
- Delivered by a skilled, knowledgeable, evidence-informed workforce
- Service system and implementation issues are identified including the need for system level changes and implementation of nationally consistent accountability mechanisms.

## 1.4 Recommendations

That the findings presented in this Review Report be used as the basis for the co-creation of the framework. Co-creating the framework will involve:

- drawing on the diverse perspectives and knowledge of the broad project team
- re-engagement with a proportion of the stakeholders who were previously consulted
- making the decisions that are still to be made, for example, regarding terminology, exact content for each element of the practice framework, the preferred sequence of information
- crafting the language to ensure the framework is accessible and applicable to the needs of diverse users.

## 2 Introduction

This Review Report has been prepared as part of an independent review of best practice in early childhood intervention (ECI) commissioned by the Department of Social Services (DSS). The review is being undertaken in fulfilment of Action 2.4 of the Early Childhood Targeted Action Plan, which is part of the implementation of Australia's Disability Strategy 2021-2031.

The purpose of the action is to:

*review guidance for best practice in ECI and prepare a framework for best practice in ECI that reflects current research and evidence.*

This project will contribute to the second objective of the Early Childhood Targeted Action Plan (TAP):

*to strengthen the capability and capacity of key services and systems to support parents and carers to make informed choices about their child*

The primary objective of this work is to co-produce an Australian Early Childhood Intervention Practice Framework that is founded on the best available evidence, is practical and can be implemented and evaluated for effectiveness and impact. The goal is that all children growing up in Australia live in thriving families and communities that support their health, development and wellbeing, and that children with developmental concerns, delay, or disability receive the support they need to participate fully in their families and community

### 2.1 A note about terminology

The review report uses the term *early childhood intervention* (ECI) to refer to specialist services for young children with developmental concerns, delays and disability. However, we note that, as the ECI sector has evolved, and as confirmed through our consultations, questions have been raised regarding the continued use of the term *intervention*. Professionals and parent groups have indicated that the term can be problematic for parents and carers, as have Aboriginal and Torres Strait Islander groups where it is commonly and negatively associated with child protection ‘interventions.’

During the PRECI consultations, the term intervention was specifically discussed. Various opinions about its use and usefulness were canvassed, and alternate terms were considered – for example early years’ connections or supports. During the SNAICC consultations, the word intervention was not used for the reasons outlined above. The phrase used in these consultations was ‘early childhood developmental support’. During our engagement with experts, some advice was given regarding the international use of the term ‘intervention’, and that there may be unintended consequences of changing a well-known term.

Through the process of drafting and consulting about the practice framework in Deliverable 5, a discussion paper will be developed to finalise decisions regarding the term. Whatever term is used, it needs to convey to parents and others that these specialist services are the additional supports needed by children with developmental concerns, delays and disability and their families to ensure that they have the conditions they need to thrive.

We use *Aboriginal and Torres Strait Islander* and *Indigenous* through the report, depending on context. We use Aboriginal and Torres Strait Islander when referring to Aboriginal and Torres Strait Islander people in the Australian context. The term Indigenous is used when referring to First Peoples from international contexts, when it is in a title or used in an article, and when referring to non-Indigenous people.

## **2.2 Aim**

To prepare a report that brings together the key findings and recommendations from the literature and the lived experiences and expertise of the ECI stakeholders who took part in the deep engagement and co-production activities. This synthesis will inform the development of the draft practice framework and identify any implications for developing the tools and resources and advice for implementation.

## **3 Methodology**

The evidence that underpins this report is derived from that gathered using two primary methods. The two methods were reviews of the literature (comprising three reviews) and consultations with stakeholders across Australia (comprising four approaches) as briefly described below.

### **3.1 Evidence from the literature**

Three desktop reviews were conducted to gain a full understanding of the evidence from the literature that should underpin a practice framework for ECI. The overarching question for the desktop reviews was: What is best practice in ECI?

The full report of the Desktop review provided detailed methods used in – and specific findings of – each of the three review papers. Only a brief summary of the focus of each review and their methods is provided here.

### 3.1.1 Narrative review of policy, research and practice

The first review paper provided an overall picture of key developments in policy, research and practice relating to young children with and without developmental disabilities and their families. The paper used a narrative review approach to make sense of key developments in policy, research and practice. Narrative reviews are scholarly summaries along with interpretation and critique and are useful for topics that are complex or broad and that require nuanced description and interpretation (Greenhalgh et al., 2018; Sukhera, 2022). The paper built upon an earlier comprehensive overview of policy and practice relating to early childhood intervention (Moore, 2019) and drew on a wide range of research and policy analyses from both peer reviewed journals and grey literature publications by key institutes and organisations.

The key topics covered in the narrative review were:

- The Australian policy context, including developments in policy, research and practice in ECI
- The evidence base for ECI services, including biological and socio-ecological evidence, people’s lived experience, service delivery evidence, evidence-based practice, practice-based evidence, Indigenous and other cultural systems
- ECI services and frameworks, including an overview of aims, outcomes, principles and practices, and practice frameworks

### 3.1.2 Scoping review to compare early childhood intervention frameworks

The second review paper explored what could be learned from a comparison between the frameworks/guidelines developed in Australia, including for Aboriginal and Torres Strait Islander contexts, New Zealand (NZ), the United States (USA), Europe and the United Kingdom (UK). This paper used scoping review methods to address the following key questions:

- what is the aim of ECI
- how is best practice defined
- to whom does it apply
- to what extent are universal principles identified
- what processes, indicators and tools to gather evidence are applied, and
- what are the strengths, weaknesses and challenges of the different frameworks’ approaches?

The scoping review was supported by a structured search of the literature across five jurisdictions to determine what could be learned from a comparison among the frameworks/guidelines developed in those jurisdictions.

The seven key frameworks were:

- *Australia: Framework to inform the development of a National Aboriginal and Torres Strait Islander early childhood strategy and National Aboriginal and Torres Strait Early Childhood Strategy*
- *Australia: National Guidelines: Best Practice in Early Childhood Intervention*
- *Europe: European Association on Early Childhood Intervention (Eurlayid) Recommended Practices in Early Childhood Intervention*

- New Zealand: *He Pikorua Practice framework*
- UK-England: *Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan 'Right Support, Right Place, Right Time'*
- UK-England: *Early years Foundation Stage Statutory Framework for Group and School-based providers: Setting the standards for learning, development and care for children from birth to five*
- USA: *Division for Early Childhood Recommended Practices in Early Intervention and Early Childhood Special Education*

In conducting this review, a targeted search of material from key organisations, as identified by project partners, was undertaken along with forward citation searching for references to the primary documents describing the ECI approach for each jurisdiction. Draft papers for each jurisdiction were produced, reviewed by the project team and discussed with members of the International Expert Advisory Group from the respective jurisdiction to ensure accuracy. In addition, a scoping study methodology was conducted to gather and synthesise evidence specific to the identified frameworks. The Joanna Briggs Institute's methods, which uses the PRISMA-Scoping Reviews approach (Tricco et al., 2018), was followed.

### 3.1.3 Systematic review of research-tested interventions and strategies

The third review paper was a systematic review that aimed to gather, report and synthesise the evidence available to understand the effects and impacts of ECI frameworks. Practice frameworks comprise multiple components: aims and outcomes, principles, practices, strategies and interventions. Practices are the specific actions or behaviours that put the ECI principles into effect: they are how principles are applied. Practices are complex, tailored to settings and families and chosen based on three types of evidence: research-based evidence, practitioner practice knowledge and wisdom, and client values, priorities and circumstances.

In research, practices are typically evaluated as interventions or strategies which may also be described as approaches or programs. We sought evidence from research about interventions or strategies with identifiable elements of ECI practices, as identified in the narrative review. The systematic review aimed to address the following question: What evidence is there of the effects and impacts of the ECI frameworks on child, family and/or service outcomes?

The primary objective of the systematic review was to evaluate the effects and impacts of early childhood intervention frameworks as observed in research investigating practices (strategies, interventions or programs) for children with developmental concerns, delay or disability on:

- The children
- Their parents/carers and/or families, and/or communities
- Service providers and/or professionals and/or organisations/services delivering early childhood intervention.

Evidence to answer the following questions was sought:

- a) What is the nature of research undertaken to examine effects and impacts of these frameworks/guidelines/practices on children, families or services?
- b) How are the ECI practices/interventions defined and described according to what 'intervention' is provided by whom, where, when and how much (duration/intensity/dose)?
- c) What child, family and service outcomes have been identified and measured and how?

- d) Which children and families are included in research related to outcomes (and who is missing)?
- e) To what extent does evidence apply to specific groups of children, including Aboriginal and/or Torres Strait Islander children and families, or those from culturally or linguistically diverse communities?
- f) To what extent does the implementation of ECI frameworks/guidelines deliver positive outcomes for children and families? How is this demonstrated?
- g) What are the identified barriers and facilitators to implementation of best practice frameworks/guidelines?

Structured systematic review methods were used guided by the Cochrane handbook (Cumpston et al., 2019) and PRISMA reporting guidelines (Moher et al., 2009).

## **3.2 Evidence from the consultations**

The results of the desktop review were used to support the consultation and co-production processes with relevant stakeholders; to inform the scope of the new Practice Framework requirements, and to contribute to development of the framework.

Participation principles underpinned the engagement processes that were used across the consultation activities. Our goal was to provide the right conditions for collaboration and engagement, which includes providing space (opportunity to participate), voice (support to express views), audience (access to decision makers) and influence – that decision makers are open to being influenced by the views expressed (Lundy, 2007). The consultation activities were undertaken in four parts, each aiming to reach differing stakeholder groups. The goal was to gain broad reach across Australia to those involved in raising children with developmental concerns, delay or disability and those working with and supporting these children, their families and communities.

The four consultation processes were led by different partners of the project consortium and aimed to reach different stakeholder groups. The detailed methods used in – and specific findings of – each of the consultations are available in Deliverable 3: Consultation Reports. An overview of the demographics of participants is provided in the Appendix.

### **3.2.1 Professionals and Researchers in Early Childhood Intervention (PRECI)**

PRECI conducted consultations with early childhood practitioners and providers, professional organisations, peak bodies, advocacy groups, researchers and academics. PRECI conducted online and in-person focus groups across the country, and implemented an online survey, reaching a total of 1258 individuals. These consultations reached professionals from every state and territory, and from diverse discipline backgrounds, as well as a wide range of professional and peer-support organisations.

### **3.2.2 SNAICC: National Voice for Our Children**

SNAICC convened targeted engagements with Aboriginal and Torres Strait Islanders state and national peak bodies, Aboriginal and Torres Strait Islander community-controlled organisations and families. SNAICC invited Aboriginal and Torres Strait Islander sector peaks and community-controlled child and family services to yarn about their experiences of providing early childhood developmental support. These semi-structured conversations took several forms:

- by video link or phone with individuals or teams from the same organisation
- webinars involving people from a range of organisations participating in SNAICC early childhood programs
- face-to-face meetings at sites where SNAICC was yarning with families.

### 3.2.3 The Association for Children with a Disability (ACD)

ACD undertook consultations with parents/carers and other family members of children with disability and developmental differences. Almost 100 families and parents/carers took part in interactive sessions. Seven online sessions were conducted, hosted by family-led organisations: ACD, Kindred and Kiind, and an Autistic-led organisation: Yellow Ladybugs. Across the families who contributed, the distribution of types of disability broadly reflected the population of children with disability.

### 3.2.4 Healthy Trajectories qualitative study with young people

Healthy Trajectories undertook a qualitative study with 21 young people aged 15-30 years who engaged in individual interviews to explore their experiences of childhood interventions and supports. This study engaged with young people with diverse experiences of disability. This part of the consultation and engagement strategy did not address the need for or structure of a proposed early childhood intervention framework, but rather sought to bring forward young people's perspectives through their recall of their lived experience as children and their consideration of the value and impact of ECI on them as adolescents and young adults.

## 3.3 Methods used to synthesise the evidence

The five key elements included in a practice framework identified in the narrative review were used as the structure for comparing and contrasting findings from each of the three desktop reviews and four consultations. These terms were: Aims; Outcomes; Principles; Practices and Strategies. In addition, we sought information from each evidence source about three additional topics: terminology related to the words 'intervention', and 'best' practice, and any information sourced about volume of intervention or 'how much is enough'.

This process was undertaken in the following stages:

1. The four consultation teams extracted what was learned about each of the five key framework elements and three additional topics in a tabulated summary format
  - a. Shared perspectives were identified and brought together
  - b. Distinct or contrasting perspectives were identified
  - c. The lived experience consultation findings (led by SNAICC, ACD, Healthy Trajectories) were synthesised and compared with the PRECI consultation findings, prior to final synthesis
2. The three desktop review teams extracted what was learned about each of the five key framework elements and three additional topics in a tabulated summary format. In addition to ECI aims and outcomes, the desktop review sought to identify vision statements from National guidelines to ensure that information was considered in this phase.
  - a. Shared perspectives were identified and brought together
  - b. Distinct or contrasting perspectives were identified

3. The synthesised consultation and desktop reviews were tabulated together. Team discussion and a workshop involving the expert advisory panel was used to identify candidate elements for the practice framework. This involved identifying:
  - a. Candidate vision/aims and outcomes
  - b. Candidate principles
  - c. Candidate practices and strategies
  - d. A theory of change

At each stage of the synthesis, care was taken to identify content from any source that was distinct or contrasting, as well as identifying commonalities of perspective.

In addition to identifying the elements required for a practice framework, additional information that was pertinent to the implementation of the framework, or broader service and sector issues was also collated.

## 4 Findings

The findings are presented in three sections as follows:

- What is a practice framework
  - who this practice framework is for
  - defining key terms
- Synthesis of findings and identifying candidate items for the framework
  - vision, aims and outcomes
  - proposed theory of change
  - principles for practice
  - practices
  - strategies
- Service system and implementation issues

### 4.1 What is a practice framework

According to the literature, a practice framework is a structured approach that provides a set of assumptions, concepts, values, and practices, and acts as a bridging tool for knowledge synthesis and communication. In the context of this work, it is intended that the resultant Practice Framework will provide a set of principles (based on core assumptions, values, and concepts), processes (practices required to implement the principles), indicators of process and practice applications and fidelity, and identification of the range/type of evidence required to demonstrate the indicators.

According to Stanley and colleagues (2021), a rigorous practice framework has five interconnected domains:

1. An espoused value, principles and ethical basis for the work drawing on local and international codes of practice, conventions and rights-based treaties
2. An evidenced informed knowledge base, supported by co-creation principles
3. An agreed set of theoretical and methodological approaches to be used

4. An agreed set of skills that are needed and supported by learning teams
5. Practitioner self-awareness, with experiential learning in focus, supported by attention to bias and patterns of practice then explored in supervision

Although there is a set of best practice principles that have been developed for the Australian early childhood intervention sector (Early Childhood Intervention Australia, 2016), there is no practical guidance accompanying them. The resulting gap is significant. Parents are unsure about what they should be asking for, practitioners have little practical guidance on what constitutes best practice, and governments have no way of knowing if the services being funded are effective. What is needed is a best practice framework that provides clear guidance to parents, professionals, and government, and can serve as the basis for monitoring and quality improvement cycles.

#### 4.1.1 Who this practice framework is for

The Practice Framework is for those working with families of children who have developmental concerns, delay or disability in the early childhood period. This includes the systems, services, and approaches intended to support the health, wellbeing, learning and development of children and their families in the early years of a child’s life. Families raising young children with developmental concerns, delay or disability also require guidance to support their decision-making and knowledge of the Practice Framework along with tools and resources to support its use. This framework is for the early childhood period. This period is defined variously across policy areas within Australia and across countries. We have defined this period as birth to under 9 years of age. The whole child, their family and community are in focus.

The Practice Framework is non-categorical – designed for children with any, or multiple diagnoses or developmental concerns or delay, and recognising that families bring diverse needs – including multiple children with developmental needs, or parents/carers with disability or complex health needs themselves – and that children and families’ connection to community is key to good outcomes.

#### 4.1.2 Defining key terms

Key terms pertinent to a practice framework are defined in Table 1.

Table 1: Definitions of key terms relevant to a practice framework

Terms	Definition
Aims	Statements of what services are seeking to achieve.
Vision	A declaration of focus and desired outcomes.
Outcomes	Benefits and changes experienced because of services and supports provided to children and families.
Conditions	What is required in the environment to support outcomes for children and families.
Principles	Rules, beliefs, or ideas that guide behaviour.  Principles can serve as the foundation for a system of belief or behaviour or for a chain of reasoning (i.e., a theory of change).

Terms	Definition
	Principles are independent of context and apply in all circumstances. They are based on three sources: values, rights and evidence.
Practice cycle	The processes or steps involved in engaging, planning, implementing and reviewing intervention/service outcomes for children and families.
Practices	<p>Specific actions or behaviours that put principles into effect.</p> <p>Practices are context-dependent and are methods whereby principles are applied in particular circumstances.</p> <p>Practices are based on three sources of evidence: evidence-based research, practitioner practice knowledge and wisdom, and client values, priorities and circumstances.</p> <p>Practices may not have a 1:1 correspondence with a principle – more than one practice may be needed to act on a principle; a practice may support more than one principle.</p> <p>Some practices may ‘go together’ – i.e., operate in tandem, or be reinforcing of each other.</p>
Strategies	<p>Research-based interventions or ‘named’ approaches that have been tested under research conditions.</p> <p>Research-based strategies or interventions are one of the sources of knowledge on which practices are based. They are interventions that have demonstrated evidence of effectiveness for one or more relevant outcomes under controlled conditions, using rigorous methods of research.</p>
Theory of change	A description of how and why a desired change is expected to occur. A theory of change describes the activities, conditions and assumptions that are intended to lead to the desired outcome. It uses ‘if this, then that’ statements to describe the pathway to the desired outcomes which may be short, medium or long term.

## 4.2 Synthesis of findings, identifying candidate items

### 4.2.1 Vision, aims and outcomes – for all children

#### *Overall aim / vision*

One of the main themes emerging from the consultations and the desktop review was that the vision/aims and outcomes for children with developmental concerns, delay or disability should be the same as those for all children. This means that the ECI Practice Framework needs to be consistent with what national statements and strategies identify as the aims and outcomes for all

children in Australia. This section examines these national statements and strategies to see what they have to say about the aims and outcomes for children.

According to the *National Early Years Strategy 2024-2034* (Commonwealth of Australia (Department of Social Services), 2024), the overall aim is:

That all children in Australia thrive in their early years.

Thriving is a broad term that the Early Years Strategy does not define. To serve as a guide for policy and practice, we need a more specific idea of what thriving looks like, in children as well as in families.

Like all social and economic policies which affect Aboriginal and Torres Strait Islander people, the early years' aims are guided by the *National Agreement on Closing the Gap* (Coalition of Peaks, 2023). The National Agreement sets out four Priority Reforms required by all Australian governments in all their operations to advance self-determination and socioeconomic progress for Aboriginal and Torres Strait Islander people. The are:

- Formal partnership and shared decision making
- Building the community-controlled sector
- Transforming government organisations (and the services they fund)
- Shared access to data and information at a regional level

The *National Agreement on Closing the Gap* also commits all Australian governments to making progress towards 17 socioeconomic outcomes, the most relevant of which is the fourth socioeconomic outcome area - *Aboriginal and Torres Strait Islander children thrive in their early years* – and the associated target – *that by 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.*

The *National Aboriginal and Torres Strait Islander Early Childhood Strategy* (National Indigenous Australians Agency & SNAICC., 2021) was developed to mirror and advance commitments made under the National Agreement. It identifies thriving as central to what we want for children. Its vision is:

That all Aboriginal and Torres Strait Islander children (0-5 years) are born healthy and remain strong, nurtured by strong families and thrive in their early years.

This vision statement identifies thriving in the early years as part of the overall aim but mentions other elements as well. One of these – being nurtured by strong families – is a key condition needed to ensure thriving rather than an overarching aim itself. But the other two elements – being born healthy and remaining strong – look much more like features of thriving. However, strong is another broad term that needs defining.

The vision underpinning ARACY's *The Nest* (ARACY, 2014) is more specific about what thriving involves:

All young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture.

With the exception of *having material basics* (which is a condition needed to ensure thriving rather than an outcome), these features do begin to give us a picture of what thriving involves.

Other statements of aim/vision for young children can be found in the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (Commonwealth of Australia, 2023) and the Australian *Early Years Learning Framework (EYLF)* (Australian Government Department of Education, 2022). The Royal Commission focused on people with disability and envisages an Australian community where people with disability: live free from violence, abuse, neglect, and exploitation; where human rights are protected; and individuals live with dignity, equality and respect and can fulfil their potential. This is a description of some of the conditions needed for people with disability to thrive, rather than a description of what thriving involves.

The EYLF focuses on children's learning, and views children's lives as characterised by *belonging*, *being* and *becoming*. *Belonging* is knowing where and with whom you belong and is built upon trusting relationships and affirming experiences with key carers. *Being* is about children knowing themselves, developing their identity, building and maintaining relationships with others, and meeting challenges in everyday life. The early childhood years are not solely preparation for the future but also about children being in the here and now. *Becoming* is about children developing and learning, having support from families and others and opportunities to grow and learn.

Synthesising these vision statements, ***the key elements of thriving*** for young children are:

- being healthy
- being connected
- being safe
- having trusted relationships
- participating
- learning
- having a positive sense of identity and culture

Given the importance of families for children in the first five years, there is a very strong case for expanding the overall aim to include families. However, thriving in families is not described in any of the vision statements.

## **Outcomes**

Another way of understanding what thriving involves is to examine what outcomes are being sought. Outcomes are the benefits and changes experienced as a result of the services and supports provided to children and families.

The main focus of the various national strategies and frameworks is identifying outcomes for children. They mention outcomes for families and for communities, but in much less detail.

### ➤ **Outcomes for children**

The outcomes identified in the National Early Years Strategy are:

1. Children are nurtured and safe
2. Children are socially, emotionally, physically and mentally healthy
3. Children are learning
4. Children have strong identities and connections to culture
5. Children have opportunities to play and imagine
6. Basic needs are met
7. Families are empowered, connected and supported

8. Communities are strong and inclusive places for children and their parents or carers to live, grow, play and connect

Only three of these outcomes (2, 3 and 4) are true outcomes for children, i.e., that describe what we want the children themselves to be and be able to do. One outcome (7) describes an outcome for families, while the other outcomes listed describe the conditions that children and their families need in order to achieve these outcomes – to be nurtured and safe, to have their basic needs met, and to live in strong and inclusive communities.

Although these outcomes are meant to be aligned with ARACY's *The Nest*, the list omits one of The Nest's six outcomes: *participating*, which includes being involved with peers and the community, being able to have a voice and say on matters, and being involved in decision-making processes that affect them.

The EYLF has five learning outcomes:

- Children have a strong sense of identity
- Children are connected with and contribute to their world
- Children have a strong sense of wellbeing
- Children are confident and involved learners
- Children are effective communicators.

The *National Aboriginal and Torres Strait Islander Early Childhood Strategy* does not nominate any outcomes for children but does identify five goals that can be considered as outcomes. Three of those relate directly to children:

- Aboriginal and Torres Strait Islander children are born healthy and remain strong
- Aboriginal and Torres Strait Islander children are supported to thrive in their early years
- Aboriginal and Torres Strait Islander children are supported to establish and maintain strong connections to culture, Country, and language

Synthesising these outcome statements gives the following list of **child outcomes**:

- Children are socially, emotionally, physically and mentally healthy
- Children are learning
- Children have strong identities and connections to culture
- Children are connected with parents/carers
- Children are safe
- Children are participating

➤ **Outcomes for families**

Outcomes for families are not so well articulated. The only outcome identified is the one from the Early Years Strategy:

- Families are empowered, connected and supported

This can be regarded as three separate outcomes:

- Families are empowered – with skills, resources and capabilities
- Families are connected – with other parents and their local community

- Families are supported – by responsive and inclusive supports and services

A key outcome in the *National Aboriginal and Torres Strait Islander Early Childhood Strategy* is that children ‘grow up in safe nurturing homes, supported by strong families and communities.’ The Strategy notes the importance of families and communities being active partners in building a better service system. As discussed below, Aboriginal and Torres Strait Islander people do not regard families and communities as distinct entities, but as inextricably linked.

### ➤ **Outcomes for communities**

Outcomes for communities are mentioned in two of the national strategies.

The Early Years Strategy identifies a single outcome for communities:

- Communities are strong and inclusive places for children and their parents or carers to live, grow, play and connect

Strong communities are defined as:

- Places or groups with shared interests in the wellbeing of the people within them. This could include a sense of belonging, trust, safety and caring for one another, as well as having the right supports at the right times. Communities are strong when they listen and respond to the needs of the people within them. We want communities that value children and recognise the important contribution parents and carers make.

The role of communities is even more important for Aboriginal and Torres Strait Islander people. This is because child rearing is not seen as a sole responsibility of individual families but of the whole community, and the wellbeing of the child is therefore inextricably linked to the social, emotional and cultural wellbeing of the whole community.

The *National Aboriginal and Torres Strait Islander Early Childhood Strategy* has two goals/outcomes that mention communities:

- Aboriginal and Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities
- Aboriginal and Torres Strait Islander children, families and communities are active partners in building a better service system

Aboriginal community-controlled organisations (ACCOs) and health organisations (ACCHOs) play a key role in ensuring these outcomes are met.

### **Conditions needed to achieve these outcomes**

Statements of aims and outcomes need to be complemented by accounts of the conditions needed to achieve them. The Early Years Strategy has quite a bit to say on this topic, but other sources suggest that there are wider conditions that need to be considered as well.

The Early Years Strategy recognises the importance of both families and communities in ensuring the children thrive in the early years. The full statement of the overall aim is:

That all children in Australia thrive in their early years. They have the opportunity to reach their full potential when nurtured by empowered and connected families who are supported by strong communities.

The Early Years Strategy identifies the following conditions that children need to thrive:

- Children are nurtured and safe
- Children have opportunities to play and imagine
- Basic needs are met
- Families are empowered, connected and supported
- Communities are strong and inclusive places for children and their parents or carers to live, grow, play and connect

The Early Years Strategy identifies nine key indicators that will show when the overall vision for the early years has been achieved. The indicators are as follows:

- all families have access to high-quality, affordable and integrated services for maternal and child health, parenting support and early learning
- services provide families and communities with the knowledge and support needed to keep children safe
- there are services available to respond to family need, including home visits and outreach services, that are informed and guided by the needs of the community
- policies, programs and services are culturally safe and delivered by a culturally competent workforce so that everyone feels welcomed and supported
- there are prevention and safety supports for children and their families, that are broadly available and can be accessed before a crisis occurs
- there is equitable access across the country to services to support children with possible developmental delays, including timely Foundational Supports to address concerns early
- the early years system is supported by a highly skilled, capable and supported workforce, which is focused on supporting children's holistic development and wellbeing
- children and their families feel connected to each other and welcome in their communities
- there are appropriate and longstanding governance arrangements in place that facilitate cohesive and coordinated funding and the delivery of services and supports to families.

Bar one, these indicators are all about services, including issues such as access to services, having culturally safe services, and workforce capability. The one exception is that *children and their families feel connected to each other and welcome in their communities*, which is a child and family outcomes indicator. There is no general mention of the need for a tiered system of support for children and families with additional needs, although there is a specific reference to children with developmental concerns or delay: *there is equitable access across the country to services to support children with possible developmental delays, including timely Foundational Supports to address concerns early*.

The conditions that children and families need in order to thrive go beyond access to services. As described in the desktop review, they include what are known as the social determinants of health and wellbeing. These have a greater impact on outcomes than do the services people receive. A recent synthesis of the evidence regarding these wider influences (Moore, 2024) has identified the

core care conditions that children, their parents/carers and their families need to thrive. These core care conditions are the key features of the social and physical environments in which young children and their families live that are known to be important for optimal development and functioning.

As identified by Moore (2024), the core care conditions that children need are:

- secure relationships with primary carers able to provide the responsive caregiving needed to build secure attachments
- support for developing emotional and self-regulation skills
- positive early learning environments, in the home as well as in early childhood education and care (ECEC) and community settings
- opportunities to mix with other children of different ages, and to build social skills
- adequate and appropriate nutrition from conception onwards
- support to establish regular sleep and health care patterns
- physical opportunities to play and explore, and
- protection from relationship and other stresses – abuse and neglect by parents/carers, exposure to family or community violence.

In the early years, these core care conditions are met primarily through children’s immediate families. For children to thrive, their parents/carers and families also need to thrive. According to Moore (2024), the conditions that parents/carers need to thrive include:

- positive social support networks
- safe and easily accessible places to meet other families
- secure time to build relationship with the newborn (paid maternity/paternity leave)
- access to relationally-based family-centred services
- access to universal services during antenatal / perinatal / postnatal periods
- access to specialist support services to address additional personal needs (e.g. mental health issues, relational violence)
- information about child-care and development, and support for managing the challenges of parenting
- availability of learning opportunities to build personal capabilities
- inclusiveness of the immediate social environment – absence of racism or discrimination, and
- employment opportunities and family-friendly employment conditions.

Children, parents/carers and families also have shared needs for material basics, for supportive communities and for access to services. According to Moore (2024), these shared needs include:

- secure and affordable housing
- financial / employment security
- healthy physical environment (clean air and water, freedom from environmental toxins, access to green spaces)
- safe and easily navigable built environments
- ready access to family-friendly recreational and other facilities
- healthy food environments that provide access to fresh food outlets
- access to support services to address exceptional family needs (e.g. financial counselling, housing services), and
- inclusiveness of the wider society – absence of racism or discrimination.

This analysis suggests that, ***for children and families to thrive, we need to ensure that the conditions under which families are raising young children are optimal, and that the core care needs for children, parents/carers and families are being met.*** This includes access to universal and tiered forms of support, but also, as these lists show, much more besides.

In addition to these core conditions for all children, **Aboriginal and Torres Strait Islander children** and their families and communities encounter the suite of early years supports and services requiring a distinct set of enabling conditions. The *National Agreement on Closing the Gap* articulates systemic enablers required to shift socioeconomic trajectories and reduce disparities.

Foremost among them is self-determination, which flows throughout the Priority Reforms. All four Priority Reforms affect ECI services and the conditions under which Aboriginal and Torres Strait Islander children and families encounter them. In particular, for children and families to thrive, the services providing supports to children and families must also be thriving. The positive association between Aboriginal Community Controlled Organisations-delivered early years services and improved outcomes indicates that investing in community-control (Priority Reform 2) is a systemic condition required to achieve ECI outcomes for Aboriginal and Torres Strait Islander children. Further, transformation of government organisations (Priority Reform 3), includes the services funded by government, including disability assessment and support services. Without this systems-level change, the conditions needed for Aboriginal and Torres Strait Islander children to thrive will remain unmet.

With this general picture in mind, we now explore the vision / aims and outcomes for children with developmental concerns, delay or disability. This section draws on the outcomes of the consultations with parents, practitioners, Aboriginal and Torres Strait Islander families and organisations, and young people with disability, as well as on the desktop reviews.

#### 4.2.2 Vision / aims for children with developmental concerns, delay or disability and their families

Children with developmental concerns, delay or disability and their families are a subset of the general population. A strong message from all sources is that the overall aim for these children and families is the same as for all children and families. Given the critical role that families of children with developmental concerns, delay or disability play in the early years, the overall aim should be to ensure that the children *and* their families thrive.

##### Vision / Aim

**That all children with developmental concerns, delay or disability and their families thrive in their early years**

Again, thriving needs to be defined in order for this to be a useful vision for ECI services. The PRECI consultations identified the following more specific aims:

ECI services should:

- build on child strengths, interests and preferences in daily life to enhance learning, development, engagement and participation in everyday activities

- honour and extend existing family and community culture, knowledge, skills strategies and confidence to support child and family quality of life
- understand and promote safe, welcoming, inclusive, responsive and connected communities
- contribute to, and be part of, a collaborative and integrated network of support for families, children, communities and colleagues

Consultations with Aboriginal and Torres Strait Islander families and organisations reported the following aims for ECI services:

- Aboriginal and Torres Strait Islander children are supported to thrive in their early years
- Aboriginal and Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities
- Aboriginal and Torres Strait Islander children are supported to establish and maintain strong connections to culture, Country and language
- build service staff's cultural capability, and capacities to provide culturally safe supports to Aboriginal and Torres Strait Islander children and families.

The young people consulted saw the aims of ECI services:

- Building autonomy/self-determination of children and families - help children know themselves; believe in themselves
- Effectively support family and align aims with family and child values and goals

### *Aims / outcomes for children with developmental concerns, delay or disability and their families*

The aims and outcomes for children with developmental concerns, delay or disability and their families should be the same as those for all other children and families. In what follows, the outcomes for children, for their parents and carers, for families, and for communities are considered separately.

#### ➤ Outcomes for children

The PRECI consultations identified the following outcomes:

Children with developmental concerns, delay or disability

- are safe and have their needs and rights met
- have strong relationships with their parents/carers
- are respected and listened to
- are encouraged to have a say in the things that are important to them
- are included in everyday life as valued members of their community
- are participating, engaging, interacting, playing, learning and developing in daily life in their family and community
- are supported through individualised, meaningful and functional goals

The parents who were consulted saw the following outcomes as important to them:

Children with developmental concerns, delay or disability

- have better outcomes and better lives

- are valued and affirmed for who they are
- have confidence, self-understanding and self-acceptance
- have better self-regulation – in managing emotions and in safety awareness
- have greater independence – are better able to advocate for themselves and navigate transitions
- have closer relations with peers, family and community, becoming valued members of the community and making genuine friendships

The young people consulted saw the following outcomes as what ECI services should be seeking to achieve:

- Build autonomy/self-determination of children and families - help children know themselves, believe in themselves
- Functional capacity outcomes for daily living – the “everyday life” skills that have life-long benefit
- Communication skills – using a variety of approaches / techniques / methods
- Self-knowledge – learning how my body and mind work, how I learn, what I need to be able to take part in different settings / situations
- Social connectedness and peer relationships
- Avoidance of undesirable outcomes was also identified: trauma, feelings of not being good enough or different or less than others

The desktop reviews had suggestions as to what outcomes are important for children with developmental concerns, delay or disability. In the US (ECTA, 2024), outcomes for children receiving ECI services are specified, and each state has to report annually on these outcomes to the US Department of Education, Office of Special Education Programs as part of overall federal program accountability. Three outcomes are specified:

- Child has positive social-emotional skills (e.g., social relationships)
- Child acquires and uses knowledge and skills (e.g., early language/communication)
- Child uses appropriate behaviours to meet their needs

These three outcomes focus on specific skills that children need but miss out on the broader outcomes listed by the groups consulted for this project.

Another source identified in the desktop review focused on the core conditions children and families need to flourish (Moore, 2024). The outcomes listed below are based on these core conditions and reframed in dynamic terms rather than as fixed states to highlight the fact that children and their families are continuously developing and growing.

Outcomes for children with developmental concerns, delay or disability:

- They are building secure and trusting relationships with parents/carers and others
- They are building social skills through interactions with other children and families
- They are continuing to develop their sense of agency and having a voice in matters that affect them
- They are developing the functional skills to be able to participate in everyday home, ECEC and community settings
- They are acquiring and using new knowledge and skills
- They are following their interests and able to enjoy play opportunities

- They are physically healthy, eating healthy foods and learning good health habits
- They are developing self-regulation skills and good sleep habits
- They have a positive sense of belonging to a particular family and community
- They are building strong identities and connections to culture.

➤ Outcomes for parents/carers

Another common theme from the consultations and the desktop reviews was that the needs of parents and carers should be considered in planning and providing support, not just those of the child with developmental concerns, delay or disability.

When the parents were asked what they wanted for themselves, they identified the following:

- Being welcomed and supported in the community
- Improved wellbeing – to experience *'less stress'*, *'to feel there is always hope'*, and to have *'less fear of the future'*
- Strengthened skills and confidence – to *'feel like I am somewhat in control, and I am doing what is required'* and to have *'confidence / evidence knowing that I've done the best I can to support them'*

The young people consulted thought the needs of parents should be considered. They nominated the following outcome as important:

- Parental experience of good mental health and experiences of being well supported

The desktop reviews offered insights into desirable outcomes for parents and carers.

In the US (ECTA, 2024), the outcomes for families receiving ECI services are:

- Family knows their rights
- Family effectively communicate their children's needs
- Family helps their children develop and learn

Again, these three outcomes are more narrowly focused than those identified by the groups we consulted.

The core care conditions framework described earlier provided insights in outcomes for parents and carers. As above, the outcomes listed below are based on the core conditions for parents and carers identified by Moore (2024) and reframed in dynamic terms rather than as fixed states to highlight the fact that children and their families are continuously developing and growing.

Outcomes for their parents and carers

- They have a positive social support network providing emotional and practical support
- They are participating in the social and economic life of the community
- They are continuing to develop their individual interests and careers
- They have positive views about their child's developmental progress and functioning
- They are confident in their ability to provide their children with the experiences and opportunities they need
- They can make informed choices and decisions about service and support

- They have sufficient supports and guidance to ensure that they have a balanced and not-too-stressful family life

➤ Outcomes for families

Another recurring theme from the consultations and the desktop reviews was that the needs of the family as a whole should be considered, not just those of the child with developmental delay, concern or disability. The expert advisory group stressed that this involved thinking about the needs of all family members, including siblings, as well as the family as whole. They also highlighted the importance of promoting family resilience and cohesion, as having a child with a developmental delay, concern or disability can place extra stress on parental relationships and contributes to a higher incidence of family breakdowns.

The PRECI consultations identified the following outcomes for families:

- Families are safe and have their needs and rights met
- Families understand and are responsive to their child's needs
- Families have meaningful life experiences together
- Families are supported to do their best to meet their family needs (including siblings)
- Families recognise the strengths and opportunities of their family and their child
- Families are confident, competent and empowered
- Families are heard and are confident in advocating for their family
- Families are respected and have their culture honoured
- Families are included, connected and valued as members of the community
- Families have timely access to services and a seamless journey in and out of services
- Families are offered choice and flexibility in the supports (formal and informal) and services they receive

The parents consulted were asked what they wanted for their families and listed the following:

- Children and their families are welcome, visible and active in all parts of the community throughout their lives
- Families are well supported and are confident to nurture their child's development
- Family and household wellbeing is nurtured
- Better experiences for siblings
- Calmer, easier household
- Family working as a team

The family outcomes listed below are based on the core conditions identified by Moore (2024) and reframed in dynamic terms rather than as fixed states to highlight the fact that children and their families are continuously developing and growing.

Outcomes for their families:

- They live in secure and affordable housing and enjoy financial security
- They live in healthy physical conditions
- They live in safe and easily navigable environments
- They have ready access to healthy food sources
- They have ready access to family-friendly community facilities

- They live in communities that are strong and inclusive places for children and their families to live, grow, play and connect
- They have timely access to a range of support services to address exceptional family needs

➤ Outcomes for communities

Those participating in the PRECI consultations were clear that ECI services should be seeking outcomes in the communities in which children and families live, not just in the children and families themselves. They identified the following specific outcomes for communities.

Communities are:

- caring and culturally safe
- confident in, and committed to, including everyone, regardless of abilities, backgrounds and circumstances
- accessible and providing authentic opportunity for participation
- connected and integrated
- communicating and collaborating
- supported to acquire knowledge, skills and resources
- committed to the development and wellbeing of children
- accountable

The SNAICC consultations also highlighted positive community changes that those families and parents/carers hoped to see, as follows:

Aboriginal and Torres Strait Islander children with developmental concerns, delay or disability and their families:

- are visible in the community
- are accommodated by all services without judgment
- are supported and included such that mothers do not need to give up their work
- are positively supported and nurtured such that children do not believe that the world is telling them that they are the issue that needs to be fixed

***Conditions needed to achieve these outcomes***

Children with developmental concerns, delay or disability and their families have the same core care needs as all children and families. However, they are likely to have greater difficulties in having these needs met because of the nature of their child's functional challenges and the extent of their care needs. Help to meet these additional needs can come from a range of informal and formal supports and services. ECI services are one of the key forms of support that children and families need to achieve the same outcomes as all children and families.

Based on the above analysis, the proposed vision and aims for young children with developmental concerns, delay or disability and their families is as follows:

## Vision and aims for young children with developmental concerns, delay or disability and their families

### ***Vision:***

That all young children with developmental concerns, delay or disability and their families thrive.

### ***Overall aim for children with developmental concerns, delay or disability and their families:***

To ensure that children with developmental concerns, delay or disability and their families have the conditions they need to thrive, including any additional services (such as ECI services) and other supports needed.

The general and specific aims for the ECI services show how they contribute to the vision and aim for children with developmental concerns, delay or disability and their families.

## **Aims for early childhood intervention services**

### ***Overall aim for ECI services:***

To promote the capabilities of parents, carers, service providers and communities to be able to provide children with developmental concerns, delay or disability with the experiences and opportunities they need to participate meaningfully in home, community and ECEC/school settings and build their capacity and agency.

### ***Specific aims for ECI services:***

- To build on child strengths, interests and preferences in daily life to enhance learning, development, engagement and participation in everyday activities
- To honour and extend existing family culture, knowledge, skills and confidence to support child and family quality of life
- To understand and promote safe, welcoming, inclusive, responsive and connected communities
- To contribute to, and be part of, a collaborative and integrated network of support for families, children, communities and colleagues

### 4.2.3 Proposed theory of change

The following proposed theory of change identifies the key system, ECI service and practice elements that contribute to children with developmental concerns, delay or disability and their families reaching the aims and outcomes desired for all children. The Practice Framework is highlighted as one element of the theory of change. The figure is in two parts: Figure 1 displays the theory of change and rationale related to system and service level requirements (part 1). Figure 2 displays the theory of change related to the role of ECI practices embedded in a best practice framework (part 2)

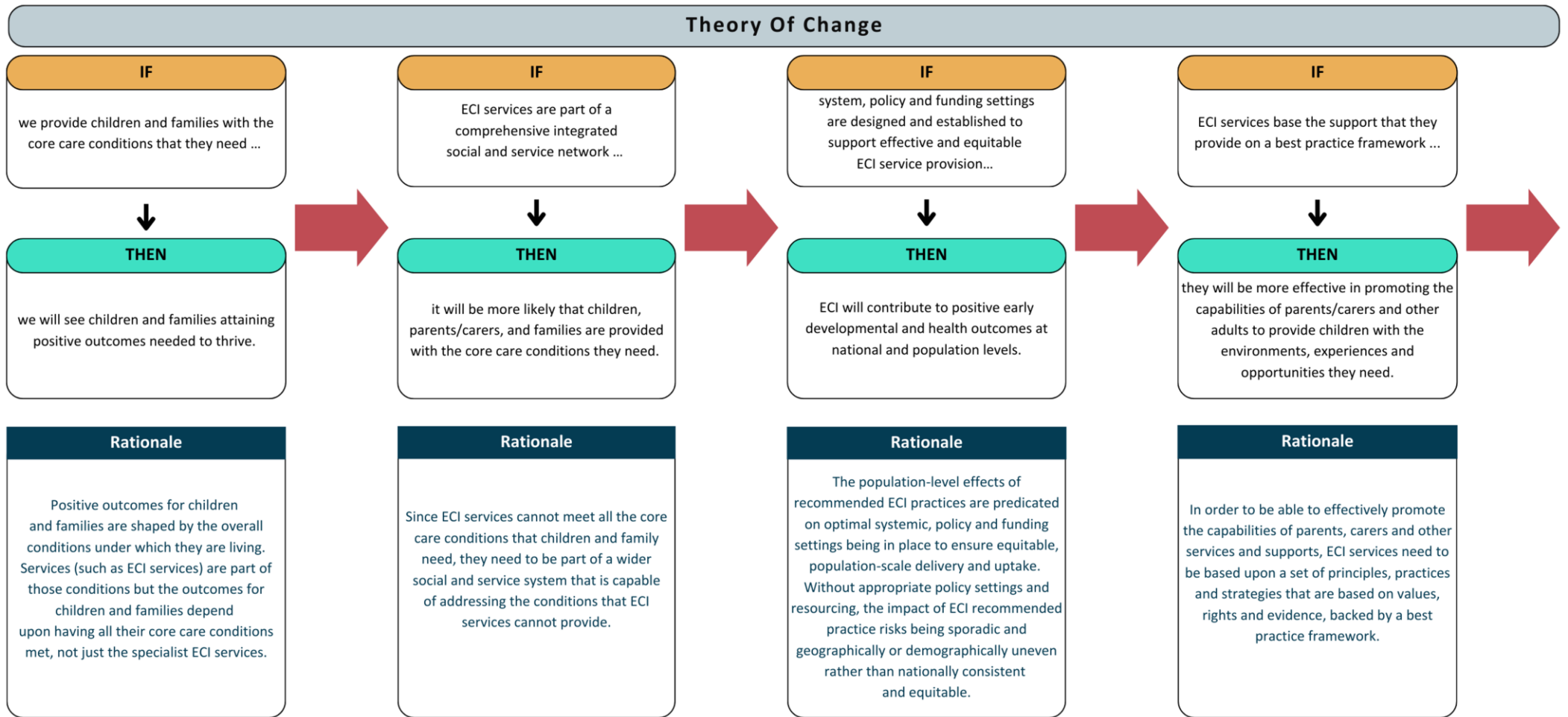


Figure 1: Theory of Change - Part 1

## Theory Of Change

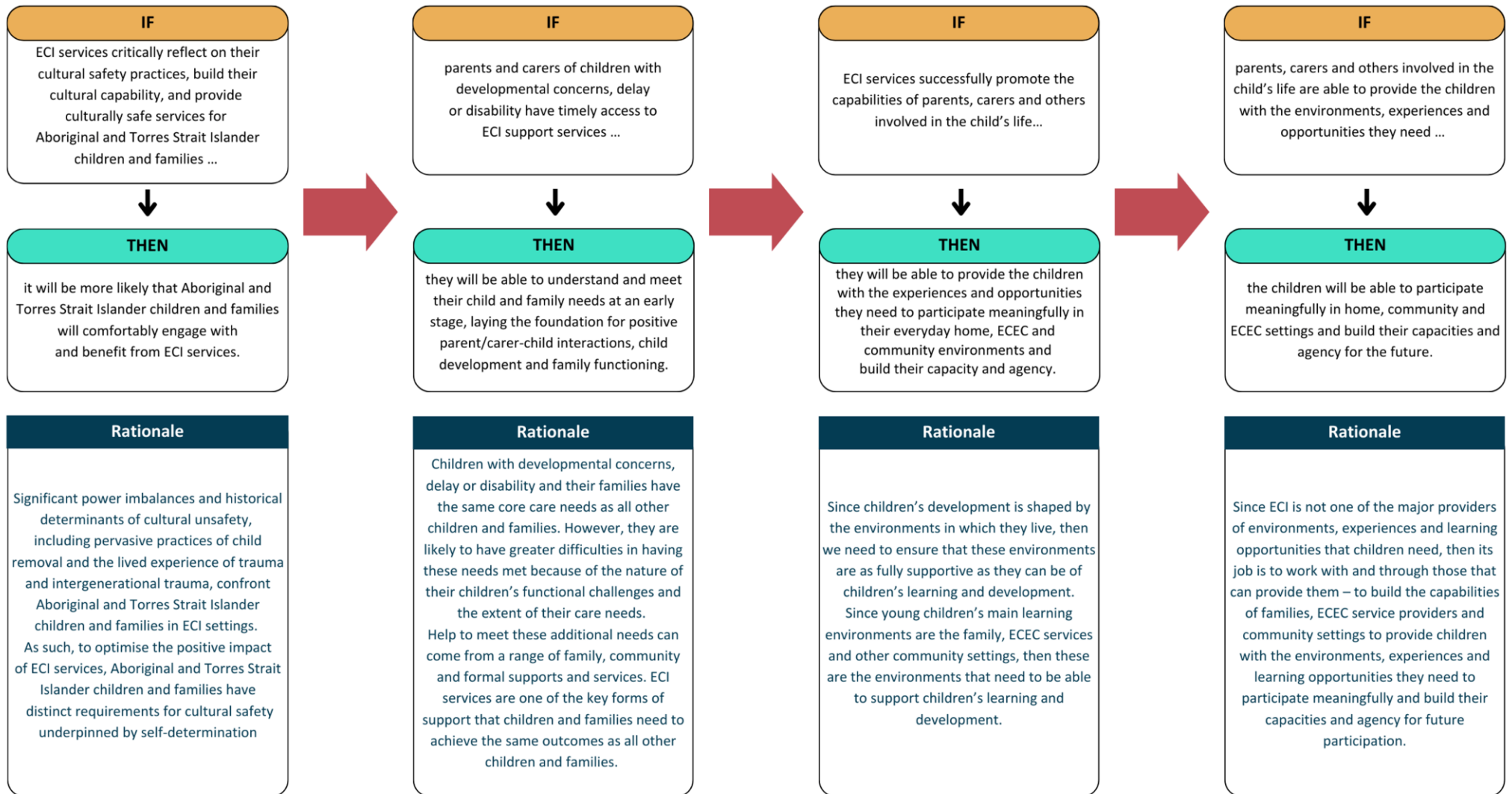


Figure 2: Theory of Change - Part 2

#### 4.2.4 Principles for practice

To be able to effectively promote the capabilities of parents, carers and other services and supports, ECI services need to be based upon a set of principles, practices and strategies that are based on values, rights and evidence, backed by a best practice framework.

Principles are rules, beliefs, or ideas that guide behaviour. Principles can serve as the foundation for a system of belief or behaviour or for a chain of reasoning (i.e., a theory of change). Principles are independent of context and apply in all circumstances. They are based on three sources: values, rights and evidence.

Following consultations and synthesis of findings from the desktop review the following additional points are made in relation to principles:

Principles are derived from three sources:

- Rights – those of children, of people with disability, and of Indigenous people
- Values – societal values that are current at the time
- Evidence – services that are delivered based on key principles have been shown to be more effective than those that are not

Principles serve to guide practice, that is, *how* services are delivered.

- Practices that are inconsistent with key principles should not be used.

The consultations and desktop reviews highlight that principles and practices are terms that are often used interchangeably and that in some frameworks notions that are identified as principles by some are identified as practices by others, and vice versa. In addition, some principles might be better understood as the conditions required rather than principles per se. Table 2 provides a synthesis of the ideas that were considered as principles across the four consultations, and across the three desktop reviews, and then (in column 3) identifies candidate principles for the framework: derived by bringing together consultation and desktop review findings. The ‘candidate’ principles will be refined to identify the concepts that constitute the required principles that underpin all elements of early childhood intervention practices (in Deliverable 5). Please note, that there is not a one-to-one correspondence across the columns as key ideas did not always exactly align.

In summary, the candidate principles are:

1. Cultural safety is essential
2. All practice is rights based
3. Family-centred
4. Community-centred
5. Child-centred
6. Authentic relationships
7. Focused on inclusion and participation in natural/everyday settings
8. Strengths based, future-focused
9. Outcomes focused
10. Collaborative
11. Evidence-informed

Table 2: Synthesis of principles identified in the consultations and desktop reviews

PRINCIPLES		
Synthesised consultation findings	Synthesised desktop review findings	Candidate principles for the framework
<p><b>Cultural safety is essential</b> and is founded in deep respect for Aboriginal and Torres Strait Islander values and ways of doing, knowing, being and child-rearing</p>	<p>SNAICC &amp; National Indigenous Australians Agency 2021 Framework guiding principles:</p> <ul style="list-style-type: none"> <li>• Applying a <b>child-centred approach</b> to the design of policies, programs and service systems</li> <li>• Protecting Aboriginal and Torres Strait Islander children’s <b>right to thrive in culture</b></li> <li>• <b>Building strong</b> Aboriginal and Torres Strait Islander <b>families</b></li> <li>• Ensuring Aboriginal and Torres Strait Islander people are <b>partners in shared decision making</b></li> <li>• <b>Eliminating systemic racism</b></li> <li>• Focusing on <b>evidence-based design</b></li> </ul>	<p><b>Cultural safety is essential.</b></p> <ul style="list-style-type: none"> <li>• Respect for cultural beliefs and practices</li> <li>• Respecting and honouring culture and diversity</li> <li>• Culturally safe</li> <li>• Eliminate systemic racism</li> <li>• Respectful and responsive to diversity in children, families and society</li> </ul>
<p><b>Respect and protect children's rights</b> - to be connected to language and culture, to be children, to be heard, to be safe (and not harmed), to be affirmed (including neuro-affirming), to be included with peers, to be educated</p>	<p>Australian Government Early Years Strategy 2024-2034 - Principles:</p> <ul style="list-style-type: none"> <li>• <b>Child- and family-centred</b></li> <li>• <b>Strengths-based</b></li> <li>• <b>Respect for families and communities</b></li> <li>• <b>Equitable, inclusive and respectful of diversity</b></li> <li>• <b>Evidence-informed</b></li> </ul>	<p><b>All practice is rights based</b>, is equitable, meets rights to high quality provision, protection and participation consistent with</p> <ul style="list-style-type: none"> <li>• UN Convention on the rights of the child</li> <li>• UN Convention on the rights of persons with disability</li> <li>• UN Declaration on the rights of Indigenous peoples</li> </ul>

**PRINCIPLES**

Synthesised consultation findings	Synthesised desktop review findings	Candidate principles for the framework
<p><b>Family-centredness is essential because children thrive in thriving families who are empowered, equipped and supported to nurture whole of family wellbeing within the contexts of their community</b></p>	<p><b>Family-centred</b> - Although commonly seen as a key principle of ECI service provision, being family-centred may be better understood as a set of practices underpinned by a number of key principles. These include:</p> <ul style="list-style-type: none"> <li>• respect for parental values, knowledge and priorities</li> <li>• individualised services to meet families’ particular needs and circumstances</li> <li>• focusing on the needs of the family as a whole</li> <li>• collaborative parent-professional partnerships</li> <li>• empowering parents and families as key decision-makers, and</li> <li>• building on family strengths and resources.</li> </ul>	<p><b>Family-centred</b>                      Responsive to the unique circumstances and priorities of families</p> <ul style="list-style-type: none"> <li>• Explicitly focused on the wellbeing of families</li> <li>• Tailored to family needs and circumstances</li> <li>• Fosters family and child culture, values and goals</li> <li>• Evolves with changing child and family priorities and circumstances</li> <li>• Partnered</li> <li>• Empowering self-determination</li> <li>• Whole of family focus</li> </ul> <p><i>Also appears as a set of practices</i></p>
<p><b>Flexible and place-based supports</b> foster family and child culture, values, circumstances and goals</p>	<p>The Early Years Learning Framework for Australia V2.0. (2022) - Principles</p> <ul style="list-style-type: none"> <li>• <b>Secure, respectful and reciprocal relationships</b></li> <li>• <b>Partnerships</b></li> <li>• <b>Respect for diversity</b></li> <li>• <b>Aboriginal and Torres Strait Islander perspectives</b></li> <li>• <b>Equity, inclusion and high expectations</b></li> <li>• <b>Sustainability</b></li> <li>• <b>Critical reflection and ongoing professional learning</b></li> <li>• <b>Collaborative leadership and teamwork</b></li> </ul>	<p><b>Community-centred</b></p> <ul style="list-style-type: none"> <li>• Timely, flexible and place-based supports</li> <li>• Builds community capacity to support children and families</li> <li>• Sets high expectations for meaningful participation of all children and families</li> <li>• Drives equitable access to inclusive communities</li> <li>• Addresses sustainability</li> </ul>

## PRINCIPLES

Synthesised consultation findings	Synthesised desktop review findings	Candidate principles for the framework
<p>Children should be supported to live and learn in the <b>settings of everyday life</b></p>	<p>The National Children’s Mental Health and Wellbeing Strategy (2021)</p> <ul style="list-style-type: none"> <li>• <b>Child-centred.</b> Giving priority to the interests and needs of children.</li> <li>• <b>Strengths-based.</b> All services have a perspective that builds on child and family strengths, to inform a holistic and family-centred approach.</li> <li>• <b>Prevention-focused.</b> Both universal and targeted prevention of mental illness by promoting mental wellbeing.</li> <li>• <b>Equity and access.</b> Ensuring that all children and families have access to health, education and social services.</li> <li>• <b>Universal system.</b> Programs and services are developmentally appropriate, culturally responsive and treat children in the context of families and communities.</li> <li>• <b>Evidence-informed best practice and continuous quality evaluation.</b> The use of data and indicators to create a continuous feedback loop between research and clinical practice.</li> <li>• <b>Early intervention.</b> Early intervention for those in need, while addressing the impacts of trauma and social determinants.</li> <li>• <b>Needs based, not diagnosis driven.</b> Service delivery based on individual needs and reduced focus on requiring a diagnosis to access services.</li> </ul>	<p><b>Child-centred</b></p> <ul style="list-style-type: none"> <li>• Builds child agency and voice</li> <li>• Ensures child safety</li> <li>• Gives priority to child’s needs, interests and preferences</li> <li>• Affirming and strengths-based</li> <li>• Focuses on living and learning in the settings of everyday life</li> </ul>

## PRINCIPLES

Synthesised consultation findings	Synthesised desktop review findings	Candidate principles for the framework
<p><b>Authentic relationships</b> are crucial</p>	<p>Safe and Supported: National Framework for Protecting Australia’s Children 2021-2013. Principles:</p> <ul style="list-style-type: none"> <li>• <b>Access to quality universal and targeted services</b> designed to improve outcomes for children, young people and families</li> <li>• <b>Excellence in practice and policy development</b>, based on evidence, data and information sharing</li> <li>• <b>Listening and responding</b> to the voices and views of children and young people, and the views of those who care for them</li> <li>• <b>Clear responsibilities and strong monitoring</b>, evaluation and achievements of outcomes</li> <li>• <b>Trauma-informed, culturally safe, and inclusive</b> policies and actions</li> <li>• <b>Embedding the five elements of the Aboriginal and Torres Strait Islander Child Placement Principles</b> — Prevention, Partnership, Placement, Participation and Connection</li> </ul>	<p><b>Authentic relationships</b></p> <ul style="list-style-type: none"> <li>• Establishing authentic relationships with parents</li> <li>• Listens and responds to the voices and views of children and young people, and the views of those who care for them</li> <li>• Promoting parent/child relationships / attachments</li> <li>• Building relationships with other professionals</li> </ul>

PRINCIPLES		
Synthesised consultation findings	Synthesised desktop review findings	Candidate principles for the framework
A <b>strong sense of belonging (to family, culture, community)</b> is fundamental for children and families, no matter who they are or where they live	Australian Gov. Dept. of Education and Dept. of Health and Aged Care (2023). Connected Beginnings Mid-Term Evaluation: Principles <ul style="list-style-type: none"> <li>• <b>Build trust</b></li> <li>• <b>Focus on cultural safety</b></li> <li>• <b>Support families holistically</b></li> <li>• <b>Address barriers</b></li> </ul>	<b>Focused on inclusion and meaningful participation in natural/everyday settings</b> <ul style="list-style-type: none"> <li>• Ensures children’s inclusion and meaningful participation in natural/everyday settings - home, community and ECEC settings</li> <li>• Ensures family inclusion and meaningful participation in community</li> <li>• Practice is incorporated within the everyday settings of childhood – as the authentic place of learning</li> </ul>
<b>Equity and timeliness</b> of access to effective supports must be assured	<b>Focus on function rather than diagnosis</b>	<b>Strength-based, future-focused</b> <ul style="list-style-type: none"> <li>• Acknowledging and building on child, family and community strengths and resources</li> <li>• Child, parent, family affirming</li> <li>• Adopts a positive approach regarding the child and family’s future, offering families realistic hope</li> </ul>
The <b>whole community has a stake in good outcomes for children</b>	<b>Outcome focused</b>	<b>Outcomes-focused</b> <ul style="list-style-type: none"> <li>• Services based on parental / family goals, child needs and goals</li> <li>• Measured authentically</li> <li>• Seek and respond to feedback</li> </ul>

**PRINCIPLES**

Synthesised consultation findings	Synthesised desktop review findings	Candidate principles for the framework
<b>Value lived experience</b>	<b>Capacity building –</b> <ul style="list-style-type: none"> <li>focuses on promoting the capacity of parents and other carers to provide children with environments and opportunities to practise functional skills and participate meaningfully, being actively involved in all activities</li> </ul>	<b>Collaborative</b> <ul style="list-style-type: none"> <li>Partnering with parents/carers, other professionals and across services</li> <li>Teamwork</li> <li>Shared evidence-informed decision making</li> <li>Co-design principles apply across all ecological levels (family, service, systems, and community)</li> <li>Links with other services</li> </ul>
<b>A knowledgeable, skilled, evidence-based workforce</b> can help create the right conditions for children and families	<b>Relationally-based</b> service provision Authentic engagement and partnership-building at the centre of ECI practice	<b>Evidence-informed</b> <ul style="list-style-type: none"> <li>Knowledgeable, skilled, evidence-based workforce of reflective practitioners</li> <li>Shared evidence-informed decision making</li> <li>Collaborative leadership</li> <li>Seek and respond to feedback</li> <li>Continuous quality evaluation and improvement drives practice.</li> <li>Data and indicators are collected and used to create a continuous feedback loop between research and clinical practice.</li> <li>Professional development valued</li> </ul>
	<b>Inclusion and participation</b> <b>Natural environments</b> <b>Adapt the environment</b> Rather than seek to change the child to fit the environment	

## 4.2.5 Practices

Practices are defined as specific actions or behaviours that put principles into effect. Practices are context-dependent and are methods whereby principles are applied in particular circumstances.

Practices are based on three sources of evidence:

- research-based evidence
- practitioner practice knowledge and wisdom
- client values, priorities and circumstances

Practices that are contrary to any principle should not be applied.

Practices operate within a cycle that supports engagement, planning, implementation and evaluation. Figure 3 displays a generic practice process cycle that can apply to on, or a series of engagements designed to support and build capacity in individuals, groups or populations (King et al., 2020). While principles should apply at all stages of a practice cycle, some practices may not apply at every stage.

Collaboration and deciding together at each stage of the cycle is necessary.

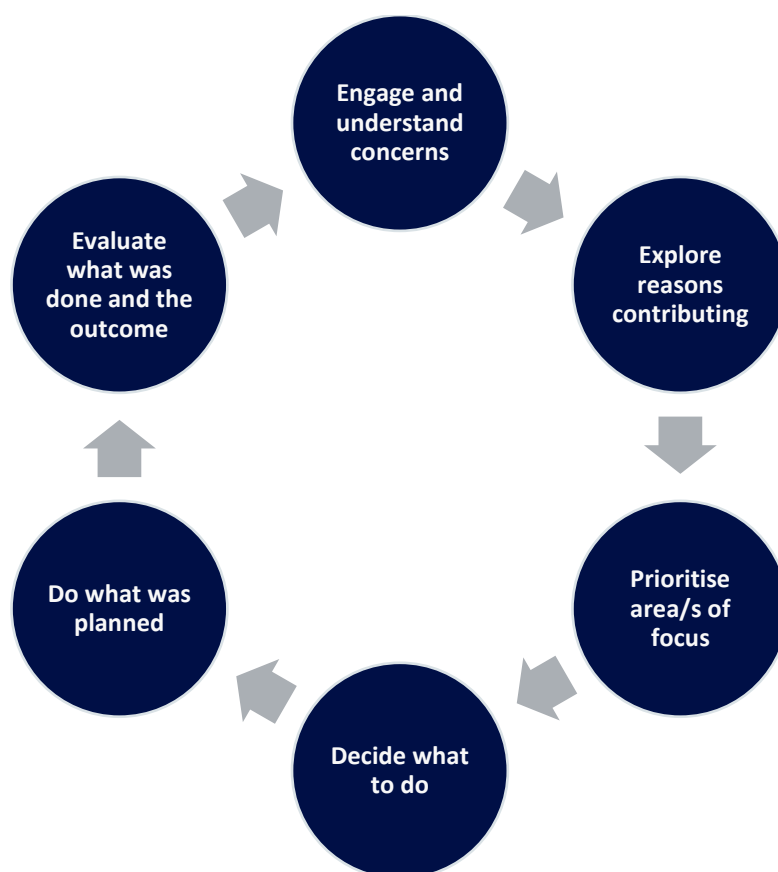


Figure 3: The Practice Cycle

As described in the section on principles, the consultations and desktop reviews highlight that principles and practices are terms that are often used interchangeably. Table 3 provides a synthesis of the ideas that were considered as practices across the four consultations, and across the three desktop reviews, and then (in column 3) identifies candidate practices for the framework: derived by bringing together consultation and desktop review findings. The ‘candidate’ practices will be

refined in Deliverable 5. Please note, that there is not a one-to-one correspondence across the columns as key ideas did not always align neatly.

In summary, the current candidate practices fall into the following areas:

1. Culturally safe supports, practices and services
2. Relationship based practices
3. Child-focused practices that are affirming and build on their strengths
4. Family-centred practices that empower and strengthen parents/carers and families, and are tailored to their needs and circumstances
5. Practices that support holistic, wrap-around integrated service provision that is inclusive of early childhood education and other community settings
6. Timely identification and responsiveness to concerns (seek and respond)
7. Community-focused practices that build knowledge and awareness
8. Embedded in the natural/everyday settings of children and families
9. Inclusive and support participation
10. Adopt a continuum of support approach based on needs
11. Assessment practices for children and families that are authentic, strength-based, culturally relevant and safe
12. Trauma-informed practices
13. Evidence-informed practices
14. Practices around child protection and children in out of home care
15. Are delivered by a skilled, knowledgeable, evidence-informed workforce

Table 3: Synthesis of practices identified in the consultations and desktop reviews

PRACTICES		
Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<p><b>Culturally safe supports, practices and services</b></p> <ul style="list-style-type: none"> <li>• recognise millennia of successful child-rearing practices and engage with wisdom of community elders</li> <li>• assure access to culturally safe appropriate language services</li> <li>• help others to see/respond appropriately</li> <li>• Recognise that cultural safety is essential for Aboriginal and Torres Strait Islander families               <ul style="list-style-type: none"> <li>- cultural safety is assessed and defined by Aboriginal and Torres Strait Islander people</li> <li>- is essential because of the very real risk of child removal arising from interactions with mainstream health and disability services - which creates a barrier to service access</li> </ul> </li> <li>• create culturally safe places for families and children to make informed decisions</li> <li>• understand that culture is inclusion in Aboriginal and Torres Strait Islander communities and children are included and recognised to develop at their own pace, and importance of being with your own mob</li> <li>• sometimes there is shame or stigma about having a child diagnosed with a disability</li> <li>• trusted relationships are fundamental and require culturally safe places where people</li> </ul>	<p><b>Culturally responsive and culturally safe practices include:</b></p> <ul style="list-style-type: none"> <li>• authentic engagement with the cultural community (not just the family),</li> <li>• using trauma-informed knowledge and skills in engagement</li> <li>• building staff cultural competency (which has training and employment practice implications)</li> <li>• engaging actively with families in context</li> <li>• providing support early</li> <li>• shared decision making</li> <li>• shared resources</li> <li>• connecting children and families to their culture, Country and language</li> <li>• using strength-based assessments and practices.</li> </ul>	<p><b>Culturally safe supports, practices and services</b></p> <ul style="list-style-type: none"> <li>• Respecting culture and diversity, being culturally responsive and affirming.</li> <li>• Using trauma-informed knowledge and skills.</li> <li>• Building service providers cultural competency.</li> <li>• Authentically engaging with the cultural community.</li> <li>• Connecting children and families to their culture, Country and language.</li> <li>• Recognising that cultural safety is essential and creating culturally safe spaces.</li> <li>• Taking the time to build trusted relationships.</li> <li>• Engaging actively with families in their context.</li> <li>• Promoting shared decision-making – recognising multi-cultural perspectives on child-rearing, learning and behaviour.</li> <li>• Celebrating strengths – using strengths-based assessments and practices.</li> </ul>

## PRACTICES

### Synthesised consultations findings

### Synthesised desktop review findings

### Candidate practices for the framework

can raise concerns without feelings of shame and the risk of child removal; and where they are supported to fully understand what is being said and suggested. So that they are in control and make decisions that suit them

- time is critical and you need to take time up front to build relationships
  - time for face-to-face conversations with the families, then the children so that they understand what we're trying to do, to let them know that we're here to help them,
  - time to overcome the significant fear factor in Aboriginal and Torres Strait Islander families that always leads back to child protection systems and the disengagement of those families with really young children who need support.
- celebrate strengths
- soft, non-judgemental entry for raising concerns
- invite learning about cultural safety
- respect culture and diversity
- use interpreters
- understand multi-cultural perspectives on child rearing, learning and behaviour
- be culturally responsive and affirming

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<p><b>Relationship-based practices</b></p> <ul style="list-style-type: none"> <li>• Building relationships and collaboration is everybody’s business – with clients, with communities and across services.</li> <li>• Relationships are everything and personal connections are most reliable.</li> <li>• build trusted relationships so that families are confident to engage and be introduced to and access support services</li> <li>• Meet families where they are at, actively listen, build trust, be respectful</li> </ul>	<p><b>Strength-based and positive approach</b> Builds on existing strengths and resources Adopts a positive approach regarding the child and family’s future, offering families realistic hope</p> <p><b>Focus on function rather than diagnosis</b> The National Children’s Mental Health and Wellbeing Strategy (2021) - International clinical practice guideline for improving physical function for children and young people with cerebral palsy (Jackman et al., 2022): Intervention should always begin with understanding the child’s functional goals.</p> <p><b>Adopt a continuum-based model of developmental disabilities</b></p>	<p><b>Relationship-based practices</b></p> <ul style="list-style-type: none"> <li>• Building relationships and collaborating with families, communities and across services.</li> <li>• Meeting families where they are at – actively listening, building trust, being respectful.</li> <li>• Building trusted relationships to support families in engaging with services.</li> </ul>
<p><b>Child-focused practices that are affirming and build on their strengths</b></p> <ul style="list-style-type: none"> <li>• services are provided on a continuum based on need (not diagnosis)</li> <li>• support early, provide before, during and after a diagnosis process               <ul style="list-style-type: none"> <li>- provide supports while on waitlists for specialist services</li> </ul> </li> <li>• supports and services are individually tailored</li> <li>• build on children’s strengths               <ul style="list-style-type: none"> <li>- be developmentally responsive</li> </ul> </li> <li>• heighten child agency, voice, identity and wellbeing</li> <li>• provide the specialist equipment needed to access the environment (mobility, communication etc)</li> <li>• provide targeted interventions</li> </ul>	<p><b>Child-focused practices that are affirming and build on their strengths</b></p> <ul style="list-style-type: none"> <li>• Engaging with and respecting children while supporting their development and wellbeing.</li> <li>• Knowing the child and valuing who they are.</li> <li>• Supporting children to develop an understanding of who they are and how they learn/respond to situations.</li> <li>• Adopting a positive approach regarding the child and family’s future, offering realistic hope.</li> <li>• Identifying and building on children’s strengths.</li> <li>• Being guided by children’s interests and preferences.</li> </ul>	<p><b>Child-focused practices that are affirming and build on their strengths</b></p> <ul style="list-style-type: none"> <li>• Engaging with and respecting children while supporting their development and wellbeing.</li> <li>• Knowing the child and valuing who they are.</li> <li>• Supporting children to develop an understanding of who they are and how they learn/respond to situations.</li> <li>• Adopting a positive approach regarding the child and family’s future, offering realistic hope.</li> <li>• Identifying and building on children’s strengths.</li> <li>• Being guided by children’s interests and preferences.</li> </ul>

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>• include children in everyday activities and spaces (natural environments)                             <ul style="list-style-type: none"> <li>- promote active engagement</li> <li>- Build connections with other children</li> <li>- deliver supports in the everyday environments of children and families</li> </ul> </li> <li>• engage and respect children while supporting their development and wellbeing                             <ul style="list-style-type: none"> <li>- start with knowing the child and valuing who they are</li> <li>- help children learn who they are and how they learn/respond to situations</li> <li>- be affirming of each child and their condition</li> <li>- listen to children</li> <li>- explain the why of therapy/supports to children and families</li> <li>- protect from bullying and judgements</li> <li>- be led by the interests and preferences of the child</li> </ul> </li> <li>• avoid segregation unless there is very clear case that it is the best part of a tailored response</li> <li>• support to access alternative spaces/activities for children as they grow if they need it</li> <li>• distinguish between developmental concerns, disability and impacts of trauma</li> <li>• use parent-mediated practices</li> </ul>	<p>The National Children’s Mental Health and Wellbeing Strategy (2021) adopts this approach to mental health and wellbeing of children.</p> <p><b>Natural environments</b></p> <ul style="list-style-type: none"> <li>• Routines-based approaches</li> <li>• Providing child with multiple opportunities to practice functional skills in the course of everyday activities</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting children’s agency, voice, identity and wellbeing.</li> <li>• Providing targeted intervention strategies.</li> <li>• Explaining the “why” of intervention strategies to children and families.</li> <li>• Working together to protect children from bullying.</li> </ul> <p><b>Adopt a continuum of support approach based on needs</b></p> <ul style="list-style-type: none"> <li>• Providing services on a continuum to meet child’s needs (not focusing only on diagnosis).</li> <li>• Supporting children’s needs before, during and after diagnosis.</li> <li>• Individually tailoring services and supports.</li> </ul> <p><b>Embedded in the natural/everyday settings of children and families</b></p> <ul style="list-style-type: none"> <li>• Including children in everyday activities and spaces.</li> <li>• Promoting routines-based approaches.</li> <li>• Providing children with multiple opportunities to practice functional skills in a course of everyday activities.</li> <li>• Providing specialist equipment needed to access the environment.</li> </ul>

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<p><b>Family-focused practices that empower and are tailored to needs and circumstances</b></p> <ul style="list-style-type: none"> <li>• provide supports early</li> <li>• Understand and respect family values and practices                             <ul style="list-style-type: none"> <li>- listen and respond to family needs, values and priorities</li> <li>- find out about family preferences, interests, broader supports</li> <li>- Be curious, open, humble, observant, respectful, understanding and attuned</li> </ul> </li> <li>• recognise the impact of social determinants on outcomes for the whole family</li> <li>• be strengths-focused, build parent/carer/family skills and capabilities                             <ul style="list-style-type: none"> <li>- promote safe and secure relationships</li> <li>- have dedicated child free sessions aimed at strengthening family capabilities</li> <li>- promote responsive parenting and interactions</li> <li>- strengthen advocacy</li> </ul> </li> <li>• empower families to decide how and when supports are provided                             <ul style="list-style-type: none"> <li>- develop trusting and respectful relationships</li> <li>- provide information to enable parents to make informed decisions</li> <li>- ensure and advocate for families to be part of decision making</li> </ul> </li> </ul>	<p><b>Family-centred practice</b></p> <p>A decision-making process that incorporates evidence-based programs, evidence-based processes, and client and professional values and beliefs.</p> <p>Although commonly seen as a key principle of ECI service provision, being family-centred may be better understood as a set of practices underpinned by a number of key principles. These include:</p> <ul style="list-style-type: none"> <li>• respect for parental values, knowledge and priorities</li> <li>• individualised services to meet families' particular needs and circumstances</li> <li>• focusing on the needs of the family as a whole</li> <li>• collaborative parent-professional partnerships</li> <li>• empowering parents and families as key decision-makers                             <ul style="list-style-type: none"> <li>- Basing service delivery on an understanding of what families say they value and want from services</li> <li>- Ensures that family values and cultural practices are understood and respected</li> <li>- Bases services on the issues that parents say they most want help with</li> <li>- Identifies ways in which ECI service providers can be supported to make informed decisions</li> </ul> </li> </ul>	<p><b>Family-centred practices that empower and strengthen parents/carers and families, and are tailored to their needs and circumstances</b></p> <ul style="list-style-type: none"> <li>• Promoting the wellbeing of the whole family (including siblings and extended family).</li> <li>• Understanding and respecting family values and practices.</li> <li>• Offering individualised and flexible supports in ways that work for families without judgement, blame or shame.</li> <li>• Promoting parent understanding about their children's development/disability.</li> <li>• Recognising the impact of social determinants on the family.</li> <li>• Building the skills and capabilities of the parents/carers and family.</li> <li>• Promoting responsive parenting and secure attachment.</li> <li>• Building parents/carers capacity to self-advocate for supports and services.</li> <li>• Providing information to empower parents/carers to make informed decisions.</li> <li>• Taking a partnership approach that respects parent/carer experience and voice.</li> </ul>

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>- build confidence/competence to self-family advocate for appropriate supports and services</li> <li>- take a partnership approach that respects parent/carer experience and voice</li> <li>- meet families where they are at</li> <li>• Support the whole family               <ul style="list-style-type: none"> <li>- involve siblings in supports provided</li> <li>- promote active engagement of the child with siblings and peers</li> <li>- reach dads, aunties, uncles - the extended family and community beyond mum; accommodate multi-generational support</li> <li>- assure children have at least one good supportive adult</li> <li>- provision for all children in family being in appointments</li> <li>- promote wellbeing of whole family</li> <li>- Understand formal and informal supports</li> </ul> </li> <li>• Reduce parent/carer and family stresses</li> <li>• Support the family to better cope with and affirm their child’s diagnosis and situation, recognising the need for support to work through grief, despair, hopelessness</li> <li>• Offer supports in ways that work for families without judgement, blame or shame</li> </ul>	<ul style="list-style-type: none"> <li>- Includes a description of a decision-making process that incorporates evidence-based programs, evidence-based processes, and client and professional values and beliefs</li> <li>• building on family strengths and resources</li> <li>• promote parental understanding about their children’s development/disability</li> <li>• promote responsive caregiving and secure attachments as a major focus in practice</li> </ul>	<ul style="list-style-type: none"> <li>• Fostering opportunities for families and parent/carers to learn with and from other families.</li> <li>• Ensuring respite is available for families and reduce parent/carer stress.</li> <li>• Promoting active engagement of children with siblings and peers.</li> </ul>

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>- Provide a flexible and individualised service</li> <li>- visit at home, no time pressure</li> <li>- provide resources that support the families' strategies for their children</li> <li>• foster opportunities for families and parents/carers to learn with and from other families</li> <li>• ensure respite is available for families</li> </ul>	<p><b>Holistic approach to families</b></p> <ul style="list-style-type: none"> <li>• considers the needs of all family members and the family as a whole</li> <li>• Includes for goals for parents and the family, not just the child</li> </ul> <p><b>Identifying family conditions</b></p> <ul style="list-style-type: none"> <li>• Importance of ensuring that children and families are protected from adverse experiences and are provided with the conditions they need to thrive</li> <li>• ECI practitioners have tools for identifying family circumstances that may be compromising parenting and family wellbeing</li> </ul> <p><b>Links with other services</b></p> <ul style="list-style-type: none"> <li>• Links with other services in order to address factors that may be compromising parenting and family functioning</li> </ul> <p><b>Transition support</b></p>	<p><b>Practices that support holistic, wrap-around integrated service provision that is inclusive of early childhood education and other community settings</b></p> <ul style="list-style-type: none"> <li>• Building community knowledge and understanding of local contexts to support the tailoring of approaches to families.</li> <li>• Considering the needs of the whole family (not just the child).</li> <li>• Building strong respectful relationships between service providers and families.</li> <li>• Protecting children and families from circumstances that may compromise wellbeing.</li> <li>• Connecting families to the supports they need through easy access points and referrals.</li> <li>• Supporting families to navigate transitions between services and sectors.</li> </ul>
<p><b>Provide holistic, wrap-around integrated services</b></p> <ul style="list-style-type: none"> <li>• build on community knowledge and understanding of local contexts that supports tailoring of approaches to families</li> <li>• build strong respectful relationships between services and between families</li> <li>• recognise and connect to extended community</li> <li>• one stop shops, no wrong door, in-house referrals             <ul style="list-style-type: none"> <li>- drop-in playgroups as an access point</li> </ul> </li> <li>• transitions - support to plan for and navigate transitions in, out and between services and sectors             <ul style="list-style-type: none"> <li>- provide continuity of support/care</li> </ul> </li> <li>• support with eligibility and access applications - gaining needed identity documents help with forms and processes</li> </ul>		

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>• Cooperate and collaborate               <ul style="list-style-type: none"> <li>- Teamwork and leadership</li> <li>- Partner across services</li> <li>- share approaches</li> <li>- share knowledge, skills and resources</li> <li>- Cross-disciplinary and cross-setting collaboration makes a difference</li> <li>- Establish services on same site</li> <li>- Support for navigation</li> <li>- Reduce barriers</li> </ul> </li> <li>• Universal access to services               <ul style="list-style-type: none"> <li>- Connect to maternal child health</li> </ul> </li> <li>• Use alternate delivery methods – e.g., telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting families to understand their eligibility and apply for supports.</li> <li>• Working cooperatively and collaboratively across services – sharing knowledge and resources.</li> <li>• Ensuring universal access to required services.</li> <li>• Reducing barriers to accessing supports by providing options (e.g., telehealth).</li> </ul>	
<p><b>Identify and provide supports early</b></p> <ul style="list-style-type: none"> <li>• early recognition and support</li> <li>• address the issue of waitlists for services and provide support during waiting</li> <li>• use mainstream settings to identify               <ul style="list-style-type: none"> <li>- maternal child health, child-care</li> </ul> </li> <li>• Sensitively discussion developmental concerns</li> <li>• Support entry to services and supports, including for vulnerable children and families</li> <li>• focus on 5-8y to identify those missed early and support early education transitions</li> <li>• provide universal screening for developmental delays in education settings</li> </ul>	<p><b>Timely identification and responsiveness to concerns (seek and respond)</b></p> <ul style="list-style-type: none"> <li>• Recognising developmental concerns early and providing appropriate supports.</li> <li>• Using mainstream settings to identify developmental concerns (e.g., maternal child health, childcare).</li> <li>• Providing universal screening for developmental delays in education settings.</li> <li>• Sensitively discussing developmental concerns.</li> </ul>	

PRACTICES

Synthesised consultations findings

Synthesised desktop review findings

Candidate practices for the framework

- Supporting entry to services and supports, including for vulnerable children and families.
- Focussing on 5 – 8-year-olds to identify when early developmental concerns have been missed.
- Supporting early education transitions.

**Community-focused practices that build knowledge and awareness**

- build community understanding and knowledge of child development journeys by sharing information and knowledge
- build young mothers’ knowledge and confidence
- Provide information in usually frequented places
  - about child development
  - about services and supports
- identify and support local champions
- build local (mainstream) workforce capacities (eg child carers)
- support family-led support services (e.g., playgroups, Families as First Teachers)
- provide information
- provide transport
- provide service via ACCOs that are safe and universal, inviting, embed specialists

**Community-focused practices that build knowledge and awareness**

- Building community understanding and knowledge of child development.
- Building knowledge about what best practice ECI means in education settings.
- Building parent/carer’s knowledge and confidence.
- Providing information about child development and support services in natural/everyday settings.
- Building local mainstream workforce capacities (e.g., education for childcare workers).
- Supporting family-led support services.
- Providing services via ACCOs that are safe, universal, inviting and embed specialist services.
- Providing community navigators who understand systems and services to guide and support families.

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>provide community navigators who understand services and systems and can inform and guide, can translate, reassure, support and encourage (but don't provide services)</li> </ul>		
<p><b>Turbo-charge inclusion</b></p> <ul style="list-style-type: none"> <li>Universal design for learning</li> <li>Use inclusive and participatory practices</li> <li>Make everyday settings as the default option for delivery of ECI supports.                             <ul style="list-style-type: none"> <li>provide ECI services in natural learning environments</li> <li>support learning in natural environments</li> <li>Provide ECI therapies at kinder and schools.</li> </ul> </li> <li>Embedded teaching and learning</li> <li>Effective inclusion in early learning and educational settings                             <ul style="list-style-type: none"> <li>Clearly articulate what best practice ECI looks like in education settings</li> <li>address the gap between commitments to inclusion in educational settings and its practical implementation</li> <li>Provide educational settings that are welcoming, use universal learning approaches, provide reasonable adjustments, do not use exclusions, restraint and expulsions.</li> </ul> </li> </ul>	<p><b>Inclusion and participation</b></p> <ul style="list-style-type: none"> <li>Ensures that children and families have opportunities to participate in community and ECEC activities, as well as building the capacity of mainstream services to meet the needs of all children.</li> <li>Promotes inclusion as a major goal for all children with developmental concerns, delays and disabilities</li> <li>Focus on adapting environmental experiences and opportunities rather than trying to eliminate behaviours which may have an adaptive function for the child.</li> </ul>	<p><b>Inclusive and support participation</b></p> <ul style="list-style-type: none"> <li>Using inclusive and participatory practices.</li> <li>Promoting universal design for learning.</li> <li>Supporting learning in natural/everyday settings – embedding teaching and learning.</li> <li>Providing ECI services in natural/everyday learning environments (e.g., a kindergarten or school).</li> <li>Addressing gaps between commitments to inclusion in educational settings and implementation.</li> <li>Adapting environmental experiences and opportunities and providing reasonable adjustments.</li> <li>Avoiding a focus on eliminating / masking behaviours without understanding their function, exclusion and restraint.</li> </ul>

PRACTICES		
Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>- Reduce the heavy rationing of, and barriers to, educational inclusion supports in kinder and school systems</li> <li>- Drive integration of ECI and education supports</li> <li>- Situate educators as part of the ECI eco-system</li> </ul>		
<p><b>Assessment practices</b></p> <ul style="list-style-type: none"> <li>• decolonising frameworks and tools include using (and developing) diagnostic and assessment instruments that are culturally appropriate and valid</li> <li>• Assessment is judgement and needs to be handled carefully <ul style="list-style-type: none"> <li>- soft approaches are needed even when using culturally appropriate tools</li> <li>- strengths-based approaches to assessment include celebrating achievements, growth and development</li> <li>- apply a cultural safety lens</li> <li>- use child- family-culturally appropriate assessments</li> <li>- Utilise authentic outcome measures</li> </ul> </li> <li>• Determine meaningful and functional outcomes together</li> <li>• respect Indigenous Data Sovereignty principles and practices</li> <li>• Share assessments so they can be used for multiple purposes</li> </ul>	<p><b>Authentic assessment practices</b></p>	<p><b>Assessment practices for children and families that are authentic, strength-based, culturally relevant and safe</b></p> <ul style="list-style-type: none"> <li>• Using culturally appropriate and valid assessment tools.</li> <li>• Taking a sensitive approach even when using culturally appropriate tools.</li> <li>• Taking a strength-based approach to assessment including celebrating achievements, growth and development.</li> <li>• Determining meaningful and functional outcomes together – measured utilising authentic outcome measures.</li> </ul>

## PRACTICES

Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<p><b>Trauma-informed practices</b></p> <ul style="list-style-type: none"> <li>• trauma informed / reflective</li> <li>• consider intergenerational, multicultural perspectives,</li> <li>• address/prevent trauma related to separation, inappropriate feeding practices, language deprivation</li> <li>• Promote safe and secure relationships</li> <li>• Consider the reasons behind behaviour (diagnostic vs trauma) as that shifts how you choose to respond</li> </ul>		<p><b>Trauma-informed and culturally safe practices</b></p> <ul style="list-style-type: none"> <li>• Taking an approach that is trauma-informed and reflective.</li> <li>• Considering intergenerational, multicultural perspectives.</li> <li>• Promoting safe and secure relationships.</li> <li>• Considering the reasons that underlying a behaviour (including trauma responses) and tailoring a response informed by this understanding.</li> </ul>
<p><b>Practices around child protection and children in out of home care</b></p> <ul style="list-style-type: none"> <li>• stronger understanding about distinctions between behaviour that is trauma driven or disability</li> <li>• knowledge, skills capacity of child protection agency assessors in regard to developmental concerns and disability is needed</li> <li>• continuity of care and support of disabled children in out-of-home-care is required</li> <li>• continuity of information across services systems is required - to reduce repetition of assessments, loss of information, incorrect information</li> <li>• support of children with developmental concern or disability needs knowledgeable</li> </ul>		<p><b>Practices around child protection and children in out of home care</b></p> <ul style="list-style-type: none"> <li>• Increasing understanding about behaviours that are the result of trauma.</li> <li>• Building the knowledge, skills and capacity of child protection agency workers regarding developmental concerns and disability.</li> <li>• Ensuring continuity of care for children in out-of-home care with disabilities or developmental concerns.</li> <li>• Being aware that fear of child protection agency involvement is a major barrier to Aboriginal and Torres Strait Islander families seeking support for children with</li> </ul>

PRACTICES		
Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<p>parents/carers and systematic management by the department to fully meet the child's need</p> <ul style="list-style-type: none"> <li>• connection to family and community needs to be maintained</li> <li>• fear of child protection agency involvement is a major barrier to Aboriginal and Torres Strait Islander families seeking support for children with concerns <ul style="list-style-type: none"> <li>- be aware that families may be reluctant users of hospitals and clinical services due to fear of child protection notification / child removal</li> <li>- ongoing imperative to avoid removal</li> </ul> </li> </ul>		<p>developmental concerns, visiting hospitals or using clinical services.</p>
<p><b>Workforce development practices</b></p> <ul style="list-style-type: none"> <li>• invest in rural and remote communities</li> <li>• increase the Aboriginal and Torres Strait Islander workforce across all services and support systems</li> <li>• support early childhood workforce/services to understand and accommodate complexity rather than 'it's too hard'</li> <li>• Non-Indigenous practitioners and services must place a high priority on being culturally responsive and contributing to cultural safety. This requires whole of organisational commitments to change including workforce training and development.</li> </ul>	<p><b>Strengthen the capability and capacity of key services and systems to support parents and carers to make informed choices about their child.</b></p> <p>Australia's Disability Strategy 2021-2031 – Early Childhood Targeted Action Plan</p> <p><b>Provide evidence-informed practices</b></p> <p>For the NDIS Quality and Safeguards Commission, evidence-informed practice means</p> <ul style="list-style-type: none"> <li>• integrating the rights and perspectives of the person with disability, with the best available research with professional expertise and information from the implementing or practice contexts.</li> </ul>	<p><b>Are delivered by a skilled, knowledgeable, evidence-informed workforce</b></p> <ul style="list-style-type: none"> <li>• Increasing the Aboriginal and Torres Strait Islander workforce across all services and support systems.</li> <li>• Supporting early childhood workforce/services to understand and accommodate complex presentations.</li> <li>• Supporting non-Indigenous service providers and services to prioritise being culturally responsive and contributing to cultural safety.</li> <li>• Creating consistent training frameworks required to support services to deliver culturally responsive and safe services.</li> </ul>

PRACTICES		
Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>• Staff are encouraged to both learn from non-government organisations (NGO) and also to teach NGOs about how to engage effectively with Aboriginal and Torres Strait Islander families.</li> <li>• We need consistent training (possibly a training framework) for mainstream organisations so there is the highest possible minimum skill set for practitioners, which goes beyond cultural training to how we engage with family, how we work. It means educating NGOs non-Aboriginal and Aboriginal and Torres Strait Islander staff. It's a similar conversation that goes across sectors. It's not just about resources and numbers; it's about getting the workforce synchronised to understand where they fit, what they should be doing and doing it to the best of their ability</li> <li>• key mechanisms for training include: <ul style="list-style-type: none"> <li>- draw on lived experience and reflection of workers and families</li> <li>- advice from Elders and community members</li> <li>- share knowledge from peers and family members</li> <li>- embed a cultural lens</li> <li>- share knowledge and experience across programs, settings, sectors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Provides tools for monitoring program and process fidelity.</li> <li>• Use an evidence-informed decision-making process for determining what strategies to use and how to adapt them</li> <li>• Identifies strategies that ECI providers use to address family needs that are evidence-based</li> </ul> <p>Correct usage of developmental delay and developmental disability</p> <p>Reliable access to, and valid use of current research evidence to inform practice decision-making</p> <p><b>Outcomes-focused</b></p> <ul style="list-style-type: none"> <li>• Is grounded in a conceptualisation and operationalisation of an outcome-based system for all children, families, and communities in line with identified practices and guidelines</li> <li>• Ensures the specification of child outcomes (e.g., learning and participation in everyday environments); family outcomes (e.g., sustainability of everyday routines, advocacy skills; family and social supports) and community outcomes (e.g., engagement and participation in home and community).</li> </ul>	<ul style="list-style-type: none"> <li>• Knowing how to deliver evidence-informed and outcomes-focused practices.</li> <li>• Understanding the role of other service providers.</li> <li>• Understanding child development and the importance of play.</li> <li>• Ensuring accessible language.</li> </ul> <p><b>Evidence-informed practices</b></p> <ul style="list-style-type: none"> <li>• Integrating the rights and perspectives of the person with disability with best available research evidence and professional expertise.</li> <li>• Ensuring access to and use of research evidence to inform practice decisions.</li> <li>• Using tools for monitoring program and process fidelity.</li> <li>• Using an evidence-informed decision-making process for determining what strategies to use and how to adapt them.</li> <li>• Ensuring the specification of child, family and community outcomes.</li> <li>• Seeking feedback from parents/carers.</li> <li>• Evaluating and monitoring practice.</li> <li>• Developing tools to support service providers and families in the</li> </ul>

PRACTICES		
Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<ul style="list-style-type: none"> <li>- use peak organisations pathways for sharing</li> <li>• Don't leave practitioners and families to navigate bad systems by themselves</li> <li>• Gather and review data / evidence               <ul style="list-style-type: none"> <li>- Seek and respond to feedback</li> <li>- be data informed</li> <li>- Evaluate and monitor practice</li> </ul> </li> <li>• Know how to deliver evidence-informed and outcomes-focused practices               <ul style="list-style-type: none"> <li>- Understand the role of other professionals</li> <li>- Keep in touch with the literature</li> </ul> </li> <li>• Understand holistic child development and the importance of play</li> <li>• Ensure accessible language</li> <li>• Enable innovation</li> <li>• Implement standards and systems to drive communication and collaboration               <ul style="list-style-type: none"> <li>- require regular meetings and shared communication tools</li> </ul> </li> <li>• Have a collaborative platform where professionals can track progress and update each other on strategies to ensure consistency in support</li> <li>• Require professionals to have a clearer understanding of each other's roles and interventions so they can integrate their efforts and tailor their approaches to</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks feedback from parents to monitor the extent to which services are being delivered in ways that are consistent with best practice</li> <li>• Contains resources for professionals and families to support understanding and adoption of child, family, and community outcomes in ECI service provision</li> <li>• Develops tools to support professionals and families in the measurement of outcomes at different levels of service provision</li> <li>• creates evidence-based professional development initiatives for the identification of family outcomes and their inclusion in individual planning and goal development</li> </ul>	<p>measurement of outcomes at different levels of service provision.</p> <ul style="list-style-type: none"> <li>• Creating evidence-based professional development initiatives for the identification of family outcomes and their inclusion in individual planning and goal development.</li> </ul>

PRACTICES		
Synthesised consultations findings	Synthesised desktop review findings	Candidate practices for the framework
<p>complement each other, creating a more cohesive support system for my child</p> <ul style="list-style-type: none"> <li>• Build in support for times children/families are on wait lists</li> </ul>		

## 4.2.6 Strategies

Strategies refer to “what happens” in early childhood intervention services. A strategy might be used in isolation (e.g., teaching a new skill through modelling; using a visual schedule) or be delivered as a packaged or manualised therapy or program that involves a set of organised strategies that have their own model of underlying aims and expected outcomes.

### *Evidence about intervention strategies from the systematic review*

Research studies require careful operationalisation of what is being studied, as such, the systematic review provided insight into a range of specific strategies that have been studied in the context of early childhood intervention in the past 10 years. It should be understood, however, that the systematic review search strategy was not designed to identify ‘intervention’ strategies. The interventions and therapy programs that were retrieved by our search strategy related to ECI practices – and represent examples of strategies, but not a comprehensive overview of all strategies that have been studied that might be pertinent to ECI. In particular, searching for and evaluating discipline-specific or condition-specific strategies was outside the scope of this work. Discipline and condition-specific strategies may have a more restricted focus relative to strategies applied widely to support any child with developmental concern, delay or disability. The practices and principles underpinning early intervention, however, remain essential and relevant to all intervention strategies that may be chosen.

Strategies identified in our systematic review can be summarised as child, parent/carer/family, service provider or organisation, or community focused. It should be noted that many intervention programs involved multiple components (e.g., a program for children which also included parent coaching elements), so these intervention strategies were not always implemented in isolation.

**Child-focused strategies** were aimed at building the capacity of children, for example, teaching new skills. The programs studied in the review tended to take one or more of three approaches to teaching or supporting the development of children’s skills:

- (i) a clinician worked individually with a child,
- (ii) group programs, or
- (iii) parent-mediated programs (i.e., teaching parents how to teach/support children).

Outcomes measured in these studies were typically child-focused, with specific child skills or developmental gains assessed.

**Parent/carer/family-focused strategies** investigated in the systematic review primarily aimed to build the capacity of parents, with the aim of beneficial outcomes for the child, parent or family. The approaches studied included:

- (i) parent-mediated approaches, which typically involved elements of a professional supporting a parent to implement strategies with their child through direct coaching and provision of individualised feedback
- (ii) education programs designed to teach parents concepts or skills that could be used to better understand and support their children

There were some studies on intervention strategies (or components of programs) with aims or outcomes focused on parent or family wellbeing more broadly (e.g., peer-to-peer support, family functioning, parent mental wellbeing). These studies were not as well represented in the available,

current research as child-focused or parent-mediated intervention strategies with primarily child-focused outcomes.

**Service provider or organisation-focused strategies** were typically focused on professional development or upskilling of therapists, educators or teachers to deliver intervention strategies.

**Community-focused strategies** were not identified as a strong research focus in the systematic review although there were some intervention strategies which aimed to support inclusion in early childhood or school settings.

It is noteworthy that across the randomised control trials included in the systematic review, there were not clear and consistent patterns showing the benefit of particular intervention strategies relative to others. Some individual studies demonstrated between group effects, while many studies reported within group effects of strategies (e.g., there was a significant effect for one or both groups studied over time but no difference between groups). The scope of the search and review meant that it was not able to demonstrate patterns of change/no change at the level of intervention strategies, given the broad inclusion criteria of all disability conditions and intervention types.

### *Insights from the consultations on intervention strategies*

In consultations with young people, parents/carers and service providers/other professionals, participants were asked about and primarily shared perspectives on broader practices (how the services are delivered) and principles (values underpinning service delivery, that portray the ‘why’ we work this way). Although not specifically sought, views on intervention strategies were evident in some of these contributions.

**Young people** recalled their experiences related to a range of ECI strategies and supports including: psychology or counselling, physiotherapy, occupational therapy, speech therapy, school supports (i.e., clinicians’ school visits; school-based teachers, aides or therapists; visiting teachers; specialised classes or streams; individual learning plans), specialised schools (e.g., autism specific school), recreational activities (e.g., swimming or dance lessons), medical appointments (e.g., paediatricians), and group programs (e.g., social skills groups). Their reflections highlighted that there are wide range of approaches that young people considered to be part of early childhood intervention. Examples of strategies within these approaches were discussed in some interviews. Broadly, strategies that had meaningful and functional aims were valued by participants. Some participants shared examples of strategies that should be avoided (e.g., strategies that aim to “change/fix” the child, highly repetitive activities, strategies that lead to exclusion or cause distress).

**Parents and carers** involved in consultations reported a range of therapies that their children had participated in. Parents and carers often referred to their supports or interventions with reference to the discipline, for example, “occupational therapy sessions” or “speech therapy sessions”. Other therapies were referred to by type (e.g., behavioural therapy, feeding therapy, play therapy). While participants provided examples regarding what their intervention services involved, the specific strategies used within these sessions was not a focus of this consultation.

Consultation with **Aboriginal and Torres Strait Islander** sector peak organisations, practitioners and managers from Aboriginal and Torres Strait Islander community-controlled services, and family members of children with developmental concerns, delay or disability did not extend to discussion about specific support strategies. However, there was an implication within this consultation that

any support strategies implemented for early childhood developmental concerns, delay or disability need to align and be consistent with practices that ensure cultural safety.

Consultations with **ECI practitioners, researchers, professional and advocacy organisations, peak bodies and policy makers** identified coaching and video modelling as evidence-based strategies. Communities of practice, supervision, mentoring and joint visits were raised as important strategies that support professionals working in ECI. Since consultations focused on broader practices and principles of ECI, these insights are not a full representation of the intervention strategies valued by ECI professionals.

### *Selecting strategies – making decisions about which interventions meet the needs of children and families (what, when, where and how much).*

Given that each child and family are unique, and it is the role of ECI practitioners to understand families at a ‘bespoke’ level and to ‘decide together’ what to do, it is not beneficial to suggest strategies that are likely to meet the needs of every child and situation. Instead, the selection of strategies should involve a careful decision-making process, that accounts for and balances relevant information to ensure selected strategies are consistent with the best practice framework. That is, strategies need to be considered in light of, and be consistent with, the aims, outcomes, principles and practices outline in a best practice framework.

Decision making processes for strategies:

- When evaluating research, the whole context of the available evidence must be considered. That is, we need to consider the quality of the research, the meaningfulness or usefulness of the outcomes studied, the effective components within the strategy, and the characteristics of the children, families, settings or situations for which the strategy might be suitable.
- Strategies need to be evaluated for their alignment and consistency with the principles and practices of early childhood intervention. For example, a strategy supported by adequate research evidence needs to be delivered by skilled service providers in a way that is culturally safe, family-centred, and embedded in natural/everyday settings. In some instances, strategies could be implemented in a way that is inconsistent with best practice. For example, an evidence-based social skills teaching strategy could be used in a setting that is isolated from other children, away from their usual social setting or with play materials which hold no interest to the child. In this example, the implementation is not consistent with best practice.
- Evidence-informed strategies need to be selected and developed in partnership with families. It is important that intervention strategies are implemented in ways that are individualised and flexible, considering the uniqueness of each child and family and their circumstances, and tailored to the natural/everyday settings of the child.

## **4.3 Service system and implementation issues**

### **4.3.1 Service systems challenges**

The relationship between a practice framework and the way in which service systems are structured is crucial to the effectiveness of implementation and hence the capacity to reach the

desired outcomes for children with developmental concerns, delay or disability and their families who live in Australia.

The following points relate to the unintended negative consequences associated with the current service systems identified through the project consultations in particular.

### **Early identification**

Highlighted within *Australia's Disability Strategy 2021-2031 – Early Childhood Targeted Action Plan* is the importance of early identification in the case of children with identifiable conditions and the importance of beginning services as early as possible for all children with developmental concerns, delays and disabilities.

- There are concerns that young babies are not being seen by the appropriate ECI services missing out on vital information and supports, there is inconsistent screening and monitoring of child development through the child health nurse system (which is different in each state), and the initial referrers such as GPs may not refer on appropriately.
- Not all States have government-funded child development services.
- Waitlists can be lengthy. Existing services are stretched and can be constrained by program 'rules'. There is a need for greater, more timely availability of allied health services and paediatric specialties to address long waitlists for public/not-for-profit services diagnosis and support.
- Private services are very expensive.
- There is an under-recognised impact on child/family of being on a waitlist for an extended period, followed by the requirement for a period of assessment/service prior to the decision regarding formal support. No interim support is available while waiting (particularly in regional/remote areas). There is a need to start again if an appointment cannot be confirmed or is missed or if the family move interstate (and possibly across health regions)
- Preterm children at known risk for developmental concern, delay or disability are not monitored effectively throughout Australia. There needs to be support for universal screening of young babies and infants born prematurely.
- Fragmented pathways mean there are multiple points for losing (disengaged/never-engaged) families concerned about their child's development.
- There need to be multiple opportunities for young children with developmental concerns, delay or disability to be identified.
  - There needs to be consistent developmental screening by CHNs or GPs (support required) with a culturally appropriate assessment.
  - Additional training for Early Childhood Education professionals to identify young children with developmental concerns, delay or disability in their care and be able to have sensitive conversations with the families.
  - Clear pathways to refer to are required. Families who raise concerns need to be listened to.

### **ECI needs to be reintegrated so that services are connected, not fragmented**

- ECI services need to be considered as part of a wider system of services and embedded in mainstream service systems rather than being a separate 'disability' service system.
- There is currently a lack of shared direction with fragmentation between service systems.

- Even within the ECI sector, there is a lack of collaboration between service providers leading to duplication of information and conversations for families
- Supporting collaboration and transparency between sectors is required. This is required at the local community level (e.g., between provider and ECEC, health provider and service provider), as well as state and national level.
- Easy and supported transitions and connections between different systems and supports are required.

### **Tiered supports are needed and have been lost due to the NDIS**

- The Independent Review of the National Disability Insurance Scheme (2023) recommendation of foundational supports is needed.
- Strengthen services in states where foundational supports continue to be provided and reinvigorate services where they have been lost due to the roll-out of the NDIS. This requires a localised response taking into consideration the history of the state/territory and current contextual situation.
- The service pathway between mainstream, foundational supports and specialised supports should be smooth and clear for the local community.
- There is a need to break down the siloing that occurs between health, education and ECI/disability services. Currently, processes for sharing information are based on relationships rather than consistent processes.

### **Reaching marginalised families / access and service pathway**

- Access is varied depending on where you live in Australia, e.g., in rural, remote areas of Australia.
- Families from CALD backgrounds do not have access to information in their mother tongue.
- Refugee families can have distrust in services as identifying a child with delays or disability may impact on their ability to stay in Australia. Their access to services may be prevented due to visa status.
- The access and service pathway is not clear leading to marginalised families not persevering with the processes required, especially if administrative burdensome and waiting lists are in place.
- Non-attendance 'rules' can mean families are taken off service lists. All/many families at one stage or another may be vulnerable or marginalised.
- It is important to be aware of the many ways in which families may be marginalised and have difficulties in accessing all the supports and services they need.
- There is a need to ensure access to interpreters and be flexible in supporting contact.
- Allowing time for families to develop trust and relationships with services and supports is important.

### **Catering for complexity**

- There are more families experiencing multiple challenges and more children with multiple health and developmental problems, including rare and undiagnosed conditions. This requires acknowledgement and upskilling of those working with children and their families and well-connected systems and services.

### **Impact of choice and control – families**

- There is a need for community leadership and co-design of services with parents/carers and communities who are intended to use and benefit from services

- All those on the journey of the family need to be upskilled in what best practice looks like to ensure consistent and accurate information to families rather than recommending ineffective or excessive services fueling unrealistic or unhelpful expectations of families.
- Investment in peer support for parents is needed.

### **Workforce**

- Workforce issues relate to both ECI and the early childhood early education sector.
- Thin markets: there is a shortage of professionals working in the field – pseudo waitlists can occur (whereby some children receive ‘too much’ therapy while others remain on a waitlist due to lack of availability). Availability of professionals is dependent on where the family lives.
- There is a lack of support and training for professionals working in this field (from undergraduate to postgraduate), or supporting families along their journey e.g., GPs, MCHN.
- There is a lack of experience in professionals in the field and lack of understanding of what best practice looks like. Experienced professionals are often in management roles.
- There is no incentive to provide services within a best practice model.
- There is no regulation or monitoring of practice, no accountability requirements or of outcomes achieved, and services provided.

### **Inclusion**

- There is a lack of universal learning approaches, failure to provide reasonable adjustments, and ongoing use of exclusion, restraint and expulsion in ECE and school settings. Inclusion support is rationed.

### **Lack of consistency**

- All states and territories have varying service systems in health, education and disability/ECI.
- Service delivery models vary across states and territories as do the interface between discipline-specific practice and ECI practice.

### **Accountability mechanisms**

- National data collection / tracking
  - Consultations raised the issue of lack of data collection on child development and outcomes, lack of sharing of information across sectors (e.g., between health, education or disability) due to privacy and confidentiality concerns. This leads to repetitive assessments and conversations with families and increased risk of harm due to incomplete knowledge of the child by service providers. Families may not be willing to share information between service providers if there is concern it will impact on their funding. Shared assessments that can be used for multiple purposes are needed
  - Tracking outcomes needs to be at individual as well as service/system levels. If the aim of ECI is to change the developmental trajectories, then tracking and adjusting inputs on the basis of anticipated change or the presence of no change is needed
- Governance and safeguards for ECI practitioners / monitoring of ECI service delivery
  - There is a need for quality guidelines and some form of regular monitoring to ensure that best practice is being implemented consistently by ECI service providers
- Leadership
  - Leadership plays a role in creating the conditions needed to support practitioners in providing high quality services
- Funding arrangements

- Pricing structure needs to support best practice, including flexible working hours. The current price guide does not incentivise or support the provision of best practice. There is a lack of funding for collaboration between providers and sectors and a lack of funding for travel to see the child in their natural/everyday learning environments. There is no requirement for providers to ‘prove’ they are providing best practice to receive funding or be a registered provider (NDIS).

## 4.4 Tools instruments and resources to support implementation

Both the desktop review and consultations provided some examples of tools and resources (for example measures, training, implementation resources), neither focused specifically on collecting or collating them. In this section, we identify some of the categories of information gathered in the prior phases of the review. Once the framework is developed, then mapping existing resources and instruments to the elements of the framework, and identification of additional resources or tools required to support its implementation will be done, as part of Deliverable 6.

### 4.4.1 Evidence from the desktop review

- The comparison of other ECI frameworks identified that training, implementation, and evaluation resources are available and used to support implementation. The USA Division for Early Childhood has the most developed suite of resources. Example resources include performance checklists for practitioners, practice guides for practitioners and families, guidelines for selecting checklists and practice guides, implementation resources, quality benchmarks, observation scales, and online training modules.
- A range of child, family and practitioner assessment tools and measures were identified within the desktop review and those identified as outcome measures in the systematic review were collated. These instruments may be important tools; however, they have not yet been evaluated for their relevance, applicability and feasibility for an Australian practice framework.
- Importantly, the desktop review identified a lack of use of valid and reliable measures of key outcomes of ECI in current research, (for example participation in home, ECEC and community), highlighting the need to target the selection of resources to the elements that form the framework once developed.
- Existing online professional development modules (to support knowledge and use of the current Australian guidelines) will require updating to align with the Practice Framework.
- Best practice approaches require co-design and co-development of tools and resources.
- There is a suite of available Aboriginal and Torres Strait Islander resources available that support learning and implementation of trauma-informed and responsive practices that support delivery of culturally safe practices.

### 4.4.2 Evidence from the consultations

- SNAICC consultations specifically identified the use of existing culturally responsive training and evaluation resources (e.g., ASQ-TRAK) that have been developed with the Aboriginal and Torres Strait Islander community to support implementation of the framework
- PRECI consultations identified the need
  - for job-embedded learning supports
  - to develop a range of resources for families that are accessible and available in community languages and are culturally appropriate

- fidelity checks

The importance of maintaining, curating and making accessible the evidence base was identified as fundamental to ensuring that ECI practices remain evidence-informed and meet the needs of the Australian community in all its diversity.

## 5 Discussion

The aim of the review report was to bring together evidence from two methodologies resulting in seven sources – three desktop reviews and four consultations – to identify the key elements and candidate content for the best practice framework for early childhood intervention. In the discussion we highlight some of the strengths and limitations of the evidence and processes used, consider variations amongst perspectives, discuss terminology, and identify some of the issues that still need to be addressed.

### 5.1 Strengths and limitations

The content of this report is a summary of what we have learned and heard and is thus a reflection of the literature with which we engaged and the stakeholders with whom we consulted. The breadth and coverage of the combined reviews of the literature was extensive, and yet it did not include all potentially relevant evidence that informs the why, how, where and what of providing ECI to children with developmental concerns, delay or disability and their families. The desktop reviews were intentionally focused on ECI frameworks, principles, practices, and outcomes desired, with the goal of informing the development of a framework relevant to all who work with and support these children and families no matter where they live in Australia.

The consultations were also diverse and extensive. With the exception of the Young People's study which used a purposeful sampling strategy, the consultations were designed to be invitational, and open to all who expressed interest. None of the consultations were designed to ensure the sample was representative, and although a formal assessment of representation has not been undertaken, the following is apparent (see also Table 4 in the Appendix):

- The number of people who took part in the PRECI consultations (the largest undertaken with a total n=1258) from each state and territory appeared to be representative of the respective population sizes
- Many more people who identified as female took part in the PRECI (96.5%) and ACD (90.8%) consultations. This is consistent with the nature of the workforce (both early childhood and therapy) and with the fact that mothers are more involved with ECI than fathers as well as being more likely to take up research and/or consultation opportunities than fathers. In the Young people's study, 54.4% identified as female.
- A small number of participants in who took part in PRECI, ACD, and the Young People's study, and most of those involved in the SNAICC consultations identified as Aboriginal or Torres Strait Islander peoples
- 14.3% and 20.6% of those consulted in the Young People's study and ACD consultation identified as belonging to a culturally or linguistically diverse community
- Data about the condition / disability were collected in the ACD consultation (about the child) and Young People's study only. In both these consultations a wide range of conditions were represented

- Those taking part in the PRECI consultations self-reported a range of professional backgrounds or roles

The analysis of findings presented in this report has not sought to weight the perspectives according to any particular demographic. The intent of the synthesis of findings was to identify both commonalities and differences of perspectives across the consultations, and then to consider both consultation and desktop review evidence together. The strength of the approaches taken lies in the breadth and diversity of perspectives that are available to inform the next phase of the project – the creation of the framework itself. There are inherent limitations within each of the processes undertaken, that is each review method, each consultation process. These relate to decisions taken, for example about timelines, processes for engagement and reach, methods used to source and analyse data obtained. However, the bringing together of the whole body of evidence increases the robustness and relevance of what will be used to inform the framework and its content.

## 5.2 Variation amongst perspectives

Across the bodies of evidence brought together in this report was a fairly strong element of consistency, in terms of the overall aims/outcomes, principles and practices identified as being important to ECI. The agreement amongst sources of evidence may in part be related to the nature of those who chose to take part in consultations. Overall, the differences in number of elements (e.g., number of principles or practices) identified within either the desktop reviews or the consultations appeared to be more to do with how things were phrased, or the focal point or emphasis placed on an issue. Language used to describe similar elements varied, and choosing how to name and define elements will be an important task in developing the framework, as will continuing to seek to consult with a diverse range of stakeholders.

Consistent across all the consultations and the review of ECI frameworks from other jurisdictions was the importance placed on families: on being family-centred, of recognising and honoring diversity, of building the capacities and wellbeing of the whole family, of recognising the crucial link between family thriving and child thriving. Of note in the desktop reviews, was the fact that ‘family’ was more often missing in any statement about visions and aims from Australian national strategies for the early years, although family-centredness was a core principle in every ECI framework reviewed. Also consistent across consultations and the desktop reviews was the focus on being child-focused as well as family-focused, and the importance of providing equitable, accessible ECI services within inclusive, natural/everyday settings of children and families.

In relation to the 2016 National Guidelines for ECI (Early Childhood Intervention Australia, 2016), there is content consistent with the eight key practices detailed below:

- Family-centred and strengths-based practice
- Culturally responsive practice
- Inclusive and participatory practice
- Engaging the child in natural environments
- Collaborative teamwork practice
- Capacity-building practice
- Evidence base, standards, accountability practice
- Outcome-based approach.

Importantly, additional principles and related practices were also identified, that focused on rights-based principles and practices, being community-centred and the importance of authentic

relationships. The other important addition is the clear identification of the need for practices to be articulated within the practice framework, along with resources and tools for implementation.

Each of the consultations emphasised, or brought forward, particular aspects that were distinct to each other. The SNAICC consultation highlighted the essential role of community in child rearing and child and family wellbeing, including the place of ACCOs as both community members and providers of services. The emphasis and specificity of culturally safe practices for Aboriginal and Torres Strait Islander people is an important response to the ongoing impacts of Western approaches that increase the likelihood of child removal that result in fear of engagement with services.

Families consulted by ACD send a strong message that families want to know (and expect) that what they are being offered in ECI *is* best practice; that nurturing and empowering parents, carers and family and affirming the child should be the norm; they want a focus on inclusion in natural/everyday settings as the default setting. In the young people's study, aligning practice with children's rights, and not harming children in the process of delivering care was one emphasis.

The PRECI consultations brought forward the essential element of relationships as fundamental to all ECI work – relationships between professionals and families, and professionals with each other, but also between children and siblings, peers, parents and other family members. Quality improvement focus and need for accountability were also brought forward strongly in the PRECI consultation: we need to ensure that Australia has a workforce that can meet the needs of children with developmental concerns, delay or disability and their families.

### **5.3 Addressing terms and terminology**

Within this report we have continued to use the term *early childhood intervention* (ECI) to refer to specialist services for young children with developmental concerns, delays or disability. When delivering the desktop reviews, we noted that, as the ECI sector has evolved, questions have been raised regarding the continued use of the term *intervention*. Parent and carer groups have indicated that the term can be problematic for parents, as have Aboriginal and Torres Strait Islander groups where it is commonly and negatively associated with child protection interventions. As previously indicated any recommended change will be determined through the consultation process. In addition, whatever term is used, it needs to convey to parents, carers and others that these specialist services are the additional supports needed by children with developmental concerns, delay or disability and their families to ensure that they have the conditions they need to thrive.

During the PRECI consultations, the term intervention was specifically discussed. Various opinions about its use and usefulness were canvassed, and alternate terms were considered – for example early years' connections or supports. During the SNAICC consultations, the word intervention was not used for the reasons outlined above. The phrase used in these consultations was 'early childhood developmental support'. During our engagement with experts, some advice was given regarding the international use of the term 'intervention', and that there may be unintended consequences of changing a well-known term.

At this point in the review process, whether the term 'intervention' is changed, and to what, is still an open question.

Whether the framework should be called a 'best' practice framework, or an 'evidence-informed' framework has also been canvassed, but is, as yet still to be determined.

What is clear, is that all stakeholders want the following in relation to language used within the resultant framework:

- It be strength-based
- Consistent with the aim of honouring the self-determination of families and children
- That families can recognise ‘best practice’ but also that they can rely on receiving best practice from qualified, regulated professionals
- All key elements of the framework and their included terms are understandable and defined/explained. This includes defining what we mean by family, community, culture, participation for example.

## 5.4 What still needs to be addressed

### 5.4.1 How much is enough?

The question of ‘how much early childhood intervention’ should a child and family receive requires more detailed consideration. The importance of this topic is two-fold: first the current funding models drive a ‘more is better’ principle that is not founded in evidence, and maximising ‘more’ rather than ‘better’ can lead to clinic-based delivery of services rather than inclusive practices within natural/everyday settings. This is in part due to the inappropriate assessment of ‘more of what’ in determining how to spend the funding available: children may need more opportunity to practice emergent skills and abilities, but this does not, and should not, simply equal more hours of individual therapy. The second consideration relates to addressing the needs of children with complex, and/or medically fragile conditions, who, along with their parents, carers and broader family networks will have a high need for care, supports and services.

In addressing this question, some of the considerations include:

- Principle-based decision making: children have a right to be children, who participate in their homes, education settings and community... Intensive, prolonged therapy is counter to this principle; as are interventions that are disruptive to families; there are opportunity costs for children of being removed from the natural/everyday – settings
- Children need multiple opportunities to practice – in natural/everyday environments
- Activities which are play and group based can provide additional benefits through engagement with peers
- Supporting families raising children with complex conditions, and their need for support to meet the core care conditions for children and families. The level of support needs to be tailored to the care-demands of the child – this is not the same as intensive therapy for the child
- How much is too much, and what are the indicators of this
- Not letting research-informed strategies drive the volume and intensity of therapy offered in the absence of professional and family reasoning and independent evaluation of the evidence for the specific child and family circumstances.

### 5.4.2 Integrating discipline and/or diagnostic specific evidence

There was a request throughout the PRECI consultations to integrate the Practice Framework with the national strategies such as the Early Years Learning Framework, as well as to acknowledge and

integrate the available discipline-specific evidence and competencies and diagnosis/condition-specific guidelines and competencies. Example guidelines include those for children and young people with cerebral palsy (Jackman et al., 2022), autism (Autism CRC, 2023, 2024), premature infants (Preterm Follow-Up Guideline Development Group, 2024) and infant mental health (Australian Association for Infant Mental Health, 2019). Within this report, a synthesis of where the Practice Framework fits with national frameworks has been undertaken in relation to formulation of vision / aims and intended outcomes. Although not sought explicitly, a substantial amount of evidence from the field of autism was included in the desktop reviews, reflective of recent focus on this population within research and practice. Hence, aspects of the autism evidence base, for example, are integrated within synthesis. Further integration of discipline-specific and diagnostic-specific guidelines and evidence requires more detailed consideration to determine congruency of these guidelines and competencies with the key principles and practices of the Practice framework. Articulation of this integration will be needed to support implementation of high-quality ECI.

## **6 Implications for the Best Practice Framework**

### **6.1 Who the framework is for**

The Practice Framework is for:

- those working with families of children who have developmental concerns, delay or disability in the early childhood period (i.e., <9 years of age)
- the systems, services, and approaches intended to support the health, wellbeing, learning and development of children and their families in the early years of a child's life
- parents/carers, families and communities raising young children with developmental concerns, delay or disability who also require guidance to support their decision-making
- for children with any, or multiple diagnoses or developmental concerns or delay, and
- families with diverse needs no matter where they live in Australia.

### **6.2 The form the framework should take**

A practice framework is a structured approach that provides a set of assumptions, concepts, values, and practices, and acts as a bridging tool for knowledge synthesis and communication. In the context of this work, it is intended that the resultant Practice Framework will provide:

1. A vision statement – for ECI that is founded in the vision and aims for all children growing up in Australia
2. Aims – statement of the purpose of ECI
3. Outcomes – desired outcomes for children, parents/carers, families and communities
4. A theory of change – the proposed mechanisms by which change is thought to occur, and the assumptions/conditions required to support the theory
5. Principles – rules, beliefs or ideas that guide ECI behaviour, the *why* of ECI approaches
6. Practices – specific actions or behaviours that put ECI principles into effect, the *how* of ECI approaches

7. Strategies – techniques or interventions that have demonstrated research evidence to inform *what* might be done in practice.

### **6.3 Implications for implementation**

For the Practice Framework to be applicable, it also requires the development of aligned:

- indicators of processes and practice applications – how will we know we are working in accordance with the framework
- indicators of desired outcomes – how will we know children, parents/carers, families and communities are benefitting in the ways intended
- identification of the range and type of evidence required to demonstrate the indicators – how do we measure both what we are doing, and the outcomes achieved
- tools, resources and training packages for implementation of the Practice Framework
  - for ECI practitioners and
  - for families and communities
- regulatory and accountability measures that are linked to child, parent/carer, family and community outcomes

### **6.4 Implications for service systems**

There are a range of implementation challenges that have been identified that will need to be addressed for the Practice Framework to achieve the desired impact.

Fundamentally, the effects of the recommended ECI Practice Framework are predicated on optimal systemic, policy and funding settings being in place to ensure equitable, population-scale delivery and uptake. Without appropriate policy settings and resourcing, the impact of ECI recommended practice risks being sporadic and geographically and/or demographically uneven rather than nationally consistent and equitable.

To address these issues,

- drivers of system level change need to be clearly identified
- how the Practice Framework is situated within, and informs, the overall policy settings of the early childhood period need to be clearly articulated
- the funding mechanisms drive practice, so they need to be set so that they drive practice consistent with the framework
- accreditation standards and regulation – of individuals and organisations – need to be clear, aligned and reviewed to ensure governance and safe-guards are effective
- need to address the inconsistencies across local, states and territories in what is available and accessible
- need to address fragmentation of service systems: families raising young children with developmental concerns, delay or disability should or may interact with multiple related systems (e.g., maternal and child health, general practice, ECEC settings, specialist health care settings/professionals, child protection and out-of-home care), therefore
  - clarity is needed about how the best interests of children, parents/carers, families and communities are met when multiple agencies are or need to be involved
- replace and strengthen tiered supports, smoothing the transition into, out of and between services and systems to create a continuum of supports based on needs

- build workforce – to address limitations capacity and capability
- build national data collection and tracking to ensure continuous evaluation and improvements based on evidence.

## **7 Recommendations**

We recommend that the findings presented in this Review Report be used as the basis for the co-creation of the framework. Co-creation will draw on the diverse perspectives and knowledge of the broad project team and re-engagement with a proportion of the stakeholders who were previously consulted.

Multiple decisions are still to be made, for example, regarding terminology, exact content for each element of the practice framework, the preferred sequence of information. Crafting of language is also required to ensure the framework is accessible and applicable to the needs of diverse users.

In addition, the SNAICC consultations provide clear direction in relation to the need for culturally safe practices, specific to Aboriginal and Torres Strait Islander children, families and communities. Many of the principles and practices identified within the SNAICC consultations and aligned literature are pertinent to all culturally and linguistically diverse families and communities. Simply combining the evidence, however, is not sufficient to address the needs of all, and how best to represent and support both the needs of Aboriginal and Torres Strait Islander peoples as well as children, families and communities from diverse cultural groups requires further discussion and consultation.

The next step is to write a draft of the framework, the structure of which is described in section 6. The framework will be co-created by the project team who will bring together what has been learned and heard to date, with their diverse perspectives and knowledge. The draft framework will be taken to consultation in the community and with our national and international expert advisory group. Consultation will be used to check whether what is drafted is consistent with the expectations and needs of the ECI stakeholders, and to revise where needed. In addition, during this consultation we will seek input about the tools and resources stakeholders believe would support its implementation. This feedback will be used to further revise and refine the framework – Deliverable 5 – and to inform the work of Deliverable 6.

## 8 References

- ARACY. (2014). *The Nest action agenda: Improving the wellbeing of Australia's children and youth while growing our GDP by over 7%*. Canberra: ARACY. Retrieved September 6, 2024 from <http://www.aracy.org.au/documents/item/182>
- Australian Association for Infant Mental Health. (2019). Infant mental health: Nurturing early social and emotional wellbeing. Competency guidelines endorsement for culturally sensitive, relationship-focused practice promoting infant mental health. [https://www.aaimh.org.au/media/website\\_pages/resources/for-professionals/infant-mental-health-competency-guidelines/AAIMH-WA-Competency-Guidelines-2nd-Edition-November-2019.pdf](https://www.aaimh.org.au/media/website_pages/resources/for-professionals/infant-mental-health-competency-guidelines/AAIMH-WA-Competency-Guidelines-2nd-Edition-November-2019.pdf)
- Australian Government Department of Education. (2022). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia (V2.0)*. Australian Government Department of Education for the Ministerial Council. Retrieved September 6, 2024 from
- Autism CRC. (2023). *National Guideline for the assessment and diagnosis of autism in Australia*. Autism CRC. Retrieved 6 September from <https://www.autismcrc.com.au/best-practice/assessment-and-diagnosis>
- Autism CRC. (2024). *National Guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia*. Autism CRC, The University of Queensland. Retrieved September 6, 2024 from <https://www.autismcrc.com.au/best-practice/supporting-children/guideline>
- Coalition of Peaks. (2023). *Closing the Gap National Agreement*. Retrieved September 6, 2024 from <https://www.coalitionofpeaks.org.au/national-agreement-on-closing-the-gap>
- Commonwealth of Australia. (2023). *Executive summary, Our vision for an inclusive Australia and recommendations*. Canberra, Australia: Commonwealth of Australia Retrieved from <https://disability.royalcommission.gov.au/publications/final-report-executive-summary-our-vision-inclusive-australia-and-recommendations>
- Commonwealth of Australia (Department of Social Services). (2024). *Australian Government, The Early Years Strategy 2024-2034*. Commonwealth of Australia (Department of Social Services). Retrieved 6 September from <https://www.dss.gov.au/families-and-children-programs-services-early-years-strategy/early-years-strategy-2024-2034>
- Cumpston, M., Li, T., Page, M. J., Chandler, J., Welch, V. A., Higgins, J. P., & Thomas, J. (2019). Updated guidance for trusted systematic reviews: a new edition of the Cochrane Handbook for Systematic Reviews of Interventions. *The Cochrane database of systematic reviews*, 10(10). <https://doi.org/10.1002/14651858.ED000142>
- Early Childhood Intervention Australia. (2016). *National Guidelines for Best Practice in Early Childhood Intervention*. Early Childhood Intervention Australia. <https://www.flipsnack.com/earlychildhoodintervention/ecia-national-guidelines-bestpractice-in-eci/full-view.html>
- Greenhalgh, T., Thorne, S., & Malterud, K. (2018). Time to challenge the spurious hierarchy of systematic over narrative reviews? *European journal of clinical investigation*, 48(6).
- Jackman, M., Sakzewski, L., Morgan, C., Boyd, R. N., Brennan, S. E., Langdon, K., Toovey, R. A., Greaves, S., Thorley, M., & Novak, I. (2022). Interventions to improve physical function for children and young people with cerebral palsy: international clinical practice guideline. *Developmental Medicine & Child Neurology*, 64(5), 536-549.
- King, G., Granlund, M., & Imms, C. (2020). Measuring participation as a means: participation as a transactional system and a process. In C. Imms & D. Green (Eds.), *Participation: Optimising outcomes in childhood onset neurodisability* (pp. 143-160). Mac Keith Press.

- Lundy, L. (2007). 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927-942.  
<https://doi.org/10.1080/01411920701657033>
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ*, 339, b2535.  
<https://doi.org/10.1136/bmj.b2535>
- Moore, T. (2024). *Core care conditions for children and families: Implications for policy and practice*. (CCCH Working Paper No. 6, Issue. <https://doi.org/10.25374/MCRI.26065597>
- Moore, T. G. (2019). *Realising the potential: a literature review of best practices in early childhood intervention services*. Centre for Community Child Health, Murdoch Children's Research Institute.
- National Indigenous Australians Agency, & SNAICC. (2021). *National Aboriginal and Torres Strait Early Childhood Strategy*. National Indigenous Australians Agency.  
<https://www.niaa.gov.au/resource-centre/national-aboriginal-and-torres-strait-islander-early-childhood-strategy>
- Preterm Follow-Up Guideline Development Group. (2024). *Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm*. Centre of Research Excellence in Newborn Medicine, Murdoch Children's Research Institute. Retrieved 6 September from [https://www.crenewbornmedicine.org.au/media/dhgapqa3/02072024\\_preterm\\_followup\\_guideline.pdf](https://www.crenewbornmedicine.org.au/media/dhgapqa3/02072024_preterm_followup_guideline.pdf)
- Stanley, T., Baron, S., & Robertson, P. (2021). Examining practice frameworks—Mapping out the gains. *Practice*, 33(1), 21-35.
- Sukhera, J. (2022). Narrative reviews: flexible, rigorous, and practical. *Journal of graduate medical education*, 14(4), 414-417.
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., . . . Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*, 169(7), 467-473.  
<https://doi.org/10.7326/m18-0850>

## 9 Appendix

### 9.1 Summary of stakeholders reached during the consultations

The following table brings together information from across the four consultations to provide an overview of who took part.

Table 4. An overview of participant demographics from the four consultations

	Young people n (%)	ACD n (%)	SNAICC n (%)	PRECI Survey n (%)	PRECI Consultations n (%)
Total participants	21	97	Consultation with families, state and national organisations across Australia.	582 <sup>a</sup>	676 <sup>a</sup>
State/territory <sup>b</sup>				Total n = 423	Total n = 736
VIC	11 (52.4)	55 (56.7)	ACCO services	110 (26)	162 (22)
NSW	3 (14.3)	24 (23.7)	Families; ACCO services	135 (32)	191 (26)
QLD	3 (14.3)	5 (5.1)	Families; ACCO services; peak organisations; others.	81 (19)	81 (11)
TAS	2 (9.5)	1 (1)	ACCO services; peak organisation	8 (2)	29 (4)
SA	2 (9.5)	1 (1)	ACCO services	30 (7)	81 (11)
ACT	0 (0)	0 (0)	Not reported	17 (4)	22 (3)
NT	0 (0)	0 (0)	ACCO services	8 (2)	52 (7)
WA	0 (0)	11 (11.3)	Peak organisations; others	34 (8)	118 (16)
Participant age	15-17 = 2 (9.5) 18-21 = 10 (47.6)	Not reported	Not reported	Not reported	Not reported

	Young people n (%)	ACD n (%)	SNAICC n (%)	PRECI Survey n (%)	PRECI Consultations n (%)
	22-25 = 4 (19.0) 26-32 = 5 (23.8)				
Participant gender				n = 423	n = 736
Female	11 (52.4)	88 (90.8)	Participants were predominantly female, with a small number of fathers and male workers/managers.	410 (97)	707 (96)
Male	7 (33.3)	8 (8.2)		13 (3)	29 (4)
Non-binary	1 (4.8)	1 (1)		0 (0)	0 (0)
Other	2 (9.5)	0 (0)		0 (0)	0 (0)
Aboriginal and Torres Strait Islander	1 (4.8)	3 (3.1)	All family members identified as Aboriginal and/or Torres Strait Islander people, as did most other participants.	4 (1)	15 (2)
Cultural or linguistically diverse	3 (14.3)	20 (20.6)		An open question response indicated participants originated from Australia, Africa, China, Europe, India, New Zealand, United Kingdom, Middle East, South Africa, and Southeast Asia, as well as professionals from the Deaf culture.	An open question response indicated participants originated from Australia, Africa, Asia, China, Europe, India, United Kingdom, Middle East, and South Africa. Professionals from the Deaf or Diversity cultures also responded.
Member of LGBTQI+ community	6 (29.0)	Not reported	Not reported	A small number of respondents identified as LGBTQIA+ or representatives of the	Not reported

	Young people n (%)	ACD n (%)	SNAICC n (%)	PRECI Survey n (%)	PRECI Consultations n (%)
				LGBTQIA+ professional community.	
Disability	Autism: 10 (47.6)	Autism 48 (49.5)	Not reported	Not reported	Not reported
<i>Young people's study:</i> Child-onset disability self-reported by participant. Some participants indicated more than one disability.	Neurodivergent: 9 (42.9)	Genetic/chrom. 12 (12.4)			
	Cerebral palsy: 5 (23.8)	Dev. delay 9 (9.3)			
	Rare condition: 4 (19.0)	Neurological 7 (7.2)			
	Dyspraxia: 4 (19.0)	ID incl. Down s. 7 (7.2)			
	ID: 3 (14.3)	ADHD 4 (4.1)			
	Deaf: 3 (14.3)	Deaf &/or blind 4 (4.1)			
	ADHD: 2 (9.5)	ABI 2 (2.0)			
	Learning dis: 2 (9.5)	Speech impair. 1 (1.0)			
<i>ACD:</i> Primary disability of their child reported by parent/carers	Other: 12 (57.1)	Not reported 3 (3.2)			
Profession	Not asked	Not asked	Not reported	N = 474	N = 744
<i>PRECI:</i> Multiple responses permitted				SLP: 154 (32.5)	Manager: 205 (27.6)
				OT: 70 (14.8)	OT: 134 (18.0)
				Manager: 62 (13.1)	Educator: 79 (10.6)
				Educator: 56 (11.8)	SLP: 74 (9.9)
				Physio: 30 (6.3)	Physio: 72 (9.7)
				Psychologist: 27 (5.7)	Academic: 43 (5.8)
				Researcher: 24 (5.1)	Researcher: 37 (5.0)
				Academic: 18 (3.8)	Paediatrician: 30 (4.0)
				Spec. teacher: 17 (3.6)	Social worker: 28 (3.8)
				Social worker: 7 (1.5)	Spec. teacher: 26 (3.5)
				Paediatrician: 4 (0.8)	Policy maker: 16 (2.2)
				Peer worker: 3 (0.6)	Peer worker: 2 (0.3)

	Young people n (%)	ACD n (%)	SNAICC n (%)	PRECI Survey n (%)	PRECI Consultations n (%)
				Policy maker: 2 (0.4) Other: 68 (14.3)	Other: 168 (22.6)
Type of organisation			ACCO services 18 Peak organisations 6 Other organisations 8	N = 494 Priv. practice: 194 (39.3) Non-profit ECI: 99 (20.0) ECEC service: 42 (8.5) For profit ECI: 29 (5.9) Government: 23 (4.7) Comm. health: 19 (3.8) University: 17 (3.4) Hospital: 15 (3.0) Advocacy org.: 14 (2.8) Professional org. /peak body: 11 (2.2) Parent org: 1 (0.2) Other: 30 (6.1)	N = 738 Priv. practice: 141 (19) Non-profit ECI: 126 (17) Government: 74 (10) ECEC service: 67 (9) For profit ECI: 52 (7) University: 45 (6) Advocacy org: 30 (4) Comm. health: 30 (4) Peak body: 30 (4) Professional org: 30 (4) Hospital: 30 (4) Parent org: 7 (1) Other: 74 (10)
<i>SNAICC</i> : n is number of organisations not people.					
<i>PRECI</i> : Multiple responses permitted					

Notes.

<sup>a</sup> Sample size for the PRECI consultations differed for each time due to missing data and differences between demographic data collection and subsequent participation in a consultation session.

<sup>b</sup> Australian Bureau of Statistics report the proportion of people living in each state and territory as follows: NSW 31%; Victoria 26%; Western Australia 21%; Queensland 7%; South Australia 11%; Northern Territory 2%; Tasmania 1%; Australian Capital Territory 2%

ACCO – Aboriginal Community Controlled Organisations; ABI = Acquired brain injury; ADHD = Attention deficit hyperactivity disorder; Dis = disability; ECEC = Early Childhood Education and Care; ID = intellectual disability; Org. = organisation; OT = Occupational Therapist; Physio = physiotherapist; Priv = Private; SLP = Speech Language Pathologist; Spec = special.

# Contact us

---

[healthy-trajectories.com.au/eci-review/](https://healthy-trajectories.com.au/eci-review/)  
[official-ecireview@unimelb.edu.au](mailto:official-ecireview@unimelb.edu.au)



Melbourne  
Disability  
Institute

