

# Team Around the Child

## Building the Capacity of All

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Over the last 20 years, there has been a shift in the fundamental assumptions about the purpose of Early Childhood Intervention (ECI). Traditionally service delivery focused on individual intervention by professionals from different disciplines working directly with the child (services were professionally directed and child focused), and parental involvement was minimal. However over this time, there has been a major shift in purpose to the support of the whole family and building the capacity of the primary caregivers. [1,2]

Yet, the ability to implement new service delivery models and put current evidence into practice is often hampered by assumptions about the existing service delivery model, the evidence it is based upon and the history and culture within it.

Disability Services Commission (DSC) Early Childhood Development (ECD) programme has historically provided home and community based services to children up to six years of age, who have global developmental delay and developmental disabilities, and are at risk of an intellectual disability.

Services were traditionally provided by a multi-disciplinary team of professionals (including physiotherapists, occupational therapists, speech pathologists, clinical psychologists and social workers) typically providing home-based services, primarily focusing on the developmental needs of the child.

Ongoing changes have been occurring at DSC since 1996. In this year, a report titled 'DSC Report on Best Practice in Early Intervention' was produced, based on several local studies and review of the current literature.

Three significant recommendations from this report were:

- Services should be family focused with professional staff providing support and advocacy within the family context.
- Parental contribution to the assessment process should be promoted and facilitated and,
- Transdisciplinary service delivery models would promote family focused and empowering philosophies of service." [3].

In 1999, the Commission restructured and the ECD Programme was updated to reflect current practice within the Early Childhood Intervention field. Most significantly, this included family-centred practice as well as development of an inter-disciplinary team approach and initial exploration of trans-disciplinary service delivery.

Most recently, in 2008, the Commission finalised outcome statements for children and adults with an intellectual disability highlighting the two core functional areas of independence and participation. The ECD programme concurrently developed outcome statements under these core areas to address specific outcomes for children, families and communities [adapted from 4]. The ECD programme outcomes highlight that services cannot focus on the child alone, but must include the family and the community as the context within which the child develops and participates.

In addition, a Senior Project Officer was appointed to review the literature and develop the Team Around the Child framework of the ECD service, in conjunction with a consultative committee comprising of representatives from all disciplines and teams. *continued page 4*

# Team Around the Child

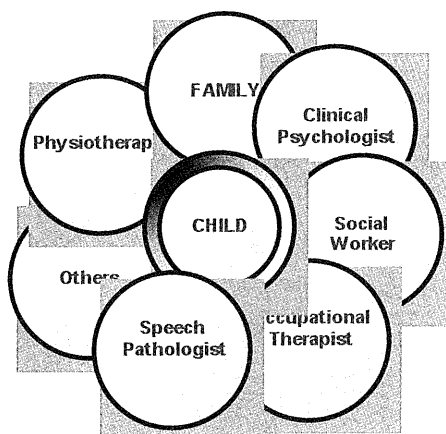
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The role of this committee was to develop the processes, supporting documentation and fact sheets to assist staff in the implementation of the model. All staff within the programme were invited with the opportunity to provide feedback and input on all aspects of development. A web site accessible to all staff was developed to assist staff with ease of access to the information. A Family Information Booklet was developed to provide families with accurate information about the model and related research. Training was provided for all staff on the processes, as well as coaching and natural learning environment practices.

In 2009, after a year in development, the Commission commenced the implementation of the Team Around the Child model. The consultative committee continues to provide a forum for the discussion, development, implementation and evaluation of the Team Around the Child (TAC) model including resources, training and development, operations and communication strategies. 2009 is considered a year of learning and development for all staff, with challenges being addressed and processes refined and enhanced. A communication strategy has been implemented to inform other key service providers about the Team Around the Child model such as local area coordinators, paediatricians, the health sector and other organisations within the disability sector. Ongoing activities include the development of a comprehensive induction process that will include an orientation manual, peer mentorship and participation in activities designed to facilitate development and understanding of the principles and practices of the TAC model.

Briefly, the capacity building and evidence-based practices being incorporated into the Team Around the Child model include:

1. Family-Centred practice. Family-centred practice is based around professionals working in a true partnership with families as equal members of the child's team. Families are recognised as the ultimate decision-makers for their child and are involved in every aspect of service delivery from,



Reference: Adapted from Davies, S. (2007). The Transdisciplinary Team Approach 'Putting a Team around the Child'. In S. Davies (Ed), *Team Around the Child: Working together in early childhood intervention*. Wagga Wagga: Kurrajong Waratah

assessment, setting family and child goals to determining intervention strategies [5].

2. Natural learning environment practices. Natural learning environment practices involve the use of everyday activities and opportunities as the context for child development. Learning in context ensures skills developed are functional and meaningful to the child and family, and provides repeated opportunities for practice throughout the day, with generalisation of skills across different settings [6]. When parents provide intervention in daily routines they are

more likely to attribute progress to what they do between home visits, rather than to what the professional does during the home visit. [7]

3. Strength and Interest-based approaches. Strength and interest-based practices are included as learning and development occurs more rapidly in young children when they are engaged in activities of interest to them, therefore creating opportunities for them to practice existing skills, explore the environment, and learn new skills [6]
4. Adult Learning practices. Adult learning practices such as coaching are used as the primary intervention strategy for working with families and other caregivers. Coaching provides support and encouragement, refines existing practices, develops new skills and promotes continuous self-assessment and learning. Team members work with the parent/other key careprovider:child dyad rather than with the child alone [8]
5. Collaborative teamwork. Within the field of ECI, the team approach to service delivery has long been recognised as best practice. The traditional team of professionals has expanded to include parents and other key caregivers, people important to the family, as well as other service providers. Team consultation and collaboration are critical to support family and caregiver competence, confidence and empowerment related to child learning [7]

and interagency collaboration is imperative to support the child's participation in home and community life.

6. Use of a Key Contact. A Key Contact is any member of the comprehensive team. The main role of the Key Contact is to build a relationship, and work in partnership with the family and others, to meet the child and family's outcomes. This team member develops a holistic picture of the family and acts as a link between the family and the team. The Key Contact receives support from other team members through joint visits, consultation and team meetings. Although the family may be working with one person primarily, other team members will provide support, consultation and direct services based on the individual needs of the child and the family. Many authors have reported that the relationship between a Key Contact and the family is important for achieving the outcomes of ECI. The use of a Key Contact reduces the number of individuals involved directly with the child and family and decreases the amount of intrusion into a family's life [7,9,10].

Combining the above practices with the use of functional, authentic assessments and observations, and the development of outcomes related to a child's independence and participation within their home and community life, builds the capacity of all - the child, the family, the community and professionals.

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