

# National Best Practice Framework

for Early Childhood Intervention

## Decision-Making Guide



**Healthy Trajectories**  
A Child and Youth Disability Research Hub



**Melbourne Disability Institute**



**murdoch children's research institute**



**Advocating for children with disability**



**Children and Young People with Disability Australia**



**STRONG kids, STRONG future**  
Supporting child development pathways



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## Decision-making guide

This document is one of the resources within the National Best Practice Framework for Early Childhood Intervention (the Framework). The purpose is to provide guidance about collaborative decision-making within early childhood intervention (ECI) settings.

### What is this decision-making guide for?

Parents, carers and families, and the ECI practitioners and other service providers they work with have many decisions to make over time. These include decisions about:

- what goals to focus on
- what strategies to use
- who should be on the ECI team
- what form support should take,
- where services should be provided
- how intensive the services should be

This decision-making guide (the Guide) describes a series of six steps that ECI practitioners and families can use to help them make thoughtful and collaborative decisions about these and other questions.

The Guide helps with decision-making in two ways:

First, the sequence of six steps ensures that the decisions about family goals and desired outcomes are made prior to decisions about what form of intervention to use, who will administer it, where it will be delivered and what frequency and so forth. In this way, the Guide ensures that the choices made about the nature and form of the intervention / support to be offered are *outcomes-focused* – based on prior decisions about priorities and outcomes rather than made beforehand based on a preference for a particular intervention strategy or program. These family goals and desired outcomes that are chosen are based on the child and family values, priorities and preferences, on the skills and resources of the family, and on the family circumstances.

Second, each of the six steps contains sets of questions and issues to be considered to help address the particular decisions to be made at that step.

## 1.1 What is in the Guide

The Guide involves a sequence of six steps, as shown in the figure below.

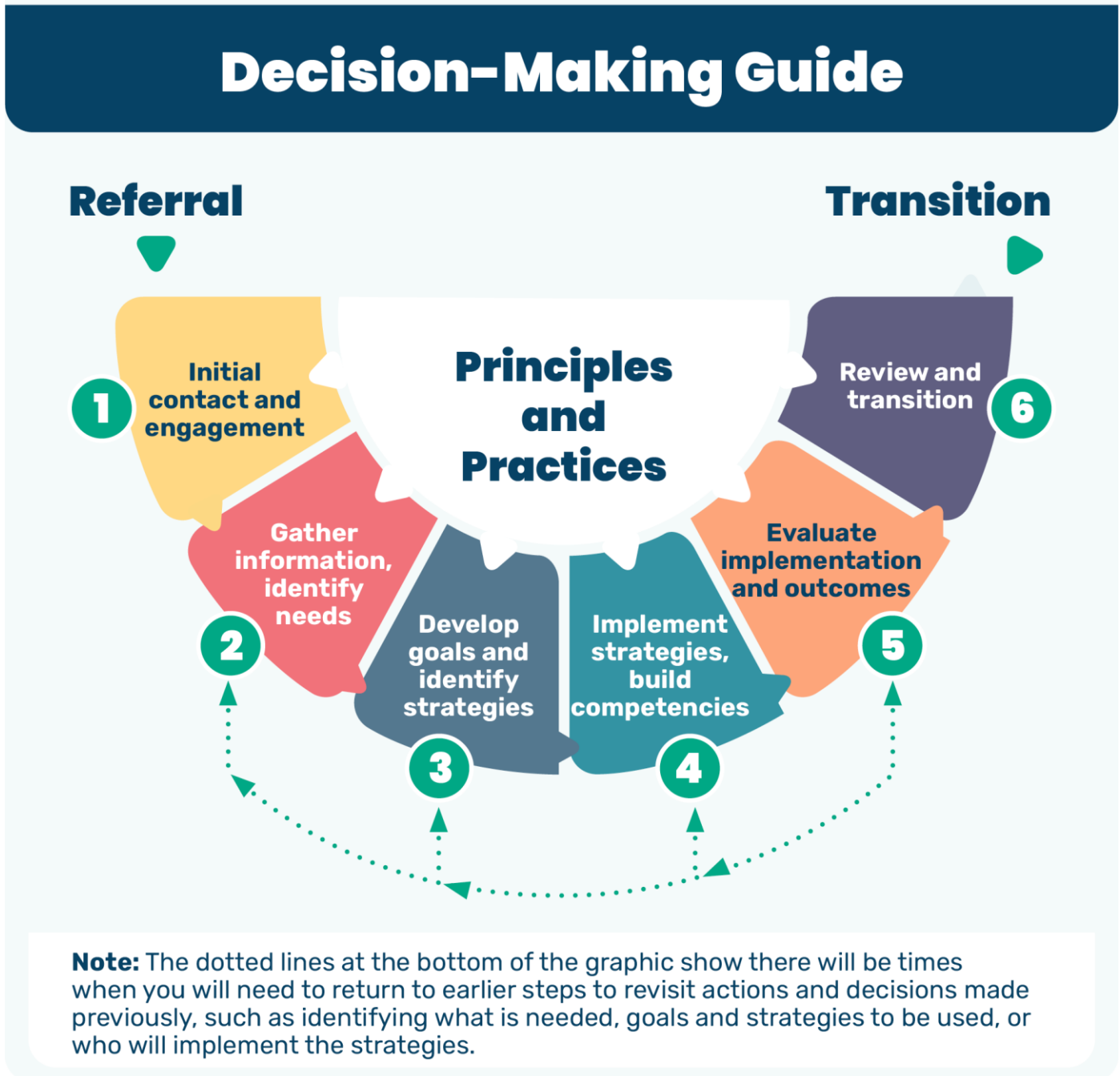


Figure 1 Decision-making guide

Below is an outline of the six steps.

1	<p><b>Initial contact and engagement</b></p> <p>This step involves two overlapping processes:</p> <ul style="list-style-type: none"><li>• determining eligibility for service and immediate support needs</li><li>• engaging with the child and family and beginning to build a trusting and positive partnership relationship</li></ul> <p>The key decision-making questions in this step focus on:</p> <ul style="list-style-type: none"><li>• what the family's immediate service needs are</li><li>• who will work with the family initially</li></ul>
2	<p><b>Information gathering, sharing, and identifying child and family goals and desired outcomes</b></p> <p>This step involves two processes:</p> <ul style="list-style-type: none"><li>• finding out about the child and family and their circumstances</li><li>• exploring family values and priorities, and agreeing what outcomes will be the focus of work with the family</li></ul> <p>The key decision-making questions in this step focus on:</p> <ul style="list-style-type: none"><li>• whether additional resources are needed to address the family's core needs</li><li>• what child, parent and family goals and outcomes the family wants to work on</li></ul>
3	<p><b>Agreeing on implementation strategies and developing an action plan</b></p> <p>This step involves two processes:</p> <ul style="list-style-type: none"><li>• exploring what strategies are available for addressing the goals and outcomes chosen</li><li>• agreeing what strategy or strategies will be used, and developing a child and family action plan</li></ul> <p>The key decision-making questions in this step focus on:</p> <ul style="list-style-type: none"><li>• what strategies will be used</li><li>• what family strengths and resources can be drawn on to implement the agreed strategies</li><li>• where the service will be delivered</li><li>• who will be involved in supporting the family and implementing the strategies</li><li>• how intensive the strategy or support will be</li></ul>

4	<p><b>Implementing the action plan and agreed strategies</b></p> <p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• implementing the action plan and the agreed strategies</li> <li>• supporting the parents, carers, families and other services in implementing the strategies</li> </ul> <p>The key decision-making questions focus on:</p> <ul style="list-style-type: none"> <li>• what implementation support for parents, carers and families is needed</li> <li>• how will the support be reviewed to check if it is working as intended</li> </ul>
5	<p><b>Evaluating the action plan and outcomes</b></p> <p>This involves two processes:</p> <ul style="list-style-type: none"> <li>• reviewing the implementation of the chosen strategies</li> <li>• monitoring the outcomes of the strategies</li> </ul> <p>The key decision-making questions focus on:</p> <ul style="list-style-type: none"> <li>• whether the strategies have been able to be implemented as planned</li> <li>• whether the strategies are achieving the desired outcomes</li> </ul>
6	<p><b>Reflecting on progress and planning for transition</b></p> <p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• reflecting upon the progress made and what the family and practitioners have learned</li> <li>• preparing for transition to the next service</li> </ul> <p>The key decision-making questions focus on:</p> <ul style="list-style-type: none"> <li>• what support the family needs to ensure the transition to the next service goes smoothly</li> </ul>

## 1.2 How to use the Guide

### The decision-making process is iterative.

Although the Guide is presented as a series of steps, this is a schematic representation only: in practice, the steps are not discrete, and the different processes flow into one another. In addition, progress through the steps is not always sequential and may be iterative, as there will sometimes be a need to circle

back and repeat some earlier steps as part of a process of refocusing as the needs and goals of children and families evolve.

**The decision-making process is collaborative, and the family is the final decision-maker.**

At the heart of this Guide lies the partnership relationship. This is the medium through which practical help is provided and positive changes made. The process described in the Guide begins with engagement and tuning into family values and priorities, rather than with professionals deciding beforehand what the family needs and what strategies are most appropriate for meeting those needs. Evidence-based programs and strategies have an essential role to play, but always in the context of family values and priorities. Information about such programs is not introduced until a partnership has been established and the professional has understood the family strengths, values and circumstances.

**Feedback is central to effective implementation.**

The process described allows for constant adjustments based upon intentional feedback. It is not assumed that the strategies will always work in the ways intended, rather, it assumes that there may need to be modifications. This flexibility is a strength rather than a weakness, as the process of constant adjustments makes it more likely that the interventions will be manageable for the child and family and ultimately effective.

**The Guide can be used in many contexts.**

This Guide is generic, in that it can be used by an individual practitioner or team working with a or family, an ECI service a working with groups of parents, carers or families, a network of services working with a community, or even a government department working with service networks. Whatever the context, the use of this Guide should maximise parents', carers' and families' 'take-up' of the service and achieving positive outcomes.

**The Guide is informed by the Framework principles.**

All the universal and key principles and associated practices described in the Framework are utilised in the Guide.

**Further guidance can be found in the many practice resources in the Framework.**

There are links throughout the Guide to where these resources can be found. There are also three background papers that provide additional information about specific questions.

- How often, how much, and for how long: An evidence brief.

This provides an overview of the evidence and recommended questions when making decisions about the frequency, intensity and duration of the service to be provided. A copy of this brief is in [Appendix A](#).

- Teamwork in early childhood intervention: A practice brief.

This provides an overview of the different types of teams involved in early childhood intervention. A copy of this brief is in [Appendix B](#).

- **Measurement overview: Choosing and using outcome measures.**

This document provides an overview of how to use the outcome measures resources of the Framework, and guidance on what to consider when selecting methods of evaluation. This document can be found with the Framework's Outcome Measures Resources, and in [Appendix C](#).

Each step contains the following information.

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<b>Overview</b>	A brief general description of what the step involves
<b>Aims</b>	Desired aims of the step
<b>Rationale</b>	Why this step is important
<b>Actions and issues to be decided</b>	A more detailed account of what this looks like in practice along with sets of questions and issues to consider that enable practitioners and families to make key decisions related to the step
<b>Who does this</b>	Who is involved in this step
<b>Where</b>	Where does the step take place
<b>Relevant resources and tools</b>	Which resources and tools are applicable to help at this stage

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### Terminology note

Families vary, from single parents with a single child to extended families with several children, grandparents or extended family members, all of whom might contribute to the decisions the family makes. Rather than trying to list all potential decision-makers, the Guide often just refers to 'families', using this to mean whoever the particular family says needs to be involved in making decisions.

## 1.3 The decision-making process

The following content provides the detail of the six decision-making steps.

### Step 1: Initial contact and engagement with child and family

<b>Overview</b>	<p>This step involves two overlapping processes:</p> <ul style="list-style-type: none"> <li>determining eligibility for service and immediate service needs</li> <li>engaging with the child and family and beginning to build a trusting and positive partnership relationship</li> </ul>
<b>Aims</b>	<p>The family has a service team and an initial service plan that addresses their immediate needs.</p> <p>The family has some understanding of ECI and the service system and can begin making informed choices.</p> <p>The family feels a sense of relief, trust, and begins to understand the importance of family wellbeing and family quality of life in their journey post-diagnosis / post entering the service.</p>
<b>Why this step is important</b>	<p>Determining eligibility gives families access to specialist ECI services and supports to begin helping them address their child and family needs.</p> <p>When families first come in contact with ECI services, it is important that their immediate needs are recognised and addressed. This lays the basis for a relationship that is built on trust – the child, parents, carers and family trust that the ECI practitioners understand and respond to their concerns and priorities. And the family can see that the practitioners recognise family strengths and expertise and intend to build on it. This relationship forms the basis of all future work with the family.</p>
<b>Eligibility and service needs</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li><b>Ascertain eligibility for ECI and determine immediate services needed for the child and family</b></li> </ul> <p>In the case of children where there are developmental concerns or delay rather than a known disability, determining eligibility should not be a formal process but instead be a process of providing access to additional forms of support.</p> <p>If still waiting for a diagnosis, diagnostic teams need to be knowledgeable about family-centred practice, diversity-affirming practices, and referral pathways to support integrated services underpinned by biopsychosocial models of care. If assessments are required, authentic assessment procedures should be used, focusing on the child's functioning in familiar settings.</p>

	<p>This is not just a bureaucratic process, but one in which the ECI practitioners and services engage authentically with the family, tuning in to their concerns and needs, and respecting their personal and cultural perspectives. When engaging with Aboriginal and Torres Strait Islander families, it is important that families feel culturally safe.</p> <ul style="list-style-type: none"> <li>• <b>Determine what the child and family's immediate service needs are and allocate the most appropriate practitioner</b></li> </ul> <p>It is important to respond to the family's most pressing concerns and allocate a practitioner best equipped to respond to these. As the family becomes clearer about what their goals are and what outcomes they want for the child and family, the support practitioner or team may change.</p>
<b>Issues to be decided</b>	<p><b>Is your service the right service for the child/family?</b></p> <ul style="list-style-type: none"> <li>• If yes, discuss what your service provides, what its aims are and how it works</li> <li>• If no, is another service more suitable?</li> </ul> <p>If yes, refer or provide information about the other services</p> <p><b>Does the child require assessment to determine eligibility?</b></p> <ul style="list-style-type: none"> <li>• If yes, what form of assessment is needed and who will be involved?</li> </ul>
<b>Engaging and partnering</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Meet the child and parents, carers and families to begin building a positive and trusting partnership relationship</b></li> </ul> <p>Engage with the parents, carers and families to learn about who they are, what their journey has been, and what their current circumstances are.</p> <p>Seek to understand and acknowledge the parent's, carer's, and family's current understanding of the child and what they are feeling about their situation. Find out what they see as their most immediate needs.</p> <ul style="list-style-type: none"> <li>• <b>Discuss the nature of the services / support available and the way in which ECI service work</b></li> </ul> <p>Introduce the key features of ECI best practice: the parent/practitioner partnership, the focus on the needs of the whole family as well as those of the child, and building child and parental capabilities.</p> <p>Explain the decision-making process and the steps ahead.</p>

<b>Issues to be decided</b>	<p><b>Is the family clear about their immediate needs?</b></p> <ul style="list-style-type: none"> <li>• If no, help them begin to understand what the most useful place might be to start?</li> <li>• If yes, what do they see as the most pressing need?</li> </ul> <p><b>What form of initial support is most appropriate for meeting these needs?</b></p> <ul style="list-style-type: none"> <li>• Which practitioners are required for the child/family?</li> <li>• Who are the preferred practitioners?</li> <li>• Does the child/family need a single discipline involved?</li> <li>• How many professionals are needed?</li> </ul> <p><b>Are other supports required to meet the family's immediate needs?</b></p> <ul style="list-style-type: none"> <li>• If yes, discuss what supports are already being accessed, what other supports are needed, and how they can be accessed</li> <li>• Would the family like to be linked to peer support programs and/or a parent advocacy and support organisation?</li> </ul>
<b>Who does this</b>	<ul style="list-style-type: none"> <li>• ECI intake team (including administration support staff)</li> <li>• Professional who the child is referred to</li> <li>• Any other team members</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>• Phone, telehealth, appointment, walk-ins</li> <li>• Places where families feel comfortable, including universal services that are already supporting the family</li> </ul>
<b>Relevant resources and tools</b>	<ul style="list-style-type: none"> <li>• Authentic assessment procedures</li> <li>• Scripts for practitioners to use when describing how ECI services work with families, what their own role is, and introducing the idea of partnership</li> <li>• Referral pathway map</li> <li>• Initial intake forms and interview protocols</li> <li>• Referral to other appropriate services as required</li> <li>• Information about ECI and other relevant services</li> <li>• Information about parent support and advocacy groups</li> </ul>

## Step 2: Information gathering, sharing, and identifying child and family goals and desired outcomes

<b>Overview</b>	<p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• Finding out about the child and family and their circumstances</li> <li>• Exploring family values, priorities and current strengths, and agreeing what outcomes will be the focus of work with the family.</li> </ul>
<b>Aims</b>	<p>The child and family feel welcome, safe, valued, and understood by their new practitioner or team, and are building a trusting relationship with them.</p> <p>The family begins to understand the importance of participation, inclusion, everyday opportunities, and child-affirming practices in shaping their child's development in the early years and beyond.</p> <p>Families feel a stronger sense of agency and control and feel empowered to collaborate in goal setting and future planning for their child, family, and community.</p>
<b>Why this step is important</b>	<p>To be fully effective, ECI practitioners and services need to take account of the child and family environment. The family's ability to provide their children with the conditions the children need to thrive is shaped by the circumstances in which they are living – their social support networks, financial and housing security, healthy physical environments etc. These conditions can compromise parental and family functioning. Although ECI services cannot directly address such challenges, they can be part of a network of services that is able to do so and be able to connect families with relevant support.</p> <p>To be fully effective, ECI services also need to understand and respect the values of the individual child and family and base support on their goals and priorities. Failing to do this will make it harder for the family to trust and engage with practitioners, and less likely that the strategies chosen will be acceptable to and implemented by the family.</p> <p>While families are usually able to describe what challenges they face, they are not always able to articulate what would help make things better or what precise outcomes they would like to achieve for themselves and well as their child. Helping them identify such outcomes is vital, since it forms the basis for subsequent steps in the sequence.</p>

## Finding out about the child and family and their circumstances

### Actions

- **Agree who needs to be involved in these discussions and how all key stakeholders' views, including those of the child, can be heard**

In setting up an initial meeting, the family should be allowed to say who will attend and where the meeting will be held. This is particularly important in the case of families from different cultures who may have views about who the family comprises and who makes the decisions.

- **Finding out about the child**

Learning about the child's strengths and challenges, and their interests and key relationships.

Learning about what opportunities the child has to be with other children.

Learning about the family routines and what the child's day-to-day life is like.

- **Finding out about the family**

Learning about who is in the family and what support the parents and family have from other family members, friends or community.

Learning what other services the family uses and what support they provide.

Learning about the family journey to this point – when they became concerned about or knew about their child's developmental issues, what has happened since, and how supported or resilient they are feeling now.

Learning about the conditions that the family is living in, and whether there are any additional resources or services needed to address the family's material needs.

For further guidance on learning about the conditions needed to support families see 'ecologically-based' resources in the Framework.

- **Sharing information about relevant resources and services**

Let families know about relevant resources (e.g., websites, parent support groups, and services (universal child and family support services, ethnic services).

<b>Issues to be decided</b>	<p><b>Learning about family support</b></p> <ul style="list-style-type: none"> <li>• Do the parents and family have other family members, other parents or friends who provide them with emotional and practical support?</li> <li>• If not, explore whether the parents would like to meet other parents of children with developmental challenges</li> </ul> <p><b>Learning about family circumstances</b></p> <ul style="list-style-type: none"> <li>• Is the family facing particular challenges regarding material basics such as housing, finances or food security?</li> <li>• If so, discuss what other services or supports are available to help them address the challenges in question</li> </ul>
<b>Agreeing what outcomes will be the focus of work with the family</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Learning about family culture and values, and what matters to them</b> All families have their own way of doing things that need to be understood and respected. This is particularly important in the case of families from diverse cultural backgrounds. Failing to respect family values and practices will place a strain upon the relationship and compromise the ability of practitioners to engage parents and carers as partners.</li> <li>• <b>Learning about their long-term goals for the child and family</b> Acknowledging the family's long-term hopes and concerns is important. No one can tell at this stage what the child may eventually be able to do and become, so nothing should be ruled out. Maintaining an attitude of constructive and realistic hope will help the family manage the inevitable uncertainties about their child's future.</li> <li>• <b>Identifying short-term goals for the child and family</b> While acknowledging long-term hopes and goals, it is also important to identify short-term goals that will begin the journey to achieving the long-term goals. This involves exploring what would make an immediate difference to their lives and what they think they would be able to change with support.  Agreeing what initial goal or goals will be the focus of support and how you will know when these goals have been achieved.  Making sure that the goals are achievable in a reasonable time span and do not place an excessive burden on the child or family.  Finding out what matters most to the family is critical, but it is also important that, over time, the professionals share what they see</li> </ul>

	<p>as important outcomes. The final decision about choosing goals, however, always rests with the family.</p> <p>The goals chosen by the child and families initially may not be what the practitioners would have chosen, but it is important to respect their first choices as a basis for building a sound trusted partnership. With continued mutual sharing of information, the choices that the family makes should become progressively better informed and the practitioners have a better understanding of the family.</p> <ul style="list-style-type: none"> <li>• <b>Identify how the family will know when the outcome has been achieved, and how this will be measured</b></li> </ul> <p>Ensure that the outcomes chosen can be measured in some way, and a baseline established against which progress can be monitored and any unexpected adverse consequences identified.</p>
<b>Issues to be decided</b>	<p><b>What child, parent and family goals and outcomes do the family want to work on?</b></p> <ul style="list-style-type: none"> <li>• What would make an immediate positive difference to the child and family's lives?</li> <li>• Are the goals realistic / feasible?</li> <li>• Can they be achieved with reasonable effort on the part of the child and family?</li> <li>• Can they be achieved within a reasonable time span?</li> </ul> <p><b>How will the child and family know when the goals have been achieved?</b></p> <ul style="list-style-type: none"> <li>• What will be different or what will change?</li> <li>• How can this change be measured?</li> </ul>
<b>Related practices</b>	<ul style="list-style-type: none"> <li>• Evidence-based information-gathering tools</li> <li>• Authentic assessments of child functioning</li> <li>• Standardised assessments</li> </ul>
<b>Who does this</b>	<ul style="list-style-type: none"> <li>• Main team member (allied health or education, social work)</li> <li>• Child</li> <li>• Parents, carers and family</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Telehealth</li> <li>• Universal and Early Childhood Education and Care (ECEC) settings</li> </ul>

<b>Relevant resources and tools</b>	<ul style="list-style-type: none"> <li>• Ecomaps</li> <li>• Authentic assessments</li> <li>• Routines-Based Interview</li> <li>• ECEC visits and observation tools</li> <li>• Home visit observation tools</li> <li>• Measurement Overview: Choosing and using outcomes measures</li> </ul>
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### Step 3: Agreeing on implementation strategies and developing an action plan

<b>Overview</b>	<p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• Exploring what strategies are available for addressing the outcomes chosen</li> <li>• Agreeing what strategy or strategies will be used, and developing a child and family action plan</li> </ul>
<b>Aims</b>	<p>Families feel a stronger sense of agency and control and feel empowered to collaborate in goal setting and future planning for their child, family, and community.</p> <p>Wherever possible, children are involved in goal setting and choosing strategies.</p> <p>Parents, carers and families feel confident about the strategies they are already using that are working well.</p> <p>Parents, carers, families, practitioners and other team members are clear about the strategies being used to achieve the chosen goals, and who is doing what.</p> <p>The strategies chosen enhance child and family quality of life and do not compromise the child's rights and needs to have a balanced life or place the child and family under undue stress.</p>
<b>Why this step is important</b>	<p>This step is important because involves translating child and family goals into action plans and gives parents a meaningful role in planning and executing actions to meet their child and family needs.</p> <p>A strengths-based approach is essential because it empowers parents and families to be able to meet the needs of the child and family through their own efforts.</p> <p>Collaborative decision-making about strategies and action planning helps empower the family, building their sense of agency and control and their ability to develop goals collaboratively with practitioners.</p>
<b>Exploring what strategies are available</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Exploring what the family already knows and does</b> Explore with the family what strategies they already know about or use.  The emphasis here should be on identifying and building upon existing family strengths and resources, as well as on building new competencies, and promoting the family's capacity to meet the needs of family members.</li> <li>• <b>Sharing what other strategies are available</b></li> </ul>

	<p>Share other relevant strategies with families, that are either research-based or practice-based.</p> <p>Discuss ways in which family and other environment can be adapted to promote the child's participation and learning.</p>
<b>Issues to be decided</b>	<p><b>What does the family already know and do?</b></p> <ul style="list-style-type: none"> <li>• What strategies are the parents, carers and family already using that are working well?</li> <li>• Is there a particular person in the family who is most effective at using a particular strategy?</li> <li>• What are the other routines or activities in the day where the strategies could be used?</li> <li>• Does the family have other people or resources they could draw on to help implement the agreed strategies?</li> </ul> <p><b>What other strategies are available?</b></p> <ul style="list-style-type: none"> <li>• What other available strategies are there that are evidence-based or have been used effectively by other parents in similar situations?</li> </ul>
<b>Agreeing on what strategy or strategies will be used</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Choosing the strategy or strategies</b></li> </ul> <p>Parents, carers, families and practitioners decide what strategies to use, with parents, carers and families having the final choice.</p> <p>Key considerations when choosing strategies are:</p> <ul style="list-style-type: none"> <li>• strategies that the parents and carers are already using effectively</li> <li>• strategies should seek to build on children's strengths and interests</li> <li>• strategies should enable the family to provide the child with opportunities to practice functional skills in everyday routines and activities</li> <li>• strategies should be feasible – able to be implemented by the family</li> <li>• strategies should not be so frequent or demanding as to compromise the child's right and capacity to have a balanced life</li> <li>• strategies should not be so frequent or demanding to place undue stress upon the parents, carers or family, or to compromise family quality of life</li> </ul>

	<ul style="list-style-type: none"> <li>to the maximum extent possible, strategies should be implemented in the everyday settings in which the child spends their time</li> <li><b>Developing an action plan</b> Determine what support the family or others (e.g., ECEC or school personnel) need in implementing the strategy and who should provide it.  Develop an action plan that describes the outcomes and strategies chosen, how the implementation will be supported, and what roles the parents, carers, professionals and any others will play.  Key considerations when preparing an action plan: <ul style="list-style-type: none"> <li>The plan should include goals for children, for parents, carers and other family members (especially siblings), and for the family as a whole</li> <li>Quality of life for all family members should be a major consideration – the plan should avoid placing excessive demands upon the child or family</li> <li>The plan should specify when and how it will be reviewed</li> </ul> </li> </ul>
<b>Issues to be decided</b>	<p><b>What strategies will be used and what form will the strategy or support take?</b></p> <p>This key question contains a number of related questions including:</p> <ul style="list-style-type: none"> <li>where will the service be delivered / strategy applied?</li> <li>who will be involved in supporting the parents and implementing the strategies?</li> <li>how often, how much and for how long will the particular form of service last?</li> </ul> <p>The following questions can be used by parents, carers, families, practitioners and others to guide these decisions.</p> <ol style="list-style-type: none"> <li>What are the child and family goals?</li> <li>What learning opportunities and/or practices are needed to achieve the child and family goals?</li> <li>Who is able to provide the learning opportunities and/or support to meet the child and family goals?</li> <li>Who among the team of professionals around the child and family is most appropriate to provide the support that the child and family need?</li> <li>Where will the learning opportunities and/or support occur?</li> </ol>

	<p>Given the above:</p> <p>vi. How often (frequency), how much (intensity), and for how long (duration) is it proposed that ECI services be provided to support the child and family goals being achieved?</p> <p>And then consider:</p> <ul style="list-style-type: none"> <li>• Is the frequency, intensity and duration in line with the Framework principles?</li> <li>• Will the frequency, intensity and duration increase the child's learning, development participation and wellbeing in the immediate and longer term?</li> <li>• How will the frequency, intensity, and duration of the intervention support and enhance the child and family's quality of life in the immediate and longer term?</li> <li>• How – and how often – will the frequency, intensity and duration be measured, monitored and adjusted to meet individual child and family outcomes?</li> <li>• Have the parents, carers, practitioners and others involved considered the risks – to the child, parents/carers and/or family – of providing, or not providing, this level of frequency, intensity and duration of intervention?</li> </ul> <p>Further guidance regarding these questions can be found in the three background papers</p> <ul style="list-style-type: none"> <li>• How much, how often and for how long: An evidence brief</li> <li>• Teamwork in ECI: A practice brief</li> <li>• Measures overview: Choosing and using outcome measures</li> </ul>
<b>Who does this</b>	<ul style="list-style-type: none"> <li>• Key worker or principal team member (allied health or education, social work)</li> <li>• Child</li> <li>• Family</li> <li>• Community</li> <li>• Services where the strategies are to be applied</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Setting chosen by family</li> </ul>
<b>Relevant resources and tools</b>	<ul style="list-style-type: none"> <li>• Goal-setting tools</li> <li>• Family planning resources</li> </ul>

#### Step 4: Implementing the action plan and agreed strategies

<b>Overview</b>	<p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• implementing the action plan and the agreed strategies</li> <li>• supporting the parents, carers, families and other services in implementing the strategies</li> </ul>
<b>Aims</b>	<p>Child, parents, family, and community (ECEC, school etc) use evidence-informed interventions and know what to do in their daily routines to achieve the chosen goals.</p> <p>Support provided by the ECI practitioners / teams has helped the family and others to apply the preferred strategies.</p>
<b>Why this step is important</b>	<p>Provide effective and relevant support that addresses the specific needs and goals of the child and family.</p>
<b>Implementing the action plan and the agreed strategies</b>	
<b>Actions</b>	<p>Support the family (or other caregivers) to implement the chosen strategies and supports, ensuring that the support is delivered in ways that the family is comfortable with.</p>
<b>Issues to be decided</b>	<p><b>What implementation support is needed?</b></p> <ul style="list-style-type: none"> <li>• What support do the parents, carers and families need when implementing the chosen strategy?</li> <li>• What form will the support take?</li> <li>• Who will provide the support?</li> <li>• When will the support be reviewed to check if it is adequate</li> </ul>
<b>Supporting the parents and other caregivers in implementing the strategies</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Supporting implementation</b></li> </ul> <p>During the implementation phase, the role of the professional is to support the family and others involved with the child as they implement the strategy, and to help them make any necessary adjustments. The issues to be addressed are whether the strategies chosen are able to be implemented as intended, and whether they are being implemented with program fidelity.</p> <p>Any problems identified should be addressed promptly and the plan modified as required. It is important not to persist with strategies that are not working or are causing undue stress. Usually the people in the setting (could be the family or ECEC staff etc) know quickly if a strategy is going to work or be feasible in that setting. If they have been involved in the Step 3 (designing</p>

	the strategy), they will be better able to make reasoned decisions about tailoring / adjusting to make the strategy more successful in implementation.
<b>Issues to be decided</b>	<b>Has the support been provided as planned?</b> <ul style="list-style-type: none"> <li>• Who was involved in supporting implementation of the strategies and was the support provided as planned?</li> <li>• If not, what was the problem and how can it be addressed?</li> </ul>
<b>Who does this</b>	<ul style="list-style-type: none"> <li>• Principal team member (allied health or education, social work)</li> <li>• Child</li> <li>• Family</li> <li>• Personnel in community settings</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Settings chosen by family</li> <li>• Everyday community settings</li> </ul>
<b>Relevant resources and tools</b>	<ul style="list-style-type: none"> <li>• Intervention plans</li> <li>• Support resources</li> <li>• Progress tracking tools</li> <li>• Teamwork in early childhood intervention: A practice brief (see Appendix B)</li> </ul>

## Step 5: Evaluating the action plan and outcomes

<b>Overview</b>	<p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• Reviewing the implementation of the chosen strategies</li> <li>• Monitoring the outcomes of the strategies</li> </ul>
<b>Aims</b>	<p>The family has been able to implement strategies and make the adaptations as planned and have gained a greater sense of confidence in being able to meet their child and family needs.</p> <p>The child has been provided with opportunities, adaptations and support to learn the functional skills that will enable them to participate meaningfully in home and other settings.</p> <p>The child has made appreciable progress towards meeting their chosen goals.</p> <p>The goals of other family members and of the family as a whole are being met.</p>
<b>Why this step is important</b>	<p>It is not always easy for children and families to learn to implement a particular strategy or make an adaptation to the family routines or environment. It is important to ensure that the child and family are able to make these changes successfully and see the benefits for the child and family.</p> <p>The aim of ECI support is to help the child and family meet their chosen goals. The criteria for success were discussed and determined in Step 2 when there was agreement reached about how the parents would know when the goal was achieved. In Step 5, these criteria are used to assess whether the desired improvements were achieved.</p>
<b>Reviewing the implementation of the chosen strategies</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Monitoring the implementation of the chosen strategies</b></li> </ul> <p>The key questions are whether the strategy has been able to be implemented, and everyone has been able to contribute as planned. If not, then Steps 4 and 5 should be revisited.</p> <p>Implementation of strategies may occur in different settings where the child spends time – ECEC and school settings as well as in the home.</p>
<b>Issues to be decided</b>	<p><b>Were the strategies able to be implemented as planned?</b></p> <ul style="list-style-type: none"> <li>• Were the strategies implemented as planned?</li> <li>• If not, what was the problem?</li> </ul>

	<ul style="list-style-type: none"> <li>• Was it the way the way in which the support was provided?</li> </ul> <p>Reflective questions for practitioners to consider:</p> <ul style="list-style-type: none"> <li>• Have I been flexible and accommodated family preferences and strengths?</li> <li>• Have I been flexible and accommodated family preferences and strengths?</li> <li>• Have I actively facilitated contributions from the whole team?</li> <li>• Did I continue to build a trusted relationship with the family?</li> <li>• Did I always listen carefully and respond to what the family told me?</li> <li>• Did my words and behaviour help people feel affirmed and safe?</li> <li>• Was the strategy chosen difficult for the family to use? Do they need more coaching in using the strategy? Does the implementation strategy need to be modified to make it easier to apply?</li> <li>• Did the strategy fail to address the actual problem?</li> <li>• Did the family receive the support that was planned?</li> <li>• Were the right disciplines involved in supporting the family?</li> <li>• If not, what was the problem and how can it be addressed? Would another form of support work better?</li> </ul> <p>(Return to Step 4 to review the implementation plan.)</p>
<b>Monitoring the outcomes of the strategies</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Monitoring the outcomes of the chosen strategies</b> In addition to monitoring the processes involved in implementation, it is also important to monitor the actual outcomes. The role of the professional is to help the family use measures identified earlier (Step 2) to check whether the strategies produced the intended outcomes.  Family capacities and circumstances vary so much that it is impossible to be sure that any particular strategy, even one that has been effective elsewhere, will work for a particular family. Any indication that a strategy is not effective or is even causing harm in some way should be a signal for immediate review.</li> <li>• <b>Reviewing the action plan</b> There are two kinds of action plans: a) a week-by-week plan that guides what the parents and practitioners are currently working on, and b) a longer-term plan that describes the overall aims, those involved in the partnership team and the agreed actions.</li> </ul>

	<p>The week-by-week plans are constantly revisited and updated while the longer-term plans should be reviewed at an agreed interval to ensure that they are still meeting the child and family needs, circumstances and desired outcomes.</p>
<b>Issues to be decided</b>	<p><b>Have the agreed outcomes been achieved?</b></p> <ul style="list-style-type: none"> <li>• If not, why not?</li> <li>• Were they the wrong outcomes – not really what the child and parent wanted, not achievable. If so, <b>go back to Step 2</b> and review the chosen outcomes.</li> <li>• Was the chosen strategy ineffective or unacceptable to the child and family or others involved? Or have family circumstances and priorities changed? If so, <b>go back to Step 3</b> to consider alternative strategies.</li> <li>• Was the strategy unable to be implemented as planned? If so, <b>go back to Step 4</b> to review the implementation plan.</li> </ul> <p><b>Does the action plan need updating?</b></p> <ul style="list-style-type: none"> <li>• Does the long-term plan need to be reviewed and modified to meet a deeper understanding of or changed family goals or circumstances?</li> </ul>
<b>Who does this</b>	<ul style="list-style-type: none"> <li>• Key worker or principal team member (allied health or education, social work)</li> <li>• Other in settings where the child spends time</li> <li>• Child</li> <li>• Family</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Chosen setting by family</li> <li>• Community settings</li> </ul>
<b>Relevant resources and tools</b>	<ul style="list-style-type: none"> <li>• Outcome resources</li> <li>• Evaluation tools</li> <li>• Feedback forms</li> </ul>

## Step 6: Reflecting on progress and planning for transitions

<b>Overview</b>	<p>This step involves two processes:</p> <ul style="list-style-type: none"> <li>• Reflecting upon the progress made and what the family and practitioners have learned</li> <li>• Preparing for transition to the next phase or service</li> </ul>
<b>Aims</b>	<p>Children, families and practitioners have made time to reflect upon the progress they have made and what they have learned about themselves and their child.</p> <p>Practitioners have also reflected on what they have learned and shared these reflections with families and colleagues.</p> <p>The child and family have been provided with the support they need to ensure a smooth transition to the next service or setting.</p>
<b>Why this step is important</b>	<p>Taking time with children and families to reflect on what they have experienced and learned is important because it helps the child, family and practitioner see the gains that have been made and consolidates child and family growing sense of confidence and agency. It helps them stand back and see the bigger picture – where they started, what they have done, and what impact this has had on the child and family. Such reflection sessions are valuable at any time but are particularly valuable for families leaving the service.</p> <p>Transitions to new settings can be stressful, with uncertainties about how the child will adapt, whether the next service or setting will understand their needs, and where they will find ongoing support. ECI practitioners and other services need to work with the child and family to ensure that they have the information and support they need for a smooth transition.</p>
<b>Reflection upon progress made and what has been learned</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Making time for reflection on progress</b></li> </ul> <p>Make a time for a general reflection on what has been learned – by the child and family (what new skills have they developed?) as well as by the practitioners (what new strategies did they discover?).</p>
<b>Issues to be decided</b>	<p><b>Reflecting on the journey so far</b></p> <ul style="list-style-type: none"> <li>• Thinking back to where they began their journey, what has the family learned? What new understandings and skills have they gained?</li> <li>• What are their hopes for the next stage and what strategies will they use?</li> </ul>

	<ul style="list-style-type: none"> <li>• What have the practitioners learned from their involvement with the child and family?</li> </ul>
<b>Preparation for transition to the next phase or service</b>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• <b>Transition support</b> Plan and facilitate the transition process, ensuring continuity of care and support.</li> </ul>
<b>Issues to be decided</b>	<p><b>What transition support is needed?</b></p> <ul style="list-style-type: none"> <li>• What steps are involved / required in the transition? Which of these has been addressed to date and what more is there to do?</li> <li>• What support does the family needs to ensure the transition to the next service goes smoothly?</li> <li>• Who will provide this support?</li> </ul>
<b>Who does this</b>	<ul style="list-style-type: none"> <li>• Key worker or principal team member (allied health or education, social work)</li> <li>• Personnel in the service that the child and family are transitioning to</li> <li>• Child</li> <li>• Family</li> <li>• Community</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Chosen setting by family</li> <li>• New service settings</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• Transition plans</li> <li>• Referral documents</li> <li>• Support resources</li> </ul>

## Where can I find more information

You can find more information about the [National Best Practice Framework for Early Childhood Intervention](#) online.

The site includes:

### The Framework background papers

- Development of the National Best Practice Framework
- The theory of change explained
- The Review Report
- Consultation reports
- Desktop review reports

### The resources

#### For practitioners

- Video: Introducing the Framework
- Practice guidance for each of 14 principles
- “Looks like-Doesn’t look like” fact sheets for each of 14 principles
- Podcasts: families and practitioners talk about the principles and practices
- Videos: experts talk about the evidence underpinning the principles
- Decision-making guide
- Outcome measures guides
- Videos describing best practice with young children and families in Aboriginal and Torres Strait Islander communities

#### For parents, carers and families

- Video: What best practice in ECI looks like
- Guides for parents, carers and families

#### For others

- Guide for those working in ECEC and schools
- Guide for referrers to ECI
- Guide for policy makers and government departments

## Appendix A

### How often, how much and for how long: An evidence brief

Please see next page.

# National Best Practice Framework for Early Childhood Intervention

## How often, how much and for how long An evidence brief



### Introduction

This evidence brief is part of the Decision-Making Guide (the Guide) from the National Best Practice Framework for Early Childhood Intervention ([the Framework](#)). The brief provides evidence to inform decisions about a particular set of questions addressed in the Guide – those concerning the frequency, intensity and duration of the service to be provided.

The Framework was developed as part of the Review of Best Practice in Early Childhood Intervention (ECI) project commissioned by the Department of Social Services. The Framework aims to support universal, equitable and high-quality ECI based on best practice for children (0-9 years) with developmental concerns, delay or disability.

As stated in the Framework, the overall aim of 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 that best build their capacity, agency and meaningful participation in home, community, early childhood education and care (ECEC) and school settings.

A major issue facing ECI practitioners and parents is determining what level of service is needed to achieve this aim. This question is particularly important in Australia at this time given that the National Disability Insurance Scheme (NDIS) has led to enormous growth in the frequency, intensity and duration of some ECI services. Much of this increase in interventions is being delivered in clinical settings, leading to a reduction in the time that children with developmental concerns, delay or disability have to simply be children, to have time for play and relaxation, and for families to be families, experiencing quality time together.

As noted by the [NDIS Review](#):

Through the 10 years of the NDIS, families have shown a strong preference for maximising the number of therapy hours their child receives.... It is completely understandable that families are currently making this choice. If some therapy for their child is beneficial it can be rational to believe that more therapy is better, particularly if the expertise of medical professions has been constantly and consistently reinforced. ...

This creates a vicious cycle where therapy delivered in clinical settings is valued highly and the work being done at home by the family to support the child is

undervalued. It also means that families are not being supported to work therapeutic activities into their daily routines and creating opportunities for children to develop and practice their skills in the environments in which they will use them. The clinical approach can also inadvertently undermine the family's perception of themselves as experts in their own life and the life of their child and in control of outcomes [NDIS Supporting Analysis](#) (pp 417-418).

As part of the Framework, a Decision-Making Guide (the Guide) has been developed to help parents and practitioners make decisions about this question.

This briefing paper provides background guidance for the Guide regarding decisions about three key questions:

- *how often* should the service be provided
- *how much* service is needed, and
- *for how long* the service should be provided

The paper begins with a review of evidence regarding these questions and then discusses the other factors besides evidence that need to be considered when making decisions. Next, the paper reviews suggested decision-making questions, before concluding with a recommended list of key questions that can guide practitioners and parents in making decisions about these key issues.

The following definitions are used in this paper:

- **Frequency** is *how often* ECI occurs with the child and family (1).
- **Intensity** is the *amount* of ECI (e.g., different service types, and length of visits) provided within a time frame (2).
- **Duration** of services is *how long* ECI will be provided over time to the child and family to meet the identified goals/outcomes (1).

These are sometimes collectively referred to as 'dosage'.

## Evidence review

There is limited current literature on frequency, duration and intensity of services or support for children with developmental concerns, delay or disability. Most studies come from the USA and focus on services that are designed to support the development of infants and toddlers (birth to 3 years of age) and work to enhance the family's capacity to meet their child's changing needs.

The available research shows mixed results. Aaron et al., (3) examined whether the level of parent participation and the level of team support at the initial planning meeting were determinants of the recommended minutes per month of service. The researchers found no significant relationship between parent participation, team support, and service intensity. Interestingly, the researchers did find that while parents collaborated in developing outcomes, few parents were involved in the decision about intensity of services at their initial planning meeting (3). MacManus and colleagues (4) reported on a study of children who were younger than 35 months with a developmental disability or delay and found that greater ECI service

intensity was associated with better functional gains. A more recent study found that children receiving more intensive ECI services had caregivers who expressed greater desire for their child's participation in home-based activities to change. Further to this, children receiving more intensive ECI services were less involved in home-based activities (5).

An early review of the literature concluded that there was little evidence at that time that more intensive programs lead to better outcomes for children with disability (2). A recent systematic review of dosage in early intervention with 0–3-year-olds found that frequency was most reported, whereas duration, intensity and service models were reported inconsistently (6). The researchers concluded that inconsistencies in the way results were reported made it hard to draw any firm conclusions regarding effective dosage levels.

Systematic reviews of the evidence regarding early intervention with children with autism come to a similar conclusion – the poor quality of available studies make it difficult to draw firm conclusions (7, 8). Regarding early intensive behavioural interventions, reviews suggest that there is little robust evidence that such interventions are more effective than other less intensive interventions (9-12). Furthermore, most of the studies fail to monitor possible adverse effects on child or family of the interventions provided (10, 13), despite some evidence that early behavioural interventions may have adverse effects on some children (14). Few studies examined family or social environmental influences on intervention outcomes (10). One exception is a study that found no evidence that early behavioural interventions have a positive effect on family quality of life (15).

Systematic reviews of intensive interventions with young children with cerebral palsy are also hampered by limited evidence (16-18). The studies that have been conducted show inconsistent results and few have produced significant improvements in children's motor functioning. Overall, there is insufficient evidence to support high-intensity therapy for young children with cerebral palsy (17, 19).

On the other hand, providing too little intervention risks the child making no progress. The published international clinical practice guidelines for interventions to improve physical functioning in children and young people with cerebral palsy (20) note the importance of providing a sufficiently high 'dose' of practice for the child to develop functional skills. If the child does not have enough opportunities to practice the skills, they will not make progress in developing them. Some opportunities to practice skills may be provided by therapists working directly with the child, but many more are possible when embedded in everyday settings and routines.

As in the case for intensive interventions for children with autism, few studies of children with cerebral palsy have examined the possible negative effects of the interventions on the children or their families. Jackman and colleagues (20) note the danger of trying to achieve too many goals at once and overburdening the child and family. To avoid this problem, it is important to use a child- and family-led team-based approach to coordinate planning and ensure that the demands upon the child and family are reasonable.

A complicating factor is that, as Novak (21) observes, many parents seek sustained intense ‘hands-on’ therapy for their children based on a belief that ‘more is better’. However, as the above reviews has shown, it is very difficult to draw firm conclusions from the literature about the optimal intensity of interventions with young children based on the evidence alone. When making decisions about frequency, intensity and duration of interventions, there are other factors that need to be considered. These are addressed next.

## Other factors affecting decisions about frequency, intensity and duration

Evidence regarding effective interventions is only one of the considerations when making decisions about frequency, intensity and duration of support. As noted in the desktop review of best practice in ECI conducted as part of the Framework project (22), choosing strategies needs to be part of an *evidence-informed decision-making process* (23, 24) that also takes into account what outcomes families are seeking and what can realistically be implemented in the context of family circumstances.

Guidance regarding the additional factors that need to be considered can be found in some of the national and international guidelines for best practice.

- The recommendation in the National Guideline for Supporting the Learning, Participation, and Wellbeing of Autistic Children and Their Families in Australia states: “Supports may be delivered in a variety of amounts (e.g., hours) distributed over varying time periods (e.g., days, weeks, months). ‘Intensity’ refers to the amount delivered in a particular period of time (e.g., hours per week). The amount and duration of support (which determine the intensity) should be determined in partnership with the child and family, and based on a judgment of the most plausible, practicable, desirable, and defensible pathway to achieving their goal(s)” (p.95) (25).
- The international clinical practice guidelines for children and young people with cerebral palsy (20) recommend that interventions include client-chosen goals, activities that are enjoyable and motivating for the child, whole-task practice within real-life settings, support to empower families, and a team approach in setting goals and carrying out interventions. Age, ability, and child/family preferences should also be considered.
- The Workgroup on Principles and Practices in Natural Environments (26) indicates that best practice involves “Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family”.
- The Division for Early Childhood (DEC) (27) recommends that “Practitioners implement *the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals*”.

In a similar vein, Keilty (28) discusses how often ECI visits should occur and concludes that the overarching answer to the *how often* question is “*often enough that the family feels supported in making decisions and using strategies to meet their outcomes.*”

Other recommendations from the literature suggest that the frequency, intensity and duration of services should be:

- based on evidence-informed assessment practices that include family engagement in planning ECI (29)
- flexible and tailored to each child and family's circumstances and utilising practitioners' clinical reasoning (30)
- accounting for the family's time supporting their child between ECI visits to ensure 'meaningful growth' in the targeted child and family outcomes outlined in the child's individual plan (31)
- determined by the family's level of support needs and the child's developmental phase and pace of learning (27)
- guided by the extent to which the child and family need to actively engage in ECI to show progress on each functional outcome (32)
- avoid doing harm by placing undue stress upon the child and family, or by adversely affecting their quality of life (10, 13, 14)

The decision-making process should also be guided by the principles on which the Framework is based. This includes being *child-centred*. In determining goals on behalf of young children who are unable to articulate their own preferences, we need to be sure that the goals are truly in the child's interest and not solely in the interests of parents, carers and families, or of service providers. We also need to be careful that the strategies chosen to meet these goals are not so intensive that they have adverse effects on child and family wellbeing.

As highlighted in the *National Framework for Assessing Children's Functional Strengths and Support Needs* (33), it is essential to consider each of the domains of the International Classification of Functioning, Disability and Health (ICF) (34). The F-words translation of these domains (35) reminds families and practitioners of the importance of considering all elements in planning and delivering services: fitness, functioning, friends, family, fun and future.

Above all, the process of making decisions about the frequency, intensity and duration of the support provided should be *outcomes-focused* – based on the child and family's goals and the outcomes they seek. The Guide ensures that key decisions about the form of intervention are based on child and family outcomes by making the choice of what outcomes to seek early in the sequence of steps. This means that, when the time comes to decide what form the intervention strategies will take, the goals and outcomes have already been determined and can be used to guide the decision-making process.

## Decision-making questions about frequency, intensity and duration

Specific questions to help decision-making have been described by Keilty (28) and Kuhn and Marvin (31).

In deciding the 'just right' number of ECI visits, Keilty (28) suggest a number of questions for the parents/practitioner partnership to consider:

- Is this a new strategy (and therefore will the family need more frequent support)?
- Who will be using the strategy?
- How complex is the strategy for the family (and therefore how much support do they need)?
- How comfortable is the family with the strategies?
- How quickly will the strategies change (and need to be reviewed and modified)?

Kuhn and Marvin (31) developed a decision-making framework with six questions and associated rationale for providing the right amount of support in ECI services. Their decision-making framework is based on the recommended practices in ECI, such as the [Division for Early Childhood Recommended Practices](#) (0- 3 years of age).

The decision-making questions in Kuhn and Marvin's framework are:

1. What specific outcomes are desired for this child and family?
2. What learning opportunities and strategies are needed to achieve the desired outcomes?
3. Who is able to provide the learning opportunities and support needed and/or strategies for the child's learning?
4. Who among the Individual Family Service Plan (IFSP) team of early intervention professionals is most appropriate to provide the needed support and guidance for the family?
5. What will the package of supports and services look like? How often can the family support the child's learning?
6. How will we monitor our intervention efforts? When will we review our efforts and evidence of the desired outcomes?

## Recommended decision-making questions

Based on our analysis of the evidence and other considerations, the following approach is recommended:

Parents/carers, practitioners and others to collaboratively discuss:

1. What are the goals for the child and family?
2. What learning opportunities and/or practices are needed to achieve the child and family goals?
3. Who is able to provide the learning opportunities and/or the support to meet the child and family goals?
4. Who among the team of professionals around the child and family is most appropriate to provide the support that the child and family need?
5. Where will the learning opportunities and/or support occur?

Given the above:

6. How often (frequency), how much (intensity), and for how long (duration) is it proposed that ECI services be provided to support the child and family goals being achieved?

And then consider:

Is the frequency, intensity and duration in line with the Framework principles?

Will the frequency, intensity and duration increase the child's learning, development, participation and wellbeing in the immediate and longer term?

How will the frequency, intensity, and duration of the intervention support and enhance the child and family's quality of life in the immediate and longer term?

How – and how often – will the frequency, intensity and duration be measured, monitored and adjusted to meet individual child and family outcomes?

Have the parents/carers, practitioners and others involved considered the risks – to the child, parents, carers and/or family – of providing, or not providing, this level of frequency, intensity and duration of intervention?

Decisions about frequency, intensity and duration should be subject to ongoing review as the child and family needs evolve. There may be times when more frequent support is needed, and other times when less support is needed as the child and family consolidate the gains they have made. Both too little and too much support are problematic. The key is to always keep the chosen outcomes in mind and provide the form and level of support that best helps the child and family achieve them.

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## Essential Resources

You can find more information about the [National Best Practice Framework for Early Childhood Intervention](#) online.

- [Resources for practitioners](#) including the
  - Looks like/doesn't look like guide for the principle
  - Outcome measures resources
- [Resources for families and others](#)
  - The podcast where families and professionals discuss practices related to this principle
- [Unpacking the Framework video/s](#) for this principle
- [The Framework](#) including
  - Decision making guide
  - The Framework

- [The development of the Framework](#)
  - Background papers
  - Bibliography for the principles and practice guidance

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## Appendix B

### Teamwork in early childhood intervention: A practice brief

Please see next page.

# National Best Practice Framework for Early Childhood Intervention

## Teamwork in early childhood intervention

### A practice brief



## Introduction

The purpose of this practice brief is to provide additional information to support the decision-making process outlined within the Decision-Making Guide provided as part of the [National Best Practice Framework for Early Childhood Intervention](#) (the Framework). The Framework aims to support universal, equitable and high-quality early childhood intervention (ECI) based on best practice for children (0-9 years) with developmental concerns, delay or disability.

The Framework was developed as part of the Review of Best Practice in ECI project commissioned by the Department of Social Services. As stated in the Framework, the overall aim of 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 that best build their capacity, agency and meaningful participation in home, community and ECEC/school settings.

## Parents and carers, and children are critical members of the team

As highlighted throughout the Framework, parents, carers and families are critical members of the child's team and are the final decision makers (1, 2). Wherever possible, it is important that children are considered full members of the team, sharing their views, having a voice, and participating in key decisions such as who is on their team, what their goals are and what strategies are utilised.

## Collaborative teamwork

A collaborative team is recommended as the basis for teamwork. It provides opportunities for all team members to teach, learn and work together to achieve the identified outcomes for a child and their family, building capability and collective competence. This approach recognises and highlights that outcomes are a shared responsibility (1-6).

In a collaborative team, members soften – but do not eliminate – their professional boundaries, and work together, sharing skills, knowledge and understanding with

trusted colleagues. A genuine and equal partnership based on mutual honesty, trust and respect is required to ensure a collaborative approach is utilised (7-10).

Team members communicate with one another to problem-solve and update each other on progress in relation to the child's developmental progress and family and child outcomes (7-10).

## Who is on the team?

Choosing the practitioners, and others, involved in a child's team and the way team members will work together is a key step in the decision-making process for parents, carers, family, children and practitioners. Parents, carers and families of children with developmental concerns, delay, or disability often need and use a variety of professional services. This is because child development is made up of many areas, which are all connected. Unless a child has just one specific issue, no single practitioner can meet all their needs, and a collaborative team is required.

The size of a collaborative team can vary:

it might be as small as two people, such as a parent and a practitioner – for example, a child with a stutter may only require a speech pathologist

or as large as is required to meet the unique needs of each child and family – for example, a child with disability may need support from a wider range of practitioners and professionals

Each child and family is different, so the collaborative team should be built to suit their specific needs and preferences. Team members might include friends, relatives, representatives from community agencies, health and education sectors, as well as practitioners from a variety of disciplines (including clinical specialists e.g., seating specialist), and service provider models (e.g., sole practitioners or organisations). Parents and carers are equal members of the team and make the final decisions.

Collaboration among **all** team members is necessary to provide consistent and holistic support and to ensure the best outcomes. Understanding the roles and responsibilities of all team members is key to collaborative teamwork. It is important to determine clear communication channels with all team members from the beginning, particularly if practitioners are working independently or are from different organisations.

In a strong, collaborative team, members share knowledge, skills and resources, and over time, team members become more competent and more skilled. A committed team can achieve better outcomes than one person working alone (2, 4-7).

It is important to remember that the members of a child and family's team will change over time, based on changing needs, strengths and interests, and the context in which they are participating or transitioning to (e.g., early childhood education and care, school) (7).

## What are the key practices to consider when working as a collaborative team?

The key practices related to working collaboratively as a team are available in the *Teamwork: Key Principle Practice Guidance*. The *Looks Like, Doesn't Look Like* tool provides further clarity and reflective support about how to put the Teamwork principle into practice.

## What form of collaborative teamwork will you use?

Several team structures have been used to provide ECI services to children with developmental concerns, delay or disability. The most common forms of teamwork are outlined below.

In the current Australian context, practitioners are working in a variety of innovative ways to support children and families that maintain the key practices of working collaboratively. You can hear examples in the *Bringing it to Life podcast* on Teamwork and in the *Unpacking the Framework videos*.

Although there are advantages and disadvantages to any approach, the key practices of collaborative teamwork are essential for positive outcomes.

### Key Worker Model

The Key Worker model of collaborative teamwork is highly recommended when working with children with developmental concerns, delay or disability. This model may also be called the Team Around the Child model, Primary Service Provider model, Primary Coach model or Transdisciplinary teamwork, depending on where you work in the world.

The Key Worker model involves parents, carers and practitioners committing to **intentionally** teaching, learning and working across disciplinary boundaries to plan and provide comprehensive and coordinated integrated services to accomplish the goals of the child and family. In this approach, the combination and transfer of knowledge and skills between team members and the family are embedded into the service delivery process and not left to chance (4, 8, 10-23).

The Key Worker approach to teaming can be used when a family has multiple practitioners with diverse knowledge, experiences and backgrounds from which to choose a team member to support the family and other care provider(s).

The Key Worker is allocated to work with a parent, carer or family on a regular or ongoing basis. The Key Worker acts as a link between the family and the team, working closely with the family while liaising with and receiving ongoing support from other members of the team through meetings, consultations, joint visits, and so forth (8, 10, 22).

A Key Worker requires a team of practitioners from differing professional backgrounds supporting them to be able to complete their role effectively.

It is important that neither the family nor the Key Worker feel isolated from other members of the team but consults and receives support from others as needed and required. *This ensures they are not working as an isolated professional.*

There is good evidence that parents prefer and do better with a single Key Worker. A Key Worker model ensures the family receives coordinated advice, involves the family in all decisions, enables the family to manage the demands upon their time, and reduces family stress. Using a Key Worker model reduces the number of individuals involved directly with the child and family, decreases the amount of intrusion into a family's life and assists with the provision of integrated services and supports. There is good evidence that this results in greater family satisfaction with services, more family-centred service delivery, and better outcomes for children and families (4, 14, 16, 19, 20).

## Considerations

### Advantages

Families are central to the team

- Simplifies support for families: families have one main contact, making communication easier and building a trusting relationship
- It is a highly collaborative and integrative model where practitioners share and expand their knowledge and expertise with other team members, including families (22)
- It is an inherently relationship- and partnership-based model, involving building consensus using regular and open communication (9, 22)
- It uses an integrated educational therapy approach, where services are delivered within naturally occurring activities and settings rather than isolated therapy sessions (4, 20-22)
- Some practitioners provide direct services as the primary contact for the family, and others provide indirect, consultative services for planning and monitoring
- The team are more focused on achieving a common goal and less concerned with 'who does what'
- Flexible and responsive: Providers can adjust strategies quickly based on input from multiple disciplines, without needing new referrals

### Disadvantages

- Not an easy model to implement, learning to be a Key Worker is a developmental accomplishment for early childhood practitioners that takes support, training and time (8-10, 15, 21)
- Requires a high degree of trust between the professionals involved, and therefore works best with a stable team of experienced practitioners:

practitioners must be comfortable sharing knowledge and allowing others to use strategies from their field

- Requires high levels of training: new practitioners must first develop competence in their own skill areas, and then expand their knowledge to include some basic interventions from outside their own discipline
- Risk of skill dilution: if not well supported, the Key Worker might not deliver specialist strategies as effectively as a highly trained discipline-specific therapist
- Difficult to implement without strong systems: true Key Worker collaborative teamwork needs time, clear role agreements, and commitment from all team members
- Resource-intensive: coordinating Key Worker teams requires strong leadership, systems, and sometimes funding that not all services can easily provide
- Professional identity concerns: some practitioners may feel their specific expertise is undervalued or “blurred”

Since stable teams of experienced practitioners are not always available, it may not be feasible to expect a Key Worker collaborative team approach in all situations.

## Interdisciplinary model of teamwork

In an interdisciplinary team, practitioners from different backgrounds work together, share information and collaborate to develop a single, coordinated plan for the child and family. Each professional brings their own expertise, but instead of working separately, they combine their assessments, goals and interventions to create a unified approach. They may or may not work in everyday settings (8-10, 15, 24).

## Considerations

### Advantages

- Holistic support: the child and family’s needs are seen as a whole, rather than separated into discipline “silos”
- Shared goal-setting: Goals are developed together across disciplines, leading to a more coordinated and meaningful plan
- Better communication: Regular discussions between team members help ensure everyone is on the same page
- Stronger family partnerships: Families deal with a single, cohesive team rather than multiple separate services
- Efficiency in service delivery: Teams can plan sessions to work on multiple developmental areas at once, saving time for families
- Builds practitioner knowledge: Professionals learn from each other, improving their understanding of areas outside their own discipline

## Disadvantages

- Although there is more involvement of the family, interdisciplinary teams may remain predominantly child- and problem-focused
- Although the process aims at cooperation among disciplines and there may be some crossing of disciplinary boundaries, division of labour prevails, which can lead to fragmentation in service delivery, and its subsequent problems
- Role confusion: Sometimes roles overlap too much, and team members (or parents, carers, families) may feel unsure about who is responsible for what
- There is evidence that parents, carers, and families find the constant rotation of visits from different professionals confusing and stressful
- There is evidence that having multiple professionals from different disciplines providing decontextualised, child-focused interventions is not the most effective way of delivering support to families
- Time-consuming collaboration: Regular team meetings and joint planning can take more time, which can be hard to sustain with busy caseloads
- Challenges in decision-making: Differences in professional philosophies or approaches can lead to conflict or slower decision-making
- Resource-intensive: Coordinating interdisciplinary teams requires strong leadership, systems, and sometimes funding that not all services can easily provide

## Multidisciplinary model of teamwork

Multidisciplinary teamwork involves practitioners from different disciplines working together with the child and family, but largely independently of each other. They complete separate assessments within their own discipline, set discipline-specific goals, and are responsible for implementing the part of the plan related to their own professional expertise.

This teamwork model is considered a parallel model as each discipline works next to the others, often with limited interaction and exchange of information, opinions and expertise (2, 4, 5, 10, 20, 25).

## Considerations

### Advantages

- Multidisciplinary teams maximise the specialist skills of the different professional disciplines
- This model is particularly suitable when a child has a single, clearly defined developmental need where focused, discipline-specific intervention is all that is required. For example, a physiotherapist working independently with a young infant with torticollis and their family

- Efficient for families with focused needs: Families can access the specific expertise they need without having to navigate broader team processes
- Faster access to discipline-specific therapy: Intervention can start quickly without waiting for team consensus across professions

### Disadvantages

- Multidisciplinary teams are associated with the traditional 'medical' model which tends to be child- and problem-focused
- The family is peripheral to the team with their role being limited in some instances
- Multiple professional visitors or appointments can prove exhausting, invasive and stressful for the child and family (4, 10, 20, 22, 23, 25)
- Families often report that although they value the perspectives of several professionals, it is confusing and overwhelming to receive different and often conflicting input simultaneously (4, 10, 20, 22, 23, 25)
- The burden of coordinating services rests with the family
- Cumulative demands placed upon families can be both unrealistic and highly stressful

## Key decision-making questions

### The team

- Who should be on the child and family's team?
- Which ECI practitioners are required to support the outcomes of the child and/or family?
- Does the child/family have a well-defined area of concern that requires only one practitioner to provide services and supports in their area of speciality?
- What other professionals and supports are required to support the goals and outcomes of the child and family, or need to be connected to the team? This could include medical professionals, clinical specialists, education staff, peer support workers, parent advocates.

### Collaborative teamwork model

Based on the answers to the above question

- What form of collaborative teamwork would best meet the needs of the child and family?
- Consider the advantages and disadvantages of each model for the child and family
- Consider the skill level and mix of the practitioners involved with the family

- Clarify the roles and responsibilities of the team members, including communication channels
- If utilising a Key Worker model, determine the Key Worker in partnership with the family
- Clarify the role and responsibilities of the Key Worker
- Clarify the role and responsibilities of other team members and how they will support the Key Worker, child and family

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## Essential resources

You can find more information about the [National Best Practice Framework for Early Childhood Intervention](#) online.

- [Resources for practitioners](#) including the
  - Looks like/doesn't look like guide for the principle
  - Outcome measures resources
- [Resources for families and others](#)
  - The podcast where families and professionals discuss practices related to this principle
- [Unpacking the Framework video/s](#) for this principle
- [The Framework](#) including
  - Decision making guide
  - The Framework
- [The development of the Framework](#)
  - Background papers
  - Bibliography for the principles and practice guidance

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## eciAppendix C

### Outcome measures overview: Choosing and using outcome measures

Please see next page.

# National Best Practice Framework for Early Childhood Intervention

## Measurement overview

### Choosing and using outcome measures



## Introduction

This document provides an overview to support choice and use of outcome measures for the National Best Practice Framework for Early Childhood Intervention (ECI) (the Framework). The Framework describes important outcomes of ECI for four groups: children; parents, carers and families; communities; and services and practitioners. A comprehensive review of relevant outcome measures has been completed, which is explained in the document titled *Developing a suite of resources to support outcome measurement: Methods Explainer*. To date, the measures review has focused on outcomes for children; parents, carers and families; and services and practitioners.

This overview document provides guidance on how to use the accompanying tables that include information and evidence summaries of specific outcome measures that can be used to evaluate Framework outcome statements in relation to:

1. Children; those aged <9 years with developmental concerns, delay or disability
2. Parents, carers and families of children <9 years
3. Early childhood intervention (ECI) services and practitioners

The suite of measures provided to support implementation of the Framework is not exhaustive. In some cases, there are outcome areas where quality measures may not be available. This resource is also not an endorsement of the use of any included outcome measures in a particular circumstance. The information provided is intended to inform decision making. It is expected that practitioners and families will make decisions regarding outcome measures based on their professional judgement and the specific circumstances of the families. This measurement overview can be used to inform this decision-making process.

## Who is this outcome measures resource for?

The suite of measures included are intended to serve as an easily accessible, living resource for practitioners and their organisational managers working in the ECI sector who are looking for information on how to measure outcomes according to the Framework. By 'living resource' we mean that this resource needs to be continually updated, to provide more comprehensive coverage of the desired outcome of ECI and as new evidence becomes available. Outcome measures may be used at the service level for program planning, funding decisions, and more rigorous monitoring of quality of care across systems. They can also be used by practitioners and

families to assess outcomes that are important to individual children and families and guide their decision-making.

The suite of measures should be considered when using the Framework's Decision-Making Guide as shown in the figure below.

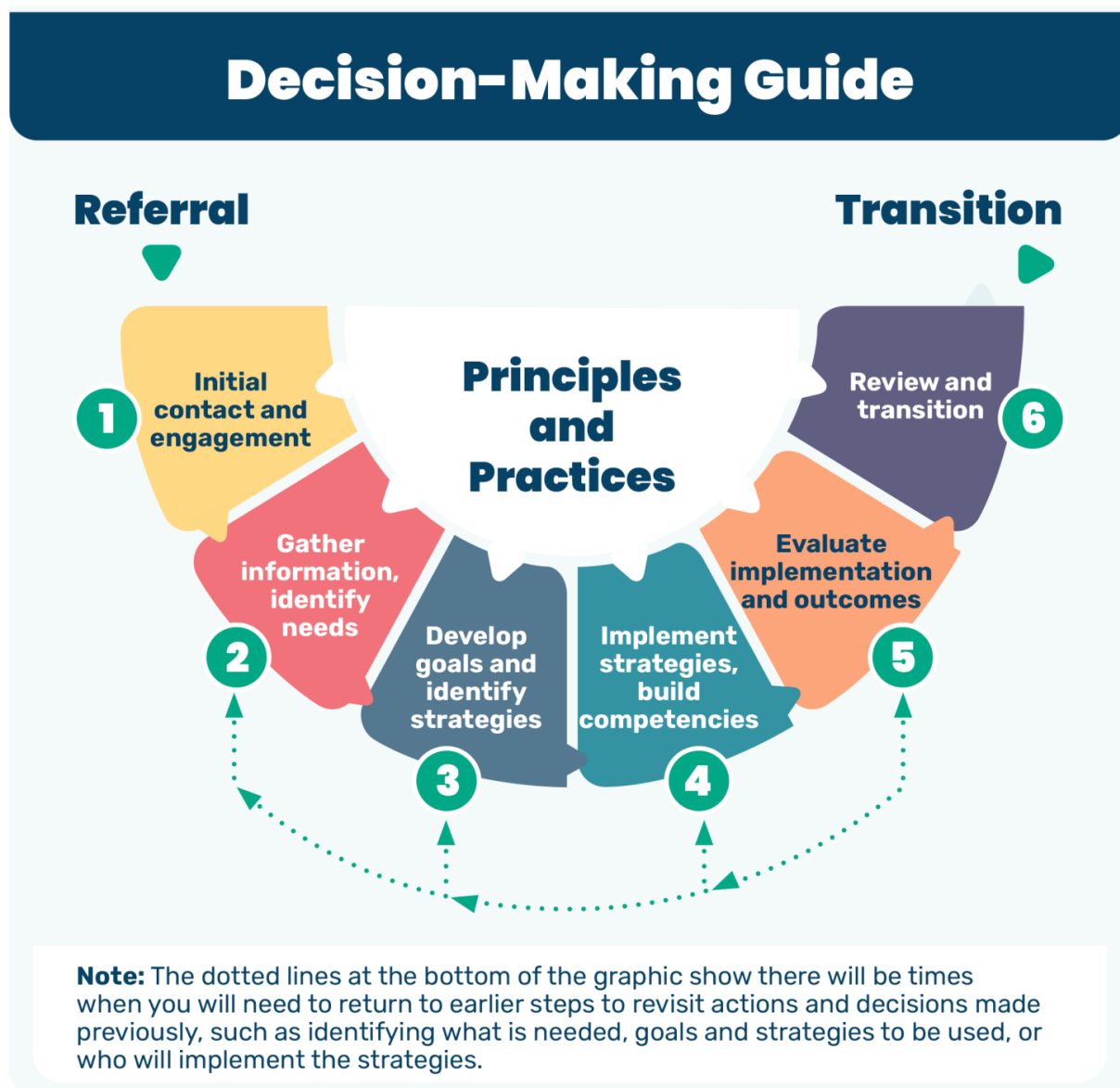


Figure 1. The six steps of the decision-making guide.

## What is an outcome measure?

An outcome measure is a standardised assessment or tool used to evaluate the results of interventions, programs, or services. The measure helps to determine whether a particular approach has produced the intended change or outcome. You can read more about the Framework's Outcomes-focused principle in the Practice Guidance tools. The Framework describes important outcomes of ECI for children; parents, carers and families; services and practitioners. Outcome measures can be used to measure outcomes for any of these groups. While many tools focus on measuring changes in people (e.g., children, families), it is also important to consider

outcome measures that evaluate aspects of the environment around the child and family, to capture whether interventions that aim to change or adapt aspects of the environment or setting achieve their outcomes.

Outcome measures can be completed using various methods:

- self-report
- parent, carer or family report, for example, about their child or their experiences of services
- teacher or educator report
- health professional report, for example, administered by a health professional to rate symptoms or functioning based on clinical observations, interviews or expertise
- performance-based, for example, methods involve direct testing or observation of an individual performing specific tasks

## Some measures have multiple versions

Outcome measures are sometimes available in multiple versions to accommodate diverse assessment needs, populations, and contexts. The different versions available for each outcome measure have been noted in the outcome measure summaries. Versions may be:

- Age-specific – tailored for different developmental stages
- Rater-specific – parallel forms for different respondents, e.g., child, parent, caregiver, teacher, clinician
- Length variations – short versus long forms
- Population-specific – adaptations for particular groups, settings or contexts
- Cultural/linguistic variations – cultural adaptations and translations
- Format options – paper forms, digital versions, questionnaire versus interview
- Time frame variations – reporting on the past week, month, current state

## How to use this outcome measures resource

Selecting appropriate outcome measures is critical for evaluating outcomes following implementation of the Framework's principles and practices, aligning with its outcomes-focused and evidence-informed principles. The universal principle of strengths-based should also apply – that is, choose and apply measures in ways that affirm child and family strengths.

**What is measured needs to be primarily based on the priorities and goals of the child and family.**

Other important factors to consider include:

- measurement properties of the outcome measure – that is, reliability, validity, and responsiveness to change
- acceptability and utility – that is, whether the outcome measure is user-friendly and relevant
- feasibility in the practice setting and family circumstances
- developmental appropriateness
- cultural appropriateness – including availability of cultural adaptations

A range of outcome measures for use with the Framework are included here in alphabetical order, categorised by outcome measures that measure: child; parent, carer or family; or, service and practitioner outcomes. The following steps will guide you through how to use this resource to decide on an appropriate outcome measure.

## Step 1.

Determine whether you want to measure an outcome for a child; parent, carer or family; or service and practitioner. Deciding what outcomes are the focus of ECI occurs at the second step described within the Framework's Decision-Making Guide (see figure). When you have decided which group, and the outcome focus you are seeking to measure, go to the Outcome Measure resource document for that group:

- Outcome measures for children
- Outcome measures for parents, carers and families
- Outcome measures for services and practitioners

The first part of each Outcome Measure resource document provides information about potential measures for the outcome statements for that group, and identifies which of the Framework's outcome statement/s the measure is aligned with.

## Step 2.

Review the summary information for the particular measure(s) you would like to consider. The summary table provides information to assist you to understand whether the measure is suitable and feasible for use in your particular setting and the circumstances of the child and family.

The summary information for each measure includes:

- a general description of the measure
- the measure's domains and subscales
- age range
- any special considerations
- availability of cultural adaptations
- how it is administered

- training requirements
- how it can be accessed

### Step 3.

Following the general description of the measure, is an evidence summary. The evidence summaries provide information on the psychometric properties of the outcome measures. The table includes an overview of the available evidence: review papers (if available), measurement properties, papers reporting on cultural adaptations (if available), and any outcome studies that have used this measure in the ECI practice setting.

Please note that this is summary information only. A list of references is provided for further information about each measure.

You can use the evidence summary and reference list to evaluate:

- Reliability of the measure – that is, the measure consistently produces the same results under the same condition
- Validity of the measure – that is, it measures what it is intending to measure
- Responsiveness to change – that is, ability to pick up meaningful differences overtime
- Developmental appropriateness

## Important considerations when choosing an outcome measure

Evaluating progress to determine if the intervention is effective (i.e., measuring outcomes) ideally utilises a measure that has demonstrated validity (i.e., assessing what it is supposed to) and reliability (i.e., showing a minimum of error) for this purpose.

All outcome measures have limitations on their intended purpose, scope and application. It is important to ensure that selected outcome measures are being used as intended by the developers of the measure.

Deciding when and how to evaluate the outcomes of ECI is a collaborative process among practitioners and children and families. The Frameworks' Decision-Making Guide can support this process.

### Can I use a screening tool as an outcome measure?

Screening is a brief evaluation intended to identify those children with potential difficulties who require a more in-depth assessment. By definition, developmental screening tools are brief while still being accurate.

Screening tools are **not** designed to be used as outcome measures. Challenges can arise when an instrument that is primarily designed for screening, needs assessment or service planning is used for measuring outcomes. For example, many items on

developmental screening tools are included because they accurately discriminate between children of different chronological ages, not because they are targets of intervention for young children. Therefore, items included on screening measures may or may not be appropriate developmental targets or be suitable for informing intervention content. Furthermore, it is important to remember that screening tools need to be brief. Thus, the few items available may not enable comprehensive measurement of progress. The scores may not reflect the growth that could have occurred.

Screening tools are rarely developed to also be used as outcome measures. However, in the absence of an appropriate outcome measure, using a screening tool to measure outcomes may be better than using nothing at all. It is imperative that if this less-than-ideal approach is adopted, the outcomes/results are qualified. The practitioner or service who has chosen to use the screening tool as an outcome measure must be aware that this is not recommended practice and that the limitations should be considered when interpreting results.

## Can I make changes to an outcome measure to better suit my context?

It is possible that existing tools may not fully meet the needs of a specific context. While it can be tempting to make changes to an existing measure, it is important to know that if you do, this affects what the tool actually measures and has implications for its validity and reliability. If significant changes are needed, explore alternative outcome measures or seek expert guidance. While creating your own outcome measure is an option, designing instruments that accurately measure specific outcomes requires specialised expertise. Developing valid and reliable outcome measures is resource-intensive and may not be practical in your organisation. The recommended approach is to first thoroughly explore existing validated measures before considering making adaptations or custom development.

## Important considerations when using an outcome measure

Wherever possible, measures that have been designed to be strengths-based and culturally appropriate should be selected. No matter which measure is chosen, however, the manner in which it is undertaken can have a deep impact on the experience of those involved. This means that practitioners need to ensure there is sufficient time to plan for and prepare children and families for the assessment process – considering time before, during and after administration.

In the outcome measures resources, information is provided (where available) about the time required to administer or complete a measure. It is important to note that this time usually relates to the time taken to ‘fill in a questionnaire’ or administer an assessment. It does not include the additional time that is always required to effectively:

- Review, score, consider and interpret the findings

- Share and discuss the findings with the respondent/s to gain a shared understanding of what they mean
- Decide together what to do in relation to the findings

These three activities are crucial.

## Summary

This document provides an overview of how to use the Outcome Measures resource for the Framework. [The related resources are:](#)

- Developing a suite of resources to support outcome measurement: Methods Explainer
- Outcome measures for children
- Outcome measures for parents, carers and families
- Outcome measures for services and practitioners
- The Decision-Making Guide

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