**Best Practice for Who?**

The role of national guidelines in best practice guidance in early childhood intervention



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# Forward

**Acknowledgement of Country**

We acknowledge the Traditional Owners and Custodians of

Country throughout Australia and recognise their continuing

connection to the land, sea, waterways and community.

We pay our respects to their enduring cultures; and to

Elders past and present.

This project was completed by Dr Genevieve Johnsson and Dr Kim Bulkeley from the Centre for Disability Research and Policy (CDRP) at the University of Sydney, in partnership with Reimagine Australia. Ethics approval for this research project was granted by the University of Sydney HREC (Project no: 2023/187).

## About CDRP

The Centre for Disability Research and Policy (CDRP) aims to reduce the disadvantage that occurs for people with disability. Our research works to improve the social and economic participation, health and wellbeing of people with disability.

The Centre collaborates with a large number of local and international organisations, agencies, governments and service providers to enhance the wellbeing of people with disability. We actively partner with, and employ, people with lived experiences of disability to achieve those outcomes.

We aim to provide a strong voice in debates of national importance including the development of the National Disability Insurance Scheme (NDIS), the National Disability Strategy and the Disability Royal Commission. This voice is underpinned by outstanding scholarship led by a diverse group of researchers.

## About Reimagine Australia

Reimagine Australia, formerly known as Early Childhood Intervention Australia (ECIA), has been the leading Australian body for early childhood outcomes for young children with a developmental delay or a disability and their families, since 1986.

As the national organisation that works with families, government, service providers, and mainstream support services to obtain the very best outcomes for children with developmental delay or disability and their families, Reimagine Australia has been leading the early childhood sector in embedding best practice and inclusive systems design for over 36 years.

Reimagine Australia’s purpose is to ensure that children with disability and/or developmental delay, and their families, have every opportunity to reach their potential in life. We do this by supporting families and practitioners, whilst reimagining communities in which we live, work and play through strategic and inclusive design.

## Acknowledgements

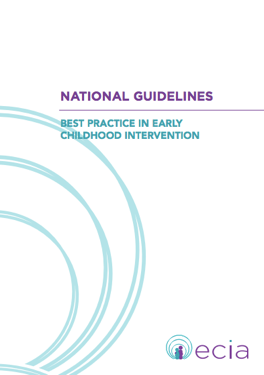
We would like to acknowledge Reimagine Australia as an active partner in carrying out this research and for their commitment to investigating best practice in early childhood supports.

We would like to thank National Taskforce members and their organisations, the 105 early childhood practitioners who attended the best practice focus group series and the attendees of the Reimagine 2023 National Conference best practice forum, for your wisdom, guidance and expertise in creating this white paper.

Thank you also to all the early childhood practitioners, health professionals, educators and family advocates who strive towards best practice each and every day. We hope this white paper honours your work.

# Introduction to the National Guidelines

The National Guidelines for Best Practice in Early Childhood Intervention (1st edition), were funded by the NDIS Sector Development Fund and Early Childhood Intervention Australia in 2015. A Steering Committee was convened, bringing together a collection of individuals with expert knowledge and skills within the field of Early Childhood Intervention to complement the skills and knowledge of the Project Team.

During May and June of 2015, Early Childhood Intervention Australia (ECIA) carried out a series of consultative workshops throughout Australia.

The objectives of these workshops were to:

* review current practice in Early Childhood Intervention across Australia;
* identify key best practices in ECI that are agreed upon by the ECI sector and its stakeholders across Australia;
* identify any environmental factors impacting upon current ECI practice;
* identify strategies to address gaps between current ECI practices and best practice in ECI

These workshops attracted over 400 attendees from 11 locations across Australia. Additionally, ECIA received 11 submissions from major organisations regarding the Best Practice Guidelines. The feedback gathered during the National Guidelines project's consultative phase was then compared with both Australian and international research and literature in the field of early childhood intervention. The final stage of consultation involved discussions with the Expert Advisory Group (EAG), comprising 60 specialists from various early childhood intervention-related disciplines.

From the review of literature and extensive consultation with the ECI sector, four quality areas were identified comprising of eight key recommended best practices in ECI.

The first edition of the National Guidelines for Best Practice in Early Childhood Intervention was published in 2016. It has not been formally reviewed since.

### A note on terminology

We will use the term “intervention” throughout this white paper as it relates to the National guidelines terminology. However, we strongly advocate for the replacement of the term ‘intervention’ with strengths-based language. We anticipate this will be considered as part of the review of best practice guidance.

We highlight the use of the two terms “guidance” and “guidelines”. It is important to remember that best practice guidelines sit within the broader context of best practice guidance.

We refer to “Best Practice” throughout this report. However, we urge the reviewers to reconsider the use of this term within the broader conceptualising of how we achieve the best outcomes for children and families. It is important to understand that there is no one “Best Practice” and that a nuanced and individualised approach needs to be undertaken.

We will also be using person-first language throughout the document for consistency and flow, but acknowledge the place of identity first language in this discourse.

# Key Best Practices in the National Guidelines

## Quality Area 1: Family

**Family-Centred and Strengths-Based Practice:** is a set of values, skills, behaviours and knowledge that recognises the central role of families in children’s lives. Family-centred practice is a way of thinking and acting that ensures that professionals and families work in partnership and that family life, and family priorities and choices, drive what happens in planning and intervention. Family-centred practice builds on family strengths and assists families to develop their own networks of resources – both informal and formal.

**Culturally Responsive Practice:** creates welcoming and culturally inclusive environments where all families are encouraged to participate in and contribute to children’s learning and development. Practitioners are knowledgeable and respectful of diversity and provide services and supports in flexible ways that are responsive to each family’s cultural, ethnic, racial, language and socioeconomic characteristics.

## Quality Area 2: Inclusion

**Inclusive and Participatory Practice:** recognises that every child regardless of their needs has the right to participate fully in their family and community life and to have the same choices, opportunities and experiences as other children. All children need to feel accepted and to have a real sense of belonging. Children with disability and/or developmental delay may require additional support to enable them to participate meaningfully in their families, community and early childhood settings.

**Engaging the Child in Natural Environments:** promotes children’s inclusion through participation in daily routines, at home, in the community, and in early childhood settings. These natural learning environments contain many opportunities for all children to engage, participate, learn and practise skills, thus strengthening their sense of belonging.

## Quality Area 3: Teamwork

**Collaborative Teamwork Practice:** is where the family and professionals work together as a collaborative and integrated team around the child, communicating and sharing information, knowledge and skills, with one team member nominated as a key worker and main person working with the family.

Capacity-Building Practice: encompasses building the capacity of the child, family, professionals and community through coaching and collaborative teamwork. The goal is to build the knowledge, skills and abilities of the individuals who will spend the most time with the child in order to have as great an impact as possible on the child’s learning and development.

## Quality Area 4: Universal Principles

**Evidence Base, Standards, Accountability and Practice:** ECI services comprise practitioners with appropriate expertise and qualifications who use intervention strategies that are grounded in research and sound clinical reasoning. Standards based on these ECI key best practices will ensure ECI practitioners and services are accountable to continuous improvement and high-quality services.

**Outcome-Based Approach:** focuses on outcomes that parents want for their child and family, and on identifying the skills needed to achieve these outcomes. ECI practitioners share their professional expertise and knowledge to enable families to make informed decisions. Outcomes focus on participation in meaningful activities in the home and community with outcomes measured and evaluated by ECI services from a child, family and community perspective.

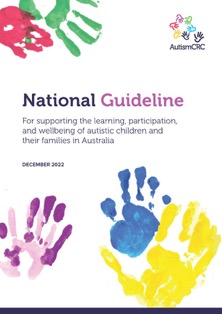
(ECIA, 2016)

# Other Guidelines and Standards in the Early Childhood Sector

The early childhood ecosystem is guided by other foundational frameworks that provide an important context for guidance about supports for children with developmental concerns or disability. In this section we highlight four key broader guidelines and frameworks that impact on children with disability and their families and are mindful that other guidelines include concepts and approaches that may add to the guidance required for children with developmental delay, difference and disability. The existing Early Intervention Guidelines must be viewed in this broader context and positioned going forward in a way that enhances the coherence of guidance in early childhood supports that is inclusive and welcoming of children with developmental difference, delay or disability.

[Supporting Autistic Children Guideline](https://www.autismcrc.com.au/access/supporting-children?gad_source=1&gclid=CjwKCAjw7oeqBhBwEiwALyHLMzQN9hFpW8-M2Gy42FKdzwDstDnRvSYIKUSUoeFysz8verZUbdgJNhoCxC8QAvD_BwE)

**Author:** Autism CRC

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The National Guideline for supporting the learning, participation, and well-being of autistic children and their families in Australia (The Guideline) provides clear and consistent Recommendations and Practice Points for practitioners who deliver supports to autistic children and their families. The aim is to ensure they are doing so in ways that are effective, safe and desirable.

However, the Guideline is also a valuable resource for autistic individuals and their supporters, educators and families, organisations providing training to practitioners or students, and governments and other policy-making organisations.

The Guideline has a lifespan perspective, recognising that early supports should lay the foundation for a positive future and focuses on the delivery of non-pharmacological supports in community and clinical settings to support children aged 0-12 years.

[The Early Years Learning Framework](https://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf)

**Author:** The Australian Children’s Education and Care Quality Authority.

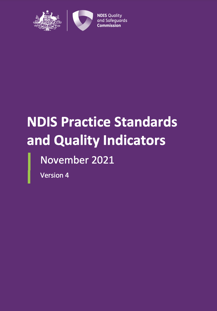
The Early Years Learning Framework for Australia guides early childhood providers, teachers and educators to extend and enrich children’s learning from birth to 5 years and through the transition to school. The Framework has been designed for use by early childhood educators, working in partnership with children, families, other professionals, schools and community members to inform educational programs and practices that are place-based and relevant to that community.

Fundamental to the Framework is a view of children’s lives as characterised by **belonging, being and becoming**. The Framework conveys the highest expectations for all children’s learning, development and wellbeing from birth to 5 years and through the transitions to school. It communicates these expectations through the following 5 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.

[NDIS Practice Standards and Quality Indicators November 2021](https://www.ndiscommission.gov.au/sites/default/files/2022-02/ndis-practice-standards-and-quality-indicatorsfinal1.pdf)

**Author:** NDIS Quality and Safeguards Commission

The NDIS Practice Standards create an important benchmark for providers to assess their performance, and to demonstrate how they provide high quality and safe supports and services to NDIS participants. Together with the NDIS Code of Conduct, the NDIS Practice Standards will assist NDIS participants to be aware of what quality service provision they should expect from NDIS providers. The outcomes of the NDIS Practice Standards are included within the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018. The National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 list the outcomes of the NDIS Practice Standards and also the associated quality indicators NDIS providers can use to demonstrate conformity with the outcomes.

The NDIS Practice Standards consist of a core module and several supplementary modules that apply according to the types of supports and services NDIS providers deliver. Each module has:

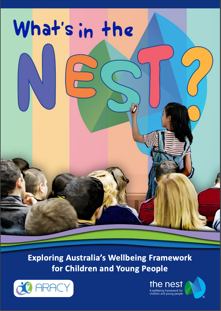
* a series of high-level, participant-focused outcomes, and
* for each outcome, quality indicators that auditors will use to assess a provider’s compliance with the Practice Standards

The Early Childhood Support is a supplementary module and outlines outcomes for the following areas:

* The Child
* The Family
* Inclusion
* Collaboration
* Capacity Building
* Evidence-Informed Practice
* Outcomes-based Approach

[The Nest](https://www.aracy.org.au/documents/item/700)

**Author:** Australian Research Alliance for Children and Young People (ARACY).



The Nest is Australia’s wellbeing framework for children and young people aged 0 to 24 years. It’s a way of thinking about the whole child in the context of their daily lives, viewing wellbeing in a way that brings together the different elements a child or young person needs to thrive. The Nest conceptualises wellbeing as six interconnected domains that support each other to help children reach their potential. To have optimal wellbeing, a child or young person needs to be adequately resourced in all six domains.

The six domains of the Nest are:

• Valued, loved, and safe

• Material basics

• Healthy

• Learning

• Participating

• Positive sense of identity and culture

# Review of Best Practice Guidance in Early Childhood Intervention

### Early Childhood Targeted Action Plan

Under Australia’s Disability Strategy 2021-2031 (the Strategy), governments have established Targeted Action Plans (TAPs) to make headway in achieving outcomes in specific areas of the Strategy. The Early Childhood TAP focuses on children from infancy to school age with disability or developmental concerns, their families and carers. This TAP sets out key actions to strengthen early identification, information, supports and pathways, as well as collaboration between programs and services, all of which contribute to the development and wellbeing of children to help them thrive across and between life stages.

**Objective 2: Strengthen the capability and capacity of key services and systems to support parents and carers to make informed choices about their child**

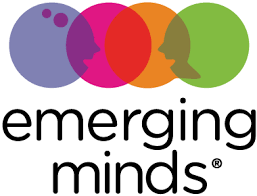
**Action 2.4:** Review guidance for best practice early intervention

Review, and if needed, update guidance for best practice in early childhood intervention, to provide an up-to-date framework that can be applied consistently across Australia to support young children with disability or developmental concerns, their parents and carers.

**The National Guidelines on Best Practice in Early Childhood Intervention (ECIA, 2016), along with other guidelines and standards as mentioned above, as well as up-to-date national and international research will all form part of the review of best practice guidance.**

### Reimagine National Taskforce

In early 2023, Reimagine convened a National Taskforce to provide insights into updating the ECIA National Guidelines on Best Practice in Early Childhood Intervention (2016). The taskforce meeting was chaired by the University of Sydney and comprised of members from the following organisations:



The National Taskforce met in April 2023 via Zoom. The group engaged in a robust discussion and identified questions to be explored in the best practice research project focus group sessions. These are as follows:

* Why do this? What are the drivers? What problem are we seeking to solve?
* What is the endpoint? What are we all working towards?
* What are we trying to achieve?
* What is the problem behind the scenes, politically or financially, that's driving concerns?
* Are the guidelines the problem, or the use of them? So what are the barriers?
* Who are the best practice guidelines for?
* How do we design and deliver best practice across multiple systems?
* What are the gaps of the current guidelines?
* What outcomes are we seeking to achieve and how do we know the best practice guidelines support it? What is the measure of success?

### National Taskforce Priorities in updating guidance on best practice

In the final stage of the taskforce meeting, each member offered their number one priority in updating best practice in early childhood intervention. This was distilled into the following list which may serve the following functions:

**Short-term:** A prompt for reflection on the purpose of practice guidelines following the best practice research project

**Long-term:** A checklist to inform the planned review of best practice guidance under the Early Childhood Targeted Action Plan

|  |  |
| --- | --- |
| Badge Question Mark with solid fill | User-friendly, practical product for non-expert users |
| Badge Question Mark with solid fill | Allows a flexible approach to best practice |
| Badge Question Mark with solid fill | Considers how to keep children with families |
| Badge Question Mark with solid fill | Explores peer support models |
| Badge Question Mark with solid fill | Includes the opportunity for all voices to be heard, not just parents and children who use spoken word |
| Badge Question Mark with solid fill | Places the voice of children at the centre of decision making |
| Badge Question Mark with solid fill | Empowers parents to know what best practice is and how to advocate for it within the therapeutic relationship |
| Badge Question Mark with solid fill | Understandable and accessible for all families |
| Badge Question Mark with solid fill | Based on the social model of disability |
| Badge Question Mark with solid fill | Ensures connection and integration of services |
| Badge Question Mark with solid fill | Accountable and influences outcomes including measures of success |
| Badge Question Mark with solid fill | Evidence-informed that can live and evolve over time |
| Badge Question Mark with solid fill | Articulates the journey into adolescence and across the lifespan |
| Badge Question Mark with solid fill | Considers the intersectional needs of all families |
| Badge Question Mark with solid fill | Includes a disability justice framework based on anti-ableism and anti-racism |
| Badge Question Mark with solid fill | Incorporates a trauma-informed lens |
| Badge Question Mark with solid fill | Aligning within the policy context at all levels of government |
| Badge Question Mark with solid fill | Considers the needs of parents with disability |
| Badge Question Mark with solid fill | Ensuring they are fit for purpose for autistic parents of autistic children |
| Badge Question Mark with solid fill | Based on strong engagement with Aboriginal and Torres Strait Islander children and families, aligning with current context, distinct needs and perspectives |
| Badge Question Mark with solid fill | Supports the well-being of the whole family |
| Badge Question Mark with solid fill | Reflects the perspectives of people with lived experience |
| Badge Question Mark with solid fill | Engages with professional bodies including peak organisations |
| Badge Question Mark with solid fill | Include an implementation translation plan e.g. ChildSafe. |

# Best Practice Research Project

The Centre for Disability Research and Policy at the University of Sydney partnered with Reimagine to develop a vision for this review process. This research aims to develop a set of considerations that can be taken into account in the review of best practice guidance in early childhood intervention in Australia.

Image showing the project timeline:
April 2023 - Taskforce meeting
April - August 2023 - Best Practice Discussions
November 2023 - Conference Forum
December 2023 - White paper feedback
January 2024 - White Paper Published

The following findings were based on the best practice series which consisted of 14 online focus group sessions and 5 individual interviews (conducted April to August 2023) with **105 unique participants**.

Participants included those working with children with disability in allied health, early childhood education and care, community services, government and non-government organisations, and with families.

#### Introduction to the Best Practice Research Project by Yvonne Keane AM, CEO - Reimagine Australia, Autistic woman, and mother to two children with disability.

*From the outset, this process reinforced the beauty and value of the co-design process. Indeed, at our Taskforce kick-off session, we all pretty much thought we knew where we wanted to start with this particular series. However, during the session it became abundantly clear that we were potentially starting at the wrong point.*

*The starting point should not be "Are the best practices effective?", but rather the starting point should be "What, and for whom, should the best practices be effective for?". For the Taskforce, this was “What outcomes do families want the best practices to help them achieve for their young child?”.*

*This valuable and nuanced reframing of the problem statement by the Taskforce allowed us to set a powerful foundation for the work. It allowed us to more effectively tease out, challenge, and provoke, as we drew on the wisdom and insights of the many family members, carers, and practitioners who participated in each workshop. It allowed us to establish a compelling North Star to navigate toward, which is "What is it that parents and carers need the best practices to achieve?"*

*Once we crystallised that North, then we are able to reverse-engineer to ensure that we have best practices in place that focus us on how best navigate to that destination.*

*With that focus, and with the support of the sector - our cohort of colleagues; our community of those with lived experience, and our families of young children, we know that we will be able to co-design an easy-to-navigate best practice roadmap that can enable the best outcomes for children with developmental delay, difference, and disability.*

*This piece of work has been fundamentally grounded through the resetting of our North Star. By doing so, we are best able to ensure that we provide in insight into what would be the most effective guidance and support for families and the practitioners who work alongside them. This will, in turn, exponentially influence and support government, policy, frameworks, and programs, so that every young Australian child has every opportunity to reach their full potential.*

*I know that's a North Star worth reaching for.*

# Draft Findings of the Best Practice Series

## Awareness and Interaction with the Guidelines

Overall, we heard that the guidelines are somewhat known by professionals working in the early childhood intervention sector, though many had not read them in full or for a long time. Awareness was less so in the early childhood education sector, and even less so in the early childhood health/allied health sector. Further understanding of awareness of the guidelines by peak organisations and the disability sector more broadly will enhance the targeting of future guidance.

We heard that they are not consistently referred to for new grads or experienced therapists in the early childhood intervention sector, nor to families of children following diagnosis by health and allied health professionals, and there was concern that they are not being taught in University courses. We also heard that some organisations have developed their own guides and frameworks for the delivery of early childhood supports. To this end, any review of best practice must explore options for awareness raising about the features of high-quality early childhood supports.

RECOMMENDATION 1: Best practice guidance in the delivery of high-quality supports should be consistently communicated and promoted across a range of sectors, including disability, education, health, community services and peak organisations.

## Discussion across the Four Quality Areas

The four quality areas continued to cover the range of areas needed to be addressed through best practice guidelines however, each area was discussed in how it currently and can meet the needs of children, families and professionals in early childhood intervention. We heard the following in our discussions on reviewing best practice in early childhood intervention:

### Family

#### Who are the guidelines written for?

"Families don’t know what they don’t know"

This subtheme and quote underscore the importance of proactive communication and education. The expectations and aspirations of families are shaped from early interactions with professionals and the community and need to be informed by accessible resources about early childhood supports. People told us that early childhood professionals must ensure families are fully informed about their options, rights, and the resources available to them. Participants emphasised that any approach needs to use transparent, jargon-free communication catering for a diverse range of families' learning styles, preferences and abilities.

RECOMMENDATION 2: Best practice guidance should be written with and for children and families, so they have the information they need to ensure they are receiving the best possible supports for their individual needs

#### Best Practice is Showing Clear Pathways

Families really need and benefit from clear pathways … what I would love to see in the guidelines is just some clearer guidelines for families on how they can access services, how the services all interconnect, and all interrelate.

While pathways are different for every child and family and can vary across location, context, and many other factors, people told us that families still need some level of guidance on getting started and what to expect on their own individual journey.

RECOMMENDATION 3: Best practice guidance should explore and explain the range of pathways from first concerns through to adolescence so that families can be empowered to seek the right support at the right time.

#### ‘Family Support’ Over ‘Child Therapy’

it would be great if the guidelines said something along the lines of… Yes, therapy is important for your child. But your whole family is important as well.

People told us over and over about needing to prioritise family support over the quantity of child therapy hours. Family support includes ensuring the family is setting their own goals and learning the strategies they need to support their child’s development, that they are empowered and supported to advocate for their child, that they have access to peer-support networks. The needs of siblings should be acknowledged, and their input valued. Family support must be provided in a timely, collaborative and comprehensive manner that wraps around families and children with developmental differences and delays across all services that families and children engage with. This will not only address the child’s direct needs but focus on the family's overall well-being, resilience, and capacity to nurture their child and siblings' development.

RECOMMENDATION 4: Best practice guidance should shift the primary focus from child centred early childhood intervention to development of a child and family centred ecosystem of support

#### Embedding the Cultural, Social, and Geographical Context

we are on the journey of strengthening our neurodiverse affirming practices and we find ourselves often getting a "thank you" from families as we shift their perspective from such a deficit-based view to celebrating who their child is as an individual.

Children and families have a range of diverse intersectional needs that must be considered as part of their early childhood developmental support journey. Recognising and respecting these diverse intersections is crucial. People told us that early childhood supports must be culturally sensitive, accessible regardless of location, and tailored to fit the social context of each family. People reflected that best practice should be embedded within the social model of disability and adopt a neuro-affirming approach.

RECOMMENDATION 5: Best practice should be informed by extensive consultation, capturing the needs, wants and hopes of a range of diverse stakeholders to ensure that best practice guidance caters for the intersectional needs of all children and families.

RECOMMENDATION 6: Best practice should be based on a neuro-affirming approach, incorporating a trauma-informed lens.

#### Culturally safe supports

The document [national guidelines] talks about culturally responsive. Culturally responsive does not equal culturally safe. The phrase now needs to include culturally safe and culturally appropriate, particularly for Aboriginal people. Codesign is critical in this sense

We heard that the needs of Aboriginal and Torres Strait Islander children and families must be specifically addressed, recognising the value of culturally safe and responsive supports. This can be achieved through engagement with Aboriginal and Torres Strait Islander communities and community controlled services in co-design of high quality, culturally safe and responsive guidance for early childhood.

RECOMMENDATION 7: Best practice should be based on strong engagement with Aboriginal and Torres Strait Islander children and families and community controlled organisations in a respectful co-design process, aligning with current context, distinct needs and perspectives.

#### What do children want?

a child wants to be a child

they want to be included, they want to have friends, they want to have jobs, live independently, all the same wishes that every typically developing child does really

People shared their thoughts on what children want, from what families and children in their care have told them. Involving children in decisions about their care, to the extent possible, empowers them and respects their emerging autonomy. People told us we need to raise the voices of children so that best practice can be aligned with what children want to live a good life. For example, gathering children’s opinions through art and play-based based methods, and through Photovoice methodology.

RECOMMENDATION 8: Best practice guidance should showcase the practical ways to involve all children, not just the ones who can tell us, in decision-making about the supports they receive to achieve their goals.

### Inclusion

#### Personalising the Definition

Our communities mistake inclusion for assimilation.

we need to be very careful about what a family think inclusion is as well… inclusion is quite different across cultures, across attitudes, across journey stages. And we have this kind of idea of what we think is gold standard. But some families aren't seeking that at that moment … And that's a respectful conversation around what we may believe is right, and what families actually want for their child.

When we asked people about what inclusion meant to them, they told us that inclusion means something different for each family. They told us that Inclusion should be asking what the child and family wants each and every day and supporting them to make that happen. People raised the point that inclusion should not be confused with assimilation (defined as the process of becoming similar to others by taking in and using their customs and culture).

Inclusion should be defined in a collaborative way within the context of each child and family's needs and aspirations, ensuring information is provided about options and opportunities to determine the most inclusive approach for the individual child. It’s about understanding and supporting the unique ways in which a child can participate and be involved in their community, not just about fitting them into pre-existing structures.

RECOMMENDATION 9: Best practice guidance should empower early childhood practitioners and families to explore and promote what inclusion truly means for each child.

RECOMMENDATION 10: Best practice should explore inclusion using a disability justice framework based on anti-ableism, anti-bias and anti-racism

#### Natural Environments

There is a misconception of the natural environment. We need to reconceptualise. For example, delivering in natural environments does not mean the therapy is meaningful. It should be more focused on inclusion.

We heard that ‘natural environments’ have been used inconsistently. The concept of natural environments should be interpreted as settings where children would typically be found if they did not have a disability. This includes home, community settings, and inclusive educational environments rather than isolated clinical settings. People told us more needs to be done to support families and early childhood professionals to understand the nature of the environments in which children and families receive support.

RECOMMENDATION 11: Best practice guidance should reconceptualise the concept of natural environments in the delivery of early childhood supports.

### Teamwork

#### Moving Beyond the Labels

But we use the ecological model, which is child-centred care, and families are wrapped around that … Having that in the guidelines would probably be really helpful just to sort of show that actually, everyone working in the system is there for the child.

Multi-disciplinary, Interdisciplinary, Transdisciplinary, Keyworker, team around the child – there is currently no consensus on best practice. People told us the focus should be on how a team can effectively collaborate within the context of a family's needs. This will look different for every family and should be based on their preferences. However, there was broad agreement that the emphasis should be on a fluid, adaptable ecosystem that centres on the child and family.

RECOMMENDATION 12: Best practice guidance should focus on the ecosystem of supports around a child and showcase a variety of ways in which the ecosystem stakeholders can work together

#### Input and alignment with the early childhood education sector

And we use the educator because they're trained as teachers, and they're trained in all the areas of early childhood development, the ages and stages … A lot of times we find allied health professionals focus, their training is more based in an adult centric model, and then has to be retrospectively applied and worked out how to work.

People told us that collaboration and alignment with the early childhood education sector is important for the success of best practice in early childhood intervention. Early childhood educators and other early childhood support staff were seen as a valued resource for their focus and expertise in early childhood development.

RECOMMENDATION 13: Best practice guidance development should include collaboration with early childhood educators and other early childhood support staff who have expertise in early childhood

#### Focus on Relational Practice

should be in the guidelines that children learn through their relationships. When their child feels a sense of connection with that person … So having that sense of belonging, that connectivity to other people. And that's how children learn because they love them, and they want to learn from them.

People told us that building strong, trust-based relationships among team members, and between professionals and families, is essential. This includes good communication, mutual respect, and a shared commitment to the child’s well-being.

RECOMMENDATION 14: Best practice guidance should explore the focus on a relational approach to early childhood supports

### Universal Principles

#### Funding and Best Practice, Chicken and the Egg

I think we have to stop being transactional … And I don't know how we change that, to come back to what's evidence based and best practice unless we can remove the dollar signs that are assigned to it.

The ideal scenario is where funding models are designed to support best practice. However, in cases where funding is limited or restricted, innovative ways of working are needed to align resources with best practices.

RECOMMENDATION 15: Best practice guidance should explore and demonstrate a flexible approach to showcase how early childhood support can be implemented across a range of funding scenarios

#### Critical Early Conversations in Health and Education

It’s not what families want, it’s what they are told

People told us that the initial interactions with health professionals and educators often set the tone for a family’s journey prior to and following their child's diagnosis. These professionals have the opportunity to support families in understanding best practices. However, people told us that they often direct families towards a medical model of support focusing on accessing a range of individualised supports such as speech pathology, occupational therapy, and psychology.

Health and early education professionals need ongoing training to ensure their approach is aligned with current best practices. People also told us that formal accreditation in best practice standards is one way to support families to seek support from quality providers.

RECOMMENDATION 16: Best practice guidance should include training and accreditation modules tailored to meet the needs of health and education professionals

RECOMMENDATION 17: Best practice guidance should include a training module for professionals who provide diagnostic services, aimed at equipping them with contemporary expectations of high-quality practice in early childhood supports

#### The role of Evidence-Based Practice in Best Practice

The reference to evidence-based practice should be retained. However, contextualised evidence-based practice is the true aim.

While evidence-based practice is guided by research and data, it is not the only or primary source of guidance. Best practice is often informed by practical experience, child and family preferences and contextual knowledge. People told us there needs to be a balance between following guidelines and adapting to individual circumstances.

RECOMMENDATION 18: Best practice guidance should provide the necessary resources based on diverse sources of evidence for families and professionals to make informed decisions on evidence-based practice

#### How are we held accountable to quality and safety?

~~I come up against a lot of providers who are unregistered providers who aren't operating in best practice, who will blatantly tell me, there is no need for me to be accountable to outcomes for this child, because I don't have to answer to anybody.~~

While I believe the NDIS has a framework or has an idea of what best practices are, has that written in their guidelines, they have not been able to enforce that.

People told us that there currently exists no accountability to best practice in the early childhood sector. They told us that regular reviews and accountability mechanisms are necessary to ensure that early childhood supports are aligned with best practices and effectively safeguard the interests of children and families. We heard that there needs to be an exploration of the ways in which therapists can be motivated and even incentivised to align their supports with best practice guidance.

RECOMMENDATION 19: Best practice guidance should include a set of outcomes measures that professionals can be accredited against and held accountable to

## General Considerations for reviewing the guidelines

Participants were asked to consider what other considerations should be made when reviewing the National Guidelines on best practice in Early Childhood Intervention. These are themed under the following headings:

### Plain Language for Everyone

Guidelines need to cater to those who cannot articulate their needs and also for families who are in survival mode.

One of the primary purposes of the National Guidelines on Best Practice in Early Childhood Intervention should be to inform and guide parents and children. Parents, children and others connected to early childhood should be able to understand the information without needing to decipher complex terminology, jargon and acronyms. This clarity not only informs but also empowers families. When they can easily grasp what's written, they can better advocate for their needs and the needs of their children.

RECOMMENDATION 20: Best practice guidance should be presented in a range of accessible formats to cater for all learning styles and literacy levels.

### Co-design for Meaningful Outcomes

And that solutions piece is that codesign piece, you know … What do we know about what has happened in Fitzroy or, you know, in Northern Territory in, you know, all these different areas where, where we're not part of it. And I think we have to be very mindful that a lot of the solutions can be very WASP [White Anglo-Saxon Protestant].

Co-designing the guidelines means collaborating with a diverse range of stakeholders—including parents, children, professionals, and other key representatives. When everyone has a say in the review process, the outcome is likely to be more comprehensive, accurate, and accepted. When co-design is done well, the guidelines will write themselves.

RECOMMENDATION 21: Best practice guidance should be co-designed with a diverse range of stakeholders, including children, people with lived experience of disability, their families, children's professionals, and peak organisations. This must start with co-designing the co-design process.

### Inclusive of All Children

I was just thinking it'd be nice if whatever the best practice guidelines look like … if it started off as the child actually speaking to the people who are using the document and talking about what they would actually like it to be.

People told us that the guidelines should cater to all children with delays, differences, and disabilities and not just those who are accessing NDIS supports. This ensures that no child is left behind or misunderstood and that every child receives appropriate support.

RECOMMENDATION 22: Best practice guidance should cater for all children with developmental delay, difference and disability and should support the transition through to adolescence.

### Whole of government approach

Until … there's strategies and policies across government and agreement across government, firstly, about what universal opportunities for early education look like, or what community spaces look like, how mainstream services function and, and all of their obligations under the Disability Strategy, then it's going to be very difficult because it has to start from that point.

People told us that a whole of government approach was needed to ensure that best practice can be aligned, implemented, and promoted across the early childhood intervention sector. They told us whether it's health, education or community services they need to step up into this space, invest in it, and find the resources to do it.

RECOMMENDATION 23: Best practice guidance should be supported, aligned and implemented within a whole of government approach

### Harmonisation with Other Guidelines

it's about link linking it to the Early Years Learning Framework, that curriculum, as well or depending on which state or territory you are in as well.

It's imperative that the National Guidelines are in sync with other existing guidelines and standards to ensure a seamless articulation of supports that are embedded in all early childhood contexts. Examples include the Guidelines for Supporting Autistic Children and their Families, the Early Years Learning Framework, and the Nest.

RECOMMENDATION 24: Best practice guidance should consider coherence with all endorsed guidelines, standards and frameworks to ensure it adds to, and does not simply replicate existing work

### Practical with Diverse Examples

that first snapshot of the key things, is what they're going to put on the wall to remind them of what they need to know. So having a variety of tools, having a toolkit to support, the guidelines might be really useful.

Theory is important, but without practical application, it remains abstract. People told us that the National Guidelines should be more than just lofty ideals; they need actionable steps. Using various media like videos, infographics, animations, and case studies can make the guidelines more engaging and relatable. Interactive modules can help in training and implementation, ensuring that the best practices are not just read but also enacted.

RECOMMENDATION 25: Best practice guidance should include a range of translational tools, including an implementation translation plan, provided in a variety of formats that can practically demonstrate best practice in the real world.

# National Conference Forum Findings

A Best Practice forum was held at the ReImagine national conference in Brisbane on the 22nd November. Delegates were introduced to the findings from our thematic analysis and prompt questions were posed to the audience using SLIDO, an online interactive tool that allows real-time responses, to capture their views of the themes. 896 individual comments were provided with a range of 142-82 responses across the six questions. The responses reaffirmed the findings from the focus groups and, in the main, aligned with the themes identified. In essence, the responses to the questions confirm agreement with the findings presented and support the sense of saturation in our data that was captured through the focus groups. A brief overview of comments is presented below for each of the questions posed to the delegates.

**What are your thoughts on awareness of and engagement with the guidelines?**

**142 responses**

Awareness varied from being a core, guiding document to no awareness of the guidelines at all. Highly recommended to be included in university/TAFE training and onboarding in services. Need to be provided in a variety of formats to increase the socialisation of the guidelines to a wider audience and make them implementable.

**What resonates with you from these findings about families and the guidelines?**

**135 responses**

Overwhelming support for a family version of the guidelines that are provided early in their journey, preferably at the time of diagnosis. There is a need to make it clear that family support does not equate to more therapy hours in a 1:1 fix-the-child mode of service delivery. Things have got off track with the individualised funding model that has pushed services in the medical model mode, both from what parents expect/demand and also from a business model point of view for providers. The baby has been thrown out with the bath water, and families need support to steer their own ship with the information about their options to guide them.

**How would you describe inclusion?**

**135 responses**

Authenticity, welcome and belonging were key themes that came through the responses. A sense that inclusion is a work in progress. Not assimilation, but the need for an equity focus that is individualised. Not a tick box, but a genuine approach to belonging for all children.

**What are your thoughts on teamwork?**

**127 responses**

Essential for high quality supports for children and families. Respondents identified structural barriers to teamwork with individual funding from the point of view of business viability as well as expectations from families about what should be paid for from plans. Who should pay for teams to get together and get on the same page? One respondent said they don’t want to pay for that. Some raised the notion that they felt teams had become a thing of the past with the current funding models not supporting team communication and engagement, rather privileging individual sessions.

**What do you see as key universal principles?**

**91 responses**

The respondents clearly supported strengths-based approaches as a key universal principal with family-centred service delivery wrapped around the individual needs of the child. The principal of advocacy on expected practices across the early childhood sector was highlighted, recognising that system pressures had influenced the implementation of this in the current context. A focus on function rather than diagnostic labels as the dominant driver of supports was reiterated, aligning with contemporary policy and practice. Respondents identified the need to prioritise good practice over profits, with a system designed to enable viability and sustainability of services that adhere to this principal. Relationships with children and their families are a key to successful outcomes and truly individualised and tailored services in contrast to episodic, transactional engagements. The use of evidence to inform practice in a nuanced and individualised way, recognising that there is a variety of sources of evidence that is relevant in early childhood supports. Establishing a system of accountability for providers to adhere to contemporary, evidence informed approaches that is not so onerous they can't afford to operate.

**What else do we need to consider?**

**82 responses**

A living range of products and activities that make the guidelines part of the ecosystem of supports. The early childhood system needs to authentically live and demonstrate inclusion in all aspects to be accessible to a broad range of stakeholders. Link with the NDIA so funding models reflect the guidelines/guidance. Include ongoing training and registration activities related to the guidelines/guidance. We need a diversity of leaders, voices and providers to build guidelines and guidance, including co-design of guidance.

# Summary of the Best Practice Project

The ECIA National Guidelines and all other early childhood guidelines and standards included in this white paper, alongside the findings from the Best Practice project, present a contemporary and comprehensive view from the sector as to the important features and components of high-quality supports for children in the early years. The 25 recommendations extracted from the data collected for this project are listed below, confirming a need for reform in conceptualising and communicating guidance for the early childhood sector in supporting children with developmental delay, difference and disability. Recommendations focus on the child as part of a family context, cultural safety and responsivity, inherent rights of children, wellbeing, learning, participation, inclusion and a broad system of supports as key elements that will ensure optimal outcomes for children.

Guidance must be provided in a range of formats with a view to the multiple stakeholders who are the consumers of this guidance, including families, children and young people, service providers/practitioners, community members and policy makers. Proactively designing guidance collaboratively with representatives from all stakeholder groups will be an essential component of achieving good outcomes for children and their families and socialising the principals and practices that are accepted as part of contemporary, evidence informed approaches.

Guidance in the early childhood sector must include all these elements and proactively position children with development concerns and disability as belonging in the broader early childhood community with potentially tailored supports, not as a separate consideration.

We hope this White Paper provides a snapshot to support purposeful conversations to aid future development of a wide range of best practice guidance products.

# Recommendations

|  |  |
| --- | --- |
| **1** | Best practice guidance in the delivery of high-quality supports should be consistently communicated and promoted across a range of sectors, including education, health and community services. |
| **2** | Best practice guidance should be written with and for children and families, so they have the information they need to ensure they are receiving the best possible supports for their individual needs |
| **3** | Best practice guidance should explore and explain the range of pathways from first concerns through to adolescence so that families can be empowered to seek the right support at the right time. |
| **4** | Best practice guidance should shift the primary focus from child centred early childhood intervention to a child and family ecosystem of support |
| **5** | Best practice should be informed by extensive consultation, capturing the needs, wants and hopes of a range of diverse stakeholders to ensure that best practice guidance caters for the intersectional needs of all children and families. |
| **6** | Best practice should be based on a neuro-affirming approach, incorporating a trauma-informed lens. |
| **7** | Best practice should be based on strong engagement with Aboriginal and Torres Strait Islander children and families and community controlled organisations in a respectful co-design process, aligning with current context, distinct needs and perspectives. |
| **8** | Best practice guidance should showcase the practical ways to involve all children, and not just the ones who can tell us, in decision-making in the supports they receive to achieve their goals. |
| **9** | Best practice guidance should empower early childhood practitioners and families to explore and promote what inclusion truly means for each child. |
| **10** | Best practice should explore inclusion using a disability justice framework based on anti-ableism and anti-racism |
| **11** | Best practice guidance should reconceptualise the concept of natural environments in the delivery of early childhood supports |
| **12** | Best practice guidance should focus on the ecosystem of supports around a child and showcase a variety of ways in which the ecosystem stakeholders can work together |
| **13** | Best practice guidance should be developed in collaboration with early childhood educators who have expertise in early childhood |
| **14** | Best practice guidance should explore the focus on a relational approach to early childhood supports |
| **15** | Best practice guidance should explore and demonstrate a flexible approach to showcase how early childhood support that can be easily implemented across a range of funding scenarios |
| **16** | Best practice guidance should include training and accreditation modules tailored to meet the needs of health and education professionals |
| **17** | Best practice guidance should include a training module for diagnosing professionals, aimed at equipping them with skills to articulate high-quality practice in early childhood supports |
| **18** | Best practice guidance should provide the necessary resources for families and professionals to make informed decisions on evidence-based practice |
| **19** | Best practice guidance should include a set of outcomes measures that professionals can be accredited against and held accountable to |
| **20** | Best practice guidance should be presented in a range of accessible formats to cater for all learning styles and literacy levels. |
| **21** | Best practice guidance should be co-designed with a diverse range of stakeholders, including people with lived experience of disability, their families, children's professionals, and peak organisations. This must start with co-designing the co-design process. |
| **22** | Best practice guidance should cater for all children with developmental delay, difference and disability and should support the transition through to adolescence. |
| **23** | Best practice guidance should be supported, aligned and implemented within a whole of government approach |
| **24** | Best practice guidance should consider coherence with all endorsed guidelines, standards and frameworks to ensure it adds to, and does not simply replicate existing work |
| **25** | Best practice guidance should include a range of translational tools, including an implementation translation plan, provided in a variety of formats that can practically demonstrate best practice in the real world. |

# University of Sydney logo Logo of Reimagine AustraliaTaskforce Reflection

#### Priorities in updating guidance on best practice in early childhood intervention

|  |  |
| --- | --- |
| Checkbox Ticked with solid fill | User-friendly, practical product for non-expert users |
| Checkbox Ticked with solid fill | Allows a flexible approach to best practice |
| Checkbox Ticked with solid fill | Considers how to keep children with families |
| Checkbox Ticked with solid fill | Explores peer support models |
| Checkbox Ticked with solid fill | Includes the opportunity for all voices to be heard, not just parents and children with the opportunity to |
| Checkbox Ticked with solid fill | Places the voice of children at the centre of decision making |
| Checkbox Ticked with solid fill | Empowers parents to know what best practice is and how to advocate for it within the therapeutic relationship |
| Checkbox Ticked with solid fill | Understandable and accessible for all families |
| Checkbox Ticked with solid fill | Based on the social model of disability |
| Checkbox Ticked with solid fill | Ensures connection and integration of services |
| Checkbox Ticked with solid fill | Accountable and influences outcomes including measures of success |
| Checkbox Ticked with solid fill | Evidence-informed that can live and evolve over time |
| Checkbox Ticked with solid fill | Articulates the journey into adolescence and across the lifespan |
| Checkbox Ticked with solid fill | Considers the intersectional needs of all families |
| Checkbox Ticked with solid fill | Includes a disability justice framework based on anti-ableism and anti-racism |
| Checkbox Ticked with solid fill | Incorporates a trauma-informed lens |
| Checkbox Ticked with solid fill | Aligning within the policy context at all levels of government |
| Checkbox Ticked with solid fill | Considers the needs of parents with disability |
| Checkbox Ticked with solid fill | Ensuring they are fit for purpose for autistic parents of autistic children |
| Checkbox Ticked with solid fill | Based on strong engagement with Aboriginal and Torres Strait Islander children and families, aligning with current context, distinct needs and perspectives |
| Checkbox Ticked with solid fill | Supports the well-being of the whole family |
| Checkbox Ticked with solid fill | Reflects the perspectives of people with lived experience |
| Checkbox Ticked with solid fill | Engages with professional bodies including peak organisations |
| Checkbox Ticked with solid fill | Include an implementation translation plan e.g. ChildSafe. |