

University



National Guidelines for Best Practice in Early Childhood Intervention:

Exploring ECI practitioner gaps in knowledge and barriers/enablers to implementation.

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Acknowledgements:

We would like to express our great appreciation to the sponsors of this project, Denise Luscombe and Dr Anoo Bhopti from Professionals and Researchers in Early Childhood Intervention (PRECI), and Siana Heath from ORS Group, for their valuable input and assistance during the planning and development of this project. We would also like to express deep gratitude to our Monash University supervisor Marie-Claire Ryan for her professional guidance, constructive feedback and encouragement throughout the project. Our thanks are also extended to the wider PRECI organisation for their feedback on our draft survey, as well as the staff at ORS Group (Pakenham site) for allowing us to observe their practices when working with children with developmental delays and disabilities.

Acronyms and Glossary:

ECI:

Early childhood intervention (ECI) supports the best possible start to life for children under the age of nine years with developmental delay or disability and their families. ECI involves the provision of specialised support and services to promote the child's development, the family and the child's well-being, and the child taking part in their community. (NDIS, n.d.)

National Guidelines:

The National Guidelines for Best Practice in Early Childhood Intervention were developed by Early Child Intervention Australia (ECIA) in 2016. The guidelines promote Australia-wide universal access to research and evidence-based advice regarding working with and supporting children with developmental delays and disabilities. The guidelines provide a framework for excellence in service delivery under the NDIS (ECIA, n.d.) that is divided into four Quality Areas; Family, Inclusion, Teamwork & Universal Principles.

Early Childhood Intervention (ECI) practitioners:

ECI practitioners refer to all allied health professionals and other adults who work within the ECI sector. Participants in this project came from a wide range of professional backgrounds, including but not limited to Speech Pathology, Occupational Therapy, Physiotherapy, Psychology, Social Work, Early Childhood Education/Teaching, Classroom Teaching, Dietetics and Support Work.

Family-Centred and Strengths-Based Practice:

According to the National Guidelines, this concept refers to a set of values, skills, behaviours and knowledge that recognises the central role of families in children's lives. Family-centred practice is a way of thinking and acting that ensures that professionals and families work in partnership and that family life, and family priorities and choices, drive what happens in planning and intervention. Family-centred practice builds on family strengths and assists families to develop their own networks of resources – both informal and formal. (ECIA, 2016)

Culturally Responsive Practice:

According to the National Guidelines, this concept refers to creating welcoming and culturally inclusive environments where all families are encouraged to participate in and contribute to children's learning and development. Practitioners are knowledgeable and respectful of diversity and provide services and support in flexible ways that are responsive to each family's cultural, ethnic, racial, language and socioeconomic characteristics. (ECIA, 2016)

Inclusive and Participatory Practice:

According to the National Guidelines, this concept recognises that every child regardless of their needs has the right to participate fully in their family and community life and to have the same choices, opportunities and experiences as other children. All children need to feel accepted and to have a real sense of belonging. Children with disability and/or developmental delays may require additional support to enable them to participate meaningfully in their families, community and early childhood settings. (ECIA, 2016)

Engaging the Child in Natural Environments:

According to the National Guidelines, this concept promotes children's inclusion through participation in daily routines, at home, in the community, and early childhood settings. These natural learning environments contain many opportunities for all children to engage, participate, learn and practise skills, thus strengthening their sense of belonging. (ECIA, 2016)

Collaborative Teamwork Practice:

According to the National Guidelines, this concept is where the family and professionals work together as a collaborative and integrated team around the child, communicating and sharing information, knowledge and skills, with one team member nominated as a key worker and main person working with the family. (ECIA, 2016)

Key Worker:

According to the National Guidelines, the key worker acts as the conduit for the expertise of the whole team in most situations and uses transdisciplinary skills to do so. Where skills-based specialist intervention is required, the relevant team members should be involved. (ECIA, 2016)

Capacity-Building Practice:

According to the National Guidelines, this concept encompasses building the capacity of the child, family, professionals and community through coaching and collaborative teamwork. The goal is to build the knowledge, skills and abilities of the individuals who will spend the most time with the child to have as great an impact as possible on the child's learning and development. (ECIA, 2016)

Parent (or caregiver) coaching:

Parent coaching includes providing the parent the needed support to improve their child's skills and abilities through a structured system of jointly planning learning goals, modelling effective practices, and engaging in feedback. (Rush et al., 2003, as cited in Pellecchia et al., 2020)

Evidence Base, Standards, Accountability and Practice:

According to the National Guidelines, ECI services comprise practitioners with appropriate expertise and qualifications who use intervention strategies that are grounded in research and sound clinical reasoning. Standards-based on these ECI key best practices will ensure ECI practitioners and services are accountable for continuous improvement and high-quality services. (ECIA, 2016)

Outcome Based Approach:

According to the National Guidelines, this concept focuses on outcomes that parents want for their child and family, and on identifying the skills needed to achieve these outcomes. ECI practitioners share their professional expertise and knowledge to enable families to make informed decisions. Outcomes focus on participation in meaningful activities in the home and community with outcomes

measured and evaluated by ECI services from a child, family and community perspective. (ECIA, 2016)

Cramér's V:

Cramér's V demonstrated the strength of a relationship between two categorical variables, where there are two or more unique values per category. Values producing each level of correlation are defined in the table below.

	2 Groups	3 Groups	4+ Groups
Large	> 0.50	> 0.35	> 0.29
Medium	> 0.30	> 0.21	> 0.17
Small	> 0.10	> 0.07	> 0.06
Trivial/None	< 0.10	< 0.07	< 0.06

Cohen's d:

Cohen's d is particularly useful in the context of t-tests or comparing two groups. It produces the magnitude of the difference between those two groups. Values producing each level of correlation are defined in the table below.

Large effect	> 0.80
Medium effect	> 0.50
Small effect	> 0.20
Trivial or no effect	< 0.20

Cohen's f:

Cohen's f is used to measure the effect size for variance explained in the context of Analysis of Variance. It is used when comparing more than two groups or conditions. Cohen's f is particularly useful for understanding the proportion of variance in the dependent variable that is explained by the independent variable(s). Values producing each level of correlation are defined in the table below.

Large effect	> 0.40
Medium effect	> 0.25
Small effect	> 0.10
Trivial or no effect	< 0.10

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INTRODUCTION

The introduction of the NDIS in 2013 allowed many Australian children with developmental delays and disabilities to access specialised supports and services that they had not previously had access to. This resulted in a large demand for those working in Early Childhood Intervention (ECI) and as a result, saw an influx of new graduates filling these roles

In 2016, Early Childhood Intervention Australia (ECIA) developed the National Guidelines for Best Practice in Early Childhood Intervention to help streamline universities, disciplines, organisations, states and territories to provide the same industry standards of practice.

Combined with the influx of new graduates, new standards and a new insurance scheme (i.e. NDIS), quality support and supervision for new graduates is said to have declined due to the large outnumbering of new graduates to experienced practitioners. This has resulted in less than best practice seen across the sector for children and families utilising the services they need to thrive.

Project Aim:

This project, as part of Monash University's Participatory Community Project (PCP) program, in collaboration with PRECI & ORS Group, aims to investigate the gaps in ECI practitioners' knowledge and their perceived barriers and enablers towards the implementation of the National Guidelines.

The intended outcome of this project is that it works towards children aged 0-9 years old with developmental delays and disabilities and their families having access to high-quality, evidence-based therapeutic intervention.

METHOD Research Questions:

Three research questions have been developed that directly align with the project's aim.

- 1. What gaps exist in the knowledge of ECI practitioners regarding the National Guidelines?
- 2. What are the perceived barriers that inhibit the implementation of the National Guidelines?
- 3. What are the perceived enablers that facilitate the implementation of the National Guidelines?

Design:

The research was collected through a survey research design. This method is considered appropriate as the method requires collecting information from participants, specifically about their experiences and perspectives (Schofield & Forrester-Knauss, 2017). The student nature of the project and time constraints (6 months), also limit the study designs applicable, and therefore survey research is appropriate.

The final survey contains 73 questions, the subsections are entitled;

- 'Demographic Questions' (11 questions),
- 'Goals' (5 questions),
- 'Culturally Responsive Practice' (6 questions),
- 'Location of Interactions with Children' (5 questions),
- 'Working with Parents/Caregivers' (6 questions),
- 'Working in the Family Home' (6 questions),
- 'Working at School' (6 questions),

- 'Working at Early Childhood Education Centres (ECECs)' (6 questions),
- 'Working with Other Professionals' (9 questions),
- 'Guidelines & Principles' (2 questions),
- 'Access to Research and Evidence' (3 questions),
- 'Reflection & Supervision' (2 questions), and
- 'Outcome-Based Approach' (5 questions).

The main consideration during question development was to ensure that questions were not leading. To reduce response bias, questions aimed to be phrased less like a quiz about the Guidelines, and more subtly discussing how professionals practise in ways that are relevant to the guidelines.

A draft survey of questions was sent to the wider PRECI organisation for member checking from approximately 10 members. Critical feedback from PRECI and sponsors was used to refine the survey questions. Pilot runs of the survey were also conducted by project managers, sponsors and Monash teaching staff.

Sampling Strategy & Participant Recruitment:

Due to being undergraduate students, with neither money, time nor experience in completing research studies, the non-probability sampling method of convenience sampling has been utilised as it is time and cost-effective and is less complex than other sampling methods (Stratton, 2021).

The sample size has been defined as n = 84, with some questions excluding certain participants from answering due to their characteristics, therefore having a smaller sample for some questions.

To disseminate the survey, sponsors from PRECI and project managers emailed the URL link to personal and professional contacts within the sector. The project sponsor from ORS Group disseminated the URL company-wide. Project sponsors and managers tried to ensure a diverse participant group, including respondents from different states, organisation types, number of years working in the sector, and professional backgrounds.

Some willing participants were excluded if they did not work with children under nine years old, and did not work in the ECI sector.

Participants had 2 weeks to complete the survey to allow project managers time to analyse the results within the scope of the PCP program.

Ethical Considerations:

Ethical guidelines that guided focused information gathering include those outlined by Monash University's OCC3062 Ethics Checklist attached as Appendix A. Supporting the checklist's validity, Varkey (2021) identified four main principles of biomedical ethics; beneficence, non-maleficence, autonomy, and justice. These principles were upheld during each stage of the project, with specific and relevant ethical considerations relating to;

- Initial information gathering and informal discussions and observations,
- Focused information gathering and the development of the survey, including sampling and participant recruitment, and
- Development of the project's final deliverables.

Project processes also remained consistent with the National Health and Medical Research Council's (NHMRC) recognition of quality assurance in healthcare. The plan to uphold these ethical guidelines is detailed in Table 1 below.

Ethical principles	Description	
Autonomy	 Allowed participants to make an informed choice regarding their participation in survey participation. Participants were aware of their capacity to withdraw at any stage. An explanatory statement was provided to ensure participants were aware of their rights and responsibilities relating to the survey. It covered: What the research involves Participant recruitment Consent Risks & benefits of participation Confidentiality & Anonymity Time frames & result dissemination Corresponding authors & contact information 	
Non-maleficence and beneficence	 Potential risks were identified during the development of the GANTT chart during earlier stages of the project. Data collected will provide opportunities for self-reflection and future training needs of those working in the ECI sector that will ultimately benefit the families and children. Therefore, the benefits significantly outweigh any potential risks of participating in this project. 	
Justice	Equal access to the benefits of the project will be maintained as the survey analysis results are disseminated across the ECI sector through the PRECI website and final university poster submission.	
Ethical considerations specific to research methods	Section 3.1 Element 1 of the National Statement on Ethical Conduct in Human Research prompts project managers to consider the worthiness of certain topics in relation to the project's scope, aims, themes, questions and methods. Yet through reviewing literature and liaising with experts in the field, it is clear that gaps exist in the knowledge of ECI practitioners regarding the implementation of the best practice.	
Ethical considerations specific to vulnerable groups	Vulnerable groups were not targeted in ways that were specific to their unique vulnerabilities. Rather, people who may be vulnerable for different reasons were able to participate in the project based on their experience in the ECI sector. This avoids the possibility of discrimination without excluding participants.	
Ethical considerations relevant to patient care	Information gathering methods used did not infringe on the rights or privacy of any individuals involved. Information gathering largely relied on observing current practices as they already exist, overtly avoiding any clinically significant departures from routine clinical care that was provided to children and families within the ECI sector. During informal observations of clinical practices on site at ORS Group,	

Table 1: Ethical Principles

clients and families was recorded beyond usual procedures of staff documentation at ORS Group, which already upheld confidentiality and privacy in line with company policies
privacy in line with company policies.

Data Collection:

The Qualtrics survey platform was chosen for its more advanced settings, including display logic settings and result and analysis features. The platform also allows relevant stakeholders to collaborate online through individual devices and logins, upholding ease of use.

Question subsections began with preceding statements to transition from one area of research to another. Where appropriate, definitions as per the National Guidelines were provided to ensure participants understand what the section is encouraging them to think about as well as concluding with "Please answer the following questions based on the majority of the children you work with." to promote generalised responses.

Qualitative questions were omitted due to time constraints and the scope of the PCP program. Some questions did invite text answers under the "other, please specify" category but weren't designed to be analysed, rather expanding if respondents felt necessary.

'Display logic' and 'Skip logic' questions were utilised throughout the survey, therefore based on participants' answers, certain questions were not displayed to participants if they were deemed irrelevant to their scope of practice.

While the main question type was multiple choice, several other formats were used. Multiple choice questions that allowed one answer or many answers were both included in the survey. Two matrices were used to display information relating to the same question clearly. Sliding scales were used to rate participant experience and opinion from 1-5. Utilising different question types allowed the project management team to explore answers in different ways and reduced fatigue for participants by keeping it interesting.

In order to comply with recommended ethical considerations in data collection, the survey was anonymous and only the research team had access to the stored data.

Data Analysis:

Data analysis began using the Qualtrics platform. Once the survey was closed, the data was statistically analysed with the support of the 'Stats iQ' platform in Qualtrics, as well as being coded into Microsoft Excel for dissemination of results to project management team members who do not have access to Qualtrics.

Stats iQ was used to provide descriptions, comparisons and correlations between responses. Visual displays of questions including bar and column graphs were transferred and developed into Google Sheets.

Effect Size Analysis:

To measure effect size, Cohen's f, Cohen's d and Cramer's V were used.

Cramer's V was used to measure the effect size between two nominal variables. Cohen's f has been used to measure the effect size between categorical independent variables with more than two levels and a continuous variable. Cohen's d has been used to measure the effect size between categorical independent variables with two levels and a continuous variable. See Acronyms and Glossary for a breakdown of the significance of these measurements.

RESULTS

Demographics:

The sample included one male (1.2%) and 83 females (98.8%) with an average age of 35 years old. Of the identified survey population, 31 percent responded that they worked in NSW, 31 percent in VIC, 19 percent in WA, 8.3 percent in QLD, six percent in NT, 4.8 in ACT, 4.8 percent in SA and 1.2 percent in TAS. See Figure 2.

The survey was conducted across remoteness levels determined by the Modified Monash Model (MMM) and included 73.8 percent working in Metropolitan areas (MM1), 32.1 percent in regional centres (MM2), 20.2 percent in large rural towns (MM3), 15.5 percent in medium rural towns (MM4), 15.5 percent in small rural towns (MM5), 3.6 percent in remote communities (MM6) and 1.2 percent in very remote communities (MM7). See Figure 2.





Highest level of education was reported with 2.4 percent reporting TAFE/college/apprenticeships as their highest level of education, 52.4 percent as undergraduate degrees and 38 percent completing postgraduate degrees.

Participants responded from a range of organisation types with just under half working at private practices (48.8%). Non-government organisations (22.6%), NDIS ECI partners, non-for-profit organisations (8.3%), sole providers (7.1%), government organisations (6%), hospitals (2.4%), Early Childhood Education and Care Centres (ECECs) (2.4%) as well as 2.4 percent from University settings identified utilising the "Other: please specify" category were also recorded. See Figure 3.





Half of the participants identified their professional background as occupational therapy (50%), followed by speech pathology (15.5%) and psychology including behaviour specialists (10.8%). Other responses included physiotherapy (6%), early childhood education (6%), social work (2.4%), teaching (1.2%), dietetics (1.2%), and 3.6 percent stating "other" which included a combination of "Public Health", "Community Health", "Indigenous health", "Administration Coordinator" and "NT Ed Dept Inclusion Advisor".

Figure 4: Professional Background



The most common age groups that the participants worked with in this sample included, 5-7-year-olds (90%), 4-5-year-olds (89%) and 7-9-year-olds (88%). Then considerably fewer participants worked with 2-3-year-olds (60.7%) and 38.1 percent with 0-2-year-olds.





Experience working in the ECI sector varied from less than 12 months - more than 20 years. The majority of respondents (39.3%) had worked in the sector for more than 10 years. Followed by 3-10 years (32.1%) and then less than 3 years (28.1%).

Figure 6: Years Worked in the Sector



100% of respondents worked with some kind of culturally diverse group including Aboriginal and Torres Strait Islander families (65%), Culturally and Linguistically Diverse (CALD) families (85%), Low Socioeconomic Status (SES) families (96%) and High SES families (60%). 'Other' responses (4.7%) included refugee children, incarcerated children and out-of-home care children and families.

Figure 7: Cultural Groups Worked With



Ninety-five percent of respondents somewhat work in family homes, with 60.7% 'always' or 'mostly' working in family homes and 29.8 percent 'sometimes'.





The vast majority of respondents work in children's schools at least some of the time (92.9%). 34.5 percent stated they work in schools 'always' or 'mostly', the majority 53.6 percent working in schools 'sometimes'.

Figure 9: Work in schools



Many respondents work in ECECs some of the time (88.1%). They most commonly 'sometimes' work in ECECs (54.8%), with almost the same percentage 'always' or 'mostly' (16.4%) or 'rarely' (16.7%) working in ECECs.

Figure 10: Work in ECECs



The majority of respondents stated that they utilise the Key Worker Model in their work (44%) with 20 percent stating they somewhat utilise this, and 34.5% saying that they do not.

More than half of the respondents have never worked as the key worker, and just under one-fifth, are currently working as a Key Worker. 19% have previously worked as a key worker, but are now not.

Figures 11 & 12: Key Worker Model



Quality Area 1: Family

This section explores the responses to questions based on the first Quality Area of the National Guidelines, "Family", which includes "Family-Centred Practice and Strengths-Based Practice" and "Culturally Responsive Practice". Eight questions specifically related to this quality area (Q12, 14, 18-22, 26 & 29).

Family-Centred and Strengths-Based Practice Q12:

Participants identified 'parents' (100%), 'therapists' (88.1%), 'other caregivers' (84.5%) and 'teachers' (81%) as the top four people who should be involved in the development of children who are experiencing developmental delays and disabilities goals. 'The child' and 'I should' were ranked the 5th most important 71.4% percent each.

'Other' responses included support workers, whoever is involved in their care, and whoever is involved in their natural environments.

Believing that 'the child' should be involved in the development of their own goals was moderately associated with time worked in the ECI sector, with those working longer in the sector more likely to choose this response (p=0.025; Effect Size (Cohen's d)= -0.442).

Believing that 'NDIS Planners/support coordinators/early childhood partners' should be involved in the development of children's goals was highly associated with time worked in the ECI sector, with those working for less time in the sector more likely to choose this response (p=0.00416; Effect Size (Cohen's d)= 0.651).

Believing that 'Peer support organisations' should be involved in the development of children's goals was highly associated with time worked in the ECI sector, with those working for less time in the sector more likely to choose this response (p=0.0123; Effect Size (Cohen's d)= 0.668).





Teachers = Educators/Teachers NDIS Planners = NDIS Planners/support coordinators/early childhood partners

M/CHN = Maternal/Child Health Nurses PSOs = Peer Support Organisations

Q14:

Only 35% of children that are supported by this sample 'always' or 'mostly' have goals that are relevant to supporting their entire family. The most common answer was that this is present in the children's goals 'sometimes' (40.5%) with 23.8 percent of children 'rarely' or 'never' having goals that relate to their whole family.

There was a moderate relationship between time working in the ECI in the sector, with those working longer more likely to be supporting children who have goals that relate to the entire family (p=0.0957; Effect Size (Cohen's f)= 0.321).





Q22:

The most common strategy that respondents used to find out more about the informal, mainstream and community support surrounding a child and their family was 'verbal discussion with the family upon first meeting' (96.4%). 'Asking spontaneous questions as needed' (75%), 'Initial intake forms' (72.6%) and 'asking other stakeholders such as another service provider' (72.6%) were the next three most common responses to this question.

Utilising 'ecomaps or other established tools' was only utilised by (28.6%) of respondents as a way to find out more about the informal, mainstream and community supports surrounding a child and their family.

'Other' responses included "strategic searches in my community and networking with other agencies".

There were no significant correlations between time worked in the sector and how respondents find out more about the informal, mainstream and community supports surrounding the children and families they support.

Respondents who worked with Aboriginal or Torres Strait Islander families were moderately more likely to utilise 'ecomaps or other established tools' to find out more about the informal, mainstream and community supports surrounding the children and families they support than those who did not work with these families (p=0.0102; Effect Size (Cramér's V)=0.293).



Figure 15

n=84

Verbal discussion= Verbal discussion with the family upon first meeting Spontaneous questions= Asking spontaneous questions as needed

Other stakeholders= Asking other stakeholders such as another service provider

Q24:

The most common answer for what impacts where the respondent's services are delivered is 'family preference (94%). This was followed by 'funding reasons' (63.1%) and 'seeking to be more motivating for the children' (57%).

The least common impacts on the location of service delivery were 'clinician preference' (20.2%) and 'organisation preference' (32.1%).

'Other' responses included, the setting being appropriate to the goal, evidence base including natural environments, school restrictions, prerequisites and skill level of the child, and large geographical catchment area, therefore running groups online.

There was no statistically significant relationship between years worked in the ECI sector and any of the impacts on service delivery identified.



Figure 16

n=84

Funding reasons*= Funding reasons (e.g. cost of travel)

More motivating*= Seeking to be more motivating for the children

Time*= Time (e.g. takes too long to get there)

Controlled environ.*= Seeking to provide a controlled environment

Organisation pref.*= Organisation preference

Clinician pref*= Clinician preference

Culturally Responsive Practice Q18:

The majority of respondents 'rarely' (32.1%) had access to translated materials for families closely followed by 'sometimes' (29.8%) having access to these resources. 28.6 percent of respondents had access to these materials 'always' or 'mostly' with six percent 'never' having access and 3.6 percent 'unsure' about their access to these resources.

There were no significant correlations between time worked in the sector and whether the respondents had access to translated materials, handouts etc for families.

There was a moderate correlation between working with First Nations families and utilising translated materials when compared to those who do not work with these families (p=0.115; Effect Size (Cramér's V)=0.303).

There was a moderate relationship between working with CALD families and respondents having access to/providing translated materials, handouts etc for these families (p=0.166; Effect Size (Cramér's V)=0.283).





n=84

Q19:

The majority of respondents stated they 'sometimes' (39.2%) use interpreters in their work. Followed by a combined total (44%) of respondents who stated they 'rarely' or have 'never' used interpreters in their work. 16.6 percent of respondents 'always' or 'mostly' use interpreters in their work.

A moderate relationship was found (p=0.0246, Effect Size (Cramér's V)=0.365) between working with CALD families and how frequently interpreters are used. No significant correlation between working with First Nations families and how frequently respondents utilise interpreters.





Q20:

Q20 was excluded for those who reported that they were 'unsure' or had 'never' used an interpreter in Q19, therefore n=68.

The majority of respondents rated their experience engaging with an interpreter 4/5 effectiveness. The mean response was 3.38 and SD=0.946.

There was no statistically significant relationship between years worked in the ECI sector and effectiveness in experience with interpreters.

There was a moderate relationship between how often respondents use interpreters within their work and how effective they rated their experiences to be (p=0.019; Effect Size (Cohen's f)= 0.336).



Figure 19

n=68

Q21:

The majority of respondents reported that they feel 'confident' (66.7%) in meeting the cultural/diverse needs of the children and families they support. However, 16.7% of respondents stated that they are 'unsure' if they feel confident in meeting the cultural/diverse needs of the children and families they support. 10% of the respondents stated that they are 'unconfident' or 'extremely unconfident' in meeting the cultural/diverse needs of the cultural/

There were no significant correlations between time worked in the ECI sector and whether the respondents feel confident in meeting the cultural/diverse needs of the children and families they work with.

No significant correlations between working with CALD, First Nations, High or Low SES families and perceived confidence in meeting the needs of these culturally diverse families respondents work with when compared to respondents who do not work with these family groups.



Figure 20

n=84

Quality Area 2: Inclusion

This section explores the responses to questions based on the second Quality Area of the National Guidelines, "Inclusion", which includes "Inclusive and Participatory Practice" and "Engaging the Child in Natural Environments".

Inclusive & Participatory Practice Q13:

It was most commonly reported that the children being supported 'mostly' (42.9%), followed by 32.1 percent who 'sometimes' had goals that related to participating within their community, such as participating in sports, visiting extended families' homes, engaging with other children at the playground or going to religious gatherings.

19 percent of respondents reported that the children they support had goals related to community participation compared to six percent who 'rarely' had goals related to their participation in their community.

There was no statistically significant relationship between years worked in the ECI sector and the frequency of the children's goals they support relating to community participation.





Q43:

Six participants were excluded from this question as they responded that they have 'never' worked within schools.

It was reported that when working in school the majority of respondents 'mostly' (37.2%) take the children they work with out of the classroom to work with them independently or one-on-one. When including 'always' in this statement, 51.3 percent of children are being removed from their classroom for therapy all of the time, or most of the time.

This was followed by that 'sometimes' (25.6%) professionals remove the children from their classroom to work one-on-one.

'Rarely' and 'never' responses resulted in 22.1% of respondents.

There is a strong statistical correlation between the frequency of removing children from the classroom and time worked in the sector, (Cohen's f= 0.522) with those working in the sector less highly more likely to work with children independently than those who have been working for longer.







Q49:

14 participants were excluded from this question for responding that they 'rarely' have worked within ECECs. See *limitations*.

The range of respondents' answers was small (5.7) excluding the outlier of 'always' (2.9%), suggesting there is not a standardised preference for working with children alone in ECECs. However, the spread of responses differs from that with Q43, which asks the same question but at school. Given that children in ECEC settings are not to be alone with visitors (ACECQA, 2023) this may account for the difference in responses.

However, there was a strong relationship found between those who remove children from their school classroom and those who remove children from their ECEC classroom (Cramér's V= 0.417).

There was no statistically significant relationship between time worked in the ECI sector and the frequency of working one-on-one with children at their ECECs.





Engaging the Child in Natural Environments **Q23**:

An almost equal number of respondents answered that the location 'always' (29.8%), 'mostly' (27.4%) or 'sometimes' (28.6%) changes based on the child's goals, with 10.8 percent responding that the location 'rarely' or 'never' changes.

The frequency of location changes based on the children's goals was highly associated with time in the sector (p=0.00977; Cohen's f= 0.564), with those in the sector for 10+ years, highly more likely to change location based on children's goals than those working less than 3 years.



Figure 24



Q27:

The most common benefits experienced when working in public spaces or community settings included an 'improved ability of the child to practise within their natural environment' (79.8%) and 'Increased problem-solving opportunities for the child during real-life situations' (73.8%).

The least commonly experienced benefit of working in public spaces or community settings was an 'increased involvement of those involved outside of the child and their family' (48.8%).

There was also 3.5 percent who were 'unsure' about the benefits they had experienced whilst in these spaces and 9.5 percent of respondents had never worked in a public or community setting.

'Other' responses included a stronger relationship with the family.

Two benefits, 'Improved ability of the child to practise within their natural environment' (Cohen's d=1.56) and 'increased problem-solving opportunities for the child during real-life situations' (Cohen's d=1.35) were highly correlated with time worked in the ECI sector, with those working longer more likely to have experienced these as benefits to working in public spaces.

Also, 'improves my understanding of the relevant environment' (Cohen's d=0.767) & 'increased capacity building of the relevant stakeholders' (Cohen's d=0.678) and 'increased involvement of those involved outside of the child and their family selected' (Cohen's d=0.519) were moderate to highly correlated with time worked in the ECI sector, with those working for longer more likely to have experienced these benefits.

Lastly, 'N/A - I have never worked in public settings ' (Cohen's d = 1.04) was highly correlated with time in the sector, with those who have worked in the sector less, much more likely to have chosen this.





N=84

Natural environment*= Improved ability of child to practise within their natural environment Problem-solving*=Increased problem-solving opportunities for child during real-life situations Understand Environ.*= Improves my understanding of the relevant environment Skill transferability*= Increased skill transferability for the child Capacity building*= Increased capacity building of the relevant stakeholders Real resources*= Access to real resources available Stakeholders*= Increased involvement of those involved outside of the child and their family N/A*= N/A - I have never worked in public settings Unsure Other*= Other, please specify:

Q28:

The most common challenge identified for working in a public setting was reported as 'increased distractions' (64.3%). This was followed by 'travel restrictions/difficulties getting to relevant public space/community settings' (44%), 'limited availability of area to work' (41.7%) and 'low parent/guardian engagement' (34.5%).

'Other' responses included 19.1% and included topics such as that the public can be unhelpful in their responses, confidentiality, safety concerns, unpredictably, the child gets dysregulated, some children require 1:2 support instead of 1:1 in the clinic, weather, privacy, other children coming along or in the setting can be tricky at times to manage if parents are distracted.

There was a small-medium correlation between 'travel restrictions/difficulties getting to relevant public space/community settings' (Cohen's d = 0.489) and time in the sector, with those working more time in the sector more likely to have found this as a challenge compared to those who have been working for less time.



Figure 26

n=84 Distractions*= Increased distractions Travel*= Travel restrictions/difficulties getting to relevant public space/community settings Area to work*= Limited availability of area to work Parent engagement*= Low parent/guardian engagement Other*= Other, please specify: Resources*= Lack of resources available Session length*= Sessions are too short N/A*= N/A - I have never worked in public settings

Q38:

Four participants were excluded from this question due to not working in family homes.

More than half of the respondents (53.3%) stated that they 'always' or 'mostly' bring their own resources when working in the family home. This is compared to 17.5 percent who 'rarely' or 'never' bring resources.

There is a very strong statistical significance between the frequency of bringing resources into family homes and time worked in the sector (Cohen's f=0.588), with those working for longer being highly less likely to do this than new graduates.





n=80

Q39:

Four participants were excluded from this question due to not working in family homes.

Many benefits experienced when working in a child's home were unanimous, with all benefits experienced by 95-72% of the respondents. The most common benefit was an "improved understanding of the family environment" (95%) followed by an "improved ability to practise within their natural environment" (87.5%).

Three benefits were more associated with time in the sector than the others. These include 'improved ability to practise within their natural environment' (Cohen's d=1.13) and 'access to resources available within the home' (Cohen's d=1.03) which were both highly associated with time worked in

the ECI sector, that those who had worked for longer in the sector were highly more likely to choose this response.

'Increased problem-solving opportunities during real-life situations' (Cohen's d=0.799) was also highly associated with time in the sector being more likely to choose this than those working less.



Figure 28

n=80

Capacity building*= Increased capacity building of the family Understand Environ.*=Improved understanding of family environment Siblings+*= Increased involvement of siblings and other family members Natural environment*=Improved ability to practise within their natural environment Problem-solving*=Increased problem-solving opportunities during real-life situations Real resources*= Access to resources available within the home Routine-based*=Increased ability to build strategies into the child's life P/C Interaction*= Supports parent-child interaction Other*= Other, please specify:

Q40:

Four participants were excluded from this question due to not working in family homes.

The most common challenge experienced by respondents when working in the family home included 'increased distractions' (62.5%). This was closely followed by 'low family engagement' (57.5%).

'Other' challenges (11.3%) included cleanliness of the home, uncontrolled environment, not suited for assessments, siblings/cousins coming out and interrupting rather than helping (esp with structured therapy), lack of funding, identified risks for families (e.g. drug and alcohol use), multi-family living arrangements, clutter/hoarding where parental psychosocial disability is present, parents are distracted by other siblings.

None of the identified challenges for working in a family's home were significantly associated with time worked in the ECI sector.





Family engagement*=Low family engagement Lack of space*= Lack of space / spatial constraints Travel issues*= Travel issues (e.g. time-consuming, parking) Lack of resources*= Lack of resources available Other*= Other, Please specify

Q44:

Six participants were excluded from this question as they identified themselves as 'never' working in children's schools.

The most common benefit of working with children in their schools was 'Improves my understanding of the school environment' (84.6%) and the least common benefit experienced was 'increased involvement of peers' (37.2%).

'Other' responses included observing the child in different environments.

Two benefits were highly associated with time worked in the ECI sector including 'Improved ability to practise within their real environment' (Cohen's d= 0.979) and 'Increased capacity building of the teachers/support staff' (Cohen's d= 0.920) which were both highly more likely to be experienced as benefits between more experienced professionals working in schools.

Three other benefits were also associated with time in the sector to a lesser degree including 'Increased problem-solving opportunities for the children during real-life situations' (Cohen's d= 0.707), 'increases my ability to build strategies into the child's life' (Cohen's d= 0.625) and 'increased involvement of peers' (Cohen's d = 0.552).





N=78

Capacity building*= Increased capacity building of the teachers/support staff Understand Environ.*=Improves my understanding of the school environment Peers*=Increased involvement of peers Natural*=Improved ability to practise within their real environment Problem-solving*=Increased problem-solving opportunities for the children during real-life situations Real resources*= Access to resources available within the school Routine-based*= Increases my ability to build strategies into the child's life T/C Interaction*=Increased support for teacher-child interaction Other*=Other, please specify:

Q45:

Six participants were excluded from this question as they identified themselves as 'never' working in children's schools.

The most common challenge experienced by the professionals working with children at their school was 'school policies (e.g. no therapists allowed, low support even if allowed)' with 84.6% of respondents noting this as a challenge. One respondent provided more detail about this in the 'other' response from Q44 stating, "It is incredibly varied depending on the policy of the school. Some schools only allow you to withdraw children, even though we have a policy about working collaboratively."

This challenge was also followed by 'Low teacher/educator engagement' (67.9%), 'limited availability of a therapy room or area' (57.7%) and 'increased distractions' (48.7%).

Two challenges were moderately related to time in the sector with 'Lack of resources available' (Cohen's d= 0.586) much more likely to be a challenge for those working in the sector longer and 'limited availability of a therapy room or area' (Cohen's d= 0.499) more likely to be a challenge for those working in the sector for a shorter amount of time.





N=78

School policies*= School policies (e.g. no therapists allowed, low support even if allowed) T. engagement*=Low teacher/educator engagement Therapy room* = Limited availability of a therapy room or area Increased distract* = Increased distractions Travel issues*= Travel restrictions/difficulties getting to children's school Lack of resources*= Lack of resources available Other*= Other, Please specify

Q46:

Six participants were excluded from this question as they identified themselves as 'never' working in children's schools.

The most common response on how often professionals bring their own resources to school was 'always' with 37.2 percent. When combined with 'mostly', 65.4 percent of respondents 'always' or 'mostly' bring their own resources to children's schools. This is compared to 16.7 percent who 'rarely' or 'never' bring their own resources.

This was strongly associated with time in the sector, with those working longer, highly more likely to not bring their own resources (Cohen's f= 0.485) and therefore it is presumed to utilise the resources available to the child at school more often, than those working in the sector for less time.





Q50:

14 participants were excluded from this question for responding that they 'rarely' have worked within ECECs. See *limitations*.

Many of the benefits identified were experienced consistently when working in a child's ECEC. The most common benefits included 'improved ability to practise within their real environment' (75.7%) and 'Increased capacity building of the teachers/support staff' (74.3%), with many other benefits experienced to similar degrees.

Two benefits were highly linked to time worked in the sector including 'increased capacity building of the teachers/support staff' (Cohen's d= 1.37) and 'improved ability to practise within their real environment (Cohen's d= 0.877), with those working for longer, more likely to have experienced these benefits.

Three more benefits were moderately linked to time worked in the sector including 'increased support for teacher-child interaction' (Cohen's d= 0.745), 'improves my understanding of the ECEC environment' (Cohen's d= 0.625) and 'increased problem-solving opportunities for the children during real-life situations' (Cohen's d= 0.615) in which all three were more likely to have been experienced as a benefit the longer the respondent had worked in the sector.

Lastly, 'access to resources available within the ECEC' as a benefit of working within children's ECECs was somewhat linked to time worked in the sector (Cohen's d= 0.497) with those working for longer somewhat more likely to have experienced this as a benefit to working in this space.





N=70

Natural*=Improved ability to practise within their real environment Capacity building*= Increased capacity building of the teachers/support staff Understand Environ.*=Improves my understanding of the ECEC environment Peers*=Increased involvement of peers Problem-solving*=Increased problem-solving opportunities for the children during real-life situations Routine-based*= Increases my ability to build strategies into the child's life Real resources*= Access to resources available within the ECEC T/C Interaction*=Increased support for teacher-child interaction Other*=Other, please specify:

Q51:

14 participants were excluded from this question for responding that they 'rarely' have worked within ECECs. See *limitations*.

The most common challenge experienced by professionals working with children with developmental delays and disabilities in their ECECs was 'Low teacher/educator engagement' (44.3%) followed by 'ECEC policies (e.g. no therapists allowed, low support even if allowed)' (37.1%) and 'limited availability of area to work' (35.7%).

64.3% of the 'None of the above' group included those who were accidentally included (who identified themselves as 'never' working in ECECs). The other responses included 7.1% from 'mostly' and 28.6% who 'sometimes' worked in ECECs.

'Other' responses (17.1%) included, cannot engage with teachers as this interrupts the ratio of supervision required for the other children, having too many other children wanting to be involved or doing the intervention for the child, additional children can be trickier to manage, educators are too busy, childcare centres are always understaffed and often have no consistent staff, frequent staff changes, difficulty with timing eg. cannot attend group times, nap time, eating time etc. All the kids want to be in on our sessions, but lack time for educators to discuss and learn together as they are busy with day-to-day routine, the disinterest of the educators, regular change of educators and the capacity of staff to engage and follow through.

The challenge of 'Low early childhood educator/teacher engagement' was highly associated with time in the sector (Cohen's d= 0.830), meaning that those working longer in the sector were more likely to experience this as a challenge than those working for less time.

However, the challenge of 'limited availability of area to work' was associated moderately with time in the sector (Cohen's d= 0.529) with those working for less time, more likely to experience this as a challenge.



Figure 34

n=70

T/E engagement*=Low teacher/educator engagement ECEC policies*= ECEC policies (e.g. no therapists allowed, low support even if allowed) Limited space*= Limited availability of area to work Increased distract* = Increased distractions Travel issues*= Travel restrictions/difficulties getting to children's ECEC Lack of resources*= Lack of resources available Other*= Other, Please specify

Q52:

14 participants were excluded from this question for responding that they 'rarely' have worked within ECECs. See *limitations*.

Most commonly, respondents reported they 'never' bring their own resources (28.6%) to children's ECECs. Therefore, it was reported that 50 percent of respondents 'rarely' or 'never' brought resources to ECECs. This is compared to 24.3 percent of respondents who 'always' or 'mostly' brought their own resources.

No statistically significant relationship was found between time in the sector and frequency of bringing outside resources into ECECs for visits with the child.




Quality Area 3: Teamwork

This section explores the responses to questions based on the third Quality Area of the National Guidelines, "Teamwork", which includes "Collaborative Teamwork Practice" and "Capacity-building Practice". Twenty questions specifically related to this quality area.

Capacity-Building Practice O26:

The participants stated that the most common ways they support families to implement strategies outside of their time with the families included, 'embed into routines' (86.9%) and 'using resources and supplies they have easily available' (81%).

Other highly recorded support strategies included 'specific parent-only coaching sessions' (72.6%), 'utilising an action plan that is written down' (71.4%), 'utilising an action plan that is verbally discussed' (69%) and 'use of videos or photos' (61%).

'Other' responses included links to resources, creating resources, assistive equipment and following up on how the strategies are going outside of their time with the family.

There was a very high relationship between time worked in the ECI sector and supporting families outside of their time with them by embedding strategies into their routines (p=0.00166; Effect Size (Cohen's d)=1.09), with those working in the sector for longer much more likely to choose this response.

'Use of videos and photos' was strongly associated with time worked in the sector with those working for longer in the sector more likely to use this strategy to support the families they work with outside of their time with them (p=0.0213; Effect Size (Cohen's d)=0.538).

Figure 36



n=84

Available resources= Using resources and supplies they have easily available Parent-only coaching= Specific parent-only coaching sessions Written action plan= Utilising an action plan that is written down Verbally discussed action plan= Utilising an action plan that was discussed verbally Videos or photos= use of videos or photos

Q29:

The most common ways respondents supported key adults during their time with them included 'parent coaching' (95.2%), 'utilising parents and families existing routines' (90.5%) and 'work within natural environments' (86.9%).

Additional common responses included 'utilising parents' strengths' (76.2%), 'flexible times of appointments' (69%) and 'sibling involvement' (65.5%). The least common strategy was 'utilising parents' interests' with 50 percent of respondents utilising this strategy to involve the family or other key adults during their time with the child.

'Other' responses included, gathering information from all relevant parties and allowing parents the choice to engage or not, but always touching base with them at the start and end of appointments.

All strategies for supporting parents and other key adults were moderately highly associated with time worked in the ECI sector, with those working longer more likely to choose these strategies than those who have worked less time in the sector.

'Parent coaching' (p=0.0222; Effect Size (Cohen's d)=1.12) and 'utilising parents' and families' existing routines' (p=0.000132; Effect Size (Cohen's d)=1.22) were highly correlated with time worked in the ECI sector, with those who have worked in the sector longer much more likely to choose these as a strategy than those working less in the sector.

Other strategies including 'Work within natural environments' (p=0.0.0231; Effect Size (Cohen's d)=0.693), 'Utilise parents' strengths' (p=0.0137; Effect Size (Cohen's d)=0.681), 'Utilise parents' interests' (p=0.0457; Effect Size (Cohen's d)=0.448) and 'Encourage sibling involvement' (p=0.0121; Effect Size (Cohen's d)=0.612) were moderately-strongly associated with time worked in the ECI sector, with those who have worked in the sector longer more likely to choose these as a strategy.





Q30:

There is a strong statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q30: How confident are you with coaching parents/caregivers?', where the Effect Size (Cohen's f) = 0.564.

For example, 0% of respondents who have worked in the ECI sector for <3 years felt 'Extremely Confident' coaching parents/caregivers. Conversely, 88.9% of respondents who felt 'Extremely Confident' coaching parents/caregivers have been working in the ECI sector for 5+ years.

58.6% of respondents who feel 'Confident' coaching parents/caregivers have been working in the ECI sector for 4+ years.

50% of respondents who feel 'Unconfident' coaching parents/caregivers have been working in the ECI sector for <2 years. Similarly, 1 respondent feels 'Extremely Unconfident' coaching parents/caregivers. They have been working in the ECI sector for 1 - 2 years.

80% of respondents who were 'Unsure' about their confidence to coach parents/caregivers have worked in the ECI sector for < 3 years





	Q30: Confidence Coaching Parents/Caregivers								
Q11: Number of Years Worked in ECI	Extremely confident	Confident	Unsure	Unconfident	Extremely Unconfident				
<12 months	0.0%	8.6%	40.0%	0.0%	0.0%				
1 - 1 year 11 months	0.0%	3.4%	20.0%	50.0%	100.0%				
2 - 2 year 11 months	0.0%	19.0%	20.0%	0.0%	0.0%				
3 - 3 year 11 months	11.1%	10.3%	0.0%	0.0%	0.0%				
4 - 4 year 11 months	0.0%	17.2%	0.0%	0.0%	0.0%				
5 - 9 year 11 months	16.7%	8.6%	0.0%	50.0%	0.0%				
10 - 14 year 11 months	27.8%	12.1%	0.0%	0.0%	0.0%				
15 - 19 year 11 months	16.7%	5.2%	0.0%	0.0%	0.0%				
20+ years	27.8%	15.5%	20.0%	0.0%	0.0%				
Total	100%	100%	100%	100%	100%				

Q31:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q31: How often do you work with the parents/caregivers only? (i.e. without the child present)'. The overall results from this question are depicted below.





Q32:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q32: To achieve the goals created, how important do you believe parent(s)/caregiver(s) involvement is?'. There was a technological error with the display logic for this question and it was therefore not presented to respondents. See *limitations*.

Q33:

Q33 'What are some benefits you have encountered or perceived with coaching parents?' used a multiple choice format. The most common response among all respondents was 'Insights into routines and families' way of doing', with 94% of respondents selecting this option. 100% of respondents who have worked in the sector for 4+ years selected this option.

There are some correlations between the number of years worked in the sector and each perceived/encountered benefit to parent coaching.

There was a moderate correlation between the number of respondents who agree with each of the following benefits of parent coaching and the number of years working in the sector:

- Insight into families' strengths and limitations, Effect Size (Cramér's V) = 0.431
- Insights into routines and families' way of doing, Effect Size (Cramér's V) = 0.327
- Family improves their capacity to support the child, Effect Size (Cramér's V) = 0.310
- Working in partnership with families to achieve their goals, Effect Size (Cramér's V) = 0.347
- Insight into how the child interacts with those around them, Effect Size (Cramér's V) = 0.239

Figure 39



n=84 Other=Other, please specify:

Q34:

In 'Q34: What are some challenges you have encountered or perceived with coaching parents?': respondents identified three main challenges. These include:

- 1. 'Parents seem to have a limited capacity to participate in parent coaching.' (selected by 55% of respondents).
- 2. 'Different parents/caregivers attend different sessions.' (selected by 44% of respondents).
- 3. 'There are cultural differences.' (selected by 39% of respondents).

These responses fall under similar themes, such as interest levels, knowledge of, and willingness or parents to participate in sessions. Yet, options that focus on the experience and knowledge of the practitioner received fewer responses. For example, 2.4% of respondents selected 'I don't feel confident working with adults'. Similarly, 20% of respondents selected 'I don't have much experience in parent coaching', and 33% of respondents selected 'I do not have lived experience as a parent'.

In addition, there was a moderate correlation between the number of respondents who agree with each of the following challenges to parent coaching and the number of years working in the sector:

- I do not have lived experience as a parent, Effect Size (Cramér's V) = 0.385
- I don't have much experience in parent coaching, Effect Size (Cramér's V) = 0.409
- Different parents/caregivers attend different sessions, Effect Size (Cramér's V) = 0.307
- Time barriers, Effect Size (Cramér's V) = 0.439





n=84 Other=Other, please specify:

Q36:

At least one group from 'Q36: How often are the parent(s)/caregiver(s) living in the house involved in sessions that occur at the home?' tends to have higher values for 'Q11: How many years have you worked in ECI (children under 9 years old)?' than another group, where Effect Size (Cohen's f) = 0.445.

18.1% of respondents who 'Always' involve parents/caregivers in sessions that occur at home have been working in the ECI sector for <3 years. Broken down by the number of years working in the sector, results depict that 57.5% of respondents who 'Always' involve parents/caregivers in sessions that occur at home have been working in the ECI sector for 10+ years.

There was a somewhat even spread of respondents who 'Mostly' involve parents/caregivers in sessions that occur at home, with the same proportion (13.6%) of these respondents having worked in the sector for both <12 months and 20+ years.

There was also an even spread on respondents who 'Sometimes' involve parents/caregivers in sessions that occur at home among respondents who have worked in the sector from <12 months to 14 years 11 months. Yet, far fewer respondents who have been working in the sector for 15+ years selected 'Sometimes' for this question.

'Rarely', 'Never', and 'Unsure' were far less likely to be selected by respondents, with 6.25% of all respondents selecting these options (combined).





	Q36: Involvement of Parent(s)/Caregiver(s) Living in the House, During Sessions at the Home							
Q11: Number of Years Worked in ECI	Always	Mostly	Sometimes	Rarely	Unsure			
<12 months	3.0%	13.6%	15.0%	0.0%	0.0%			
1 - 1 year 11 months	3.0%	4.5%	10.0%	0.0%	0.0%			
2 - 2 year 11 months	12.1%	0.0%	20.0%	0.0%	100.0%			
3 - 3 year 11 months	3.0%	18.2%	15.0%	0.0%	0.0%			
4 - 4 year 11 months	12.1%	13.6%	10.0%	33.3%	0.0%			
5 - 9 year 11 months	9.1%	13.6%	10.0%	0.0%	0.0%			
10 - 14 year 11 months	12.1%	13.6%	15.0%	66.7%	0.0%			
15 - 19 year 11 months	12.1%	9.1%	0.0%	0.0%	0.0%			
20+ years	33.3%	13.6%	5.0%	0.0%	0.0%			
Total	100%	100%	100%	100%	100%			

Q37:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q37: How often are the other children living in the house involved in sessions that occur at the home?'. The overall results from this question are depicted below.





Collaborative Teamwork Practice 042:

Among respondents who are not primarily Classroom Teachers, there is a strong statistically significant relationship between 'Q42: What is the nature of your relationship with the classroom teacher(s)?' and 'Q11: How many years have you worked in ECI (children under 9 years old)?', where Effect Size (Cohen's f) = 0.490.

1.3% of all respondents believe that teachers build their capacities. Yet, the most frequently selected response was 'We work equally together'. 11.5% of respondents who selected this answer have worked in the sector for <3 years, compared to 28.2% of respondents who have worked in the sector for 20+ years.

Respondents who have worked in the sector for 2+ years are more likely to update teachers on relevant information, while 0% of respondents who selected this option have worked in the sector for <2 years.

60% of respondents who 'recognise' the teachers of the children that they work with have been working in the sector for <3 years.

Figure 43



	Q42: Nature of Relationship with Classroom Teacher(s)								
Q11: Number of Years Worked in ECI	They build my capaciti es	I build their capacit ies	We work equally togethe r	They update me on relevant informatio n	I update them on relevant informa tion	We recogni se each other	Unsure		
<12 months	0.0%	0.0%	9.8%	7.1%	0.0%	40.0%	0.0%		
1 - 1 year 11 months	0.0%	0.0%	10.0%	7.1%	0.0%	0.0%	100%		
2 - 2 year 11 months	0.0%	12.5%	20.0%	42.9%	12.5%	20.0%	0.0%		
3 - 3 year 11 months	0.0%	12.5%	15.0%	14.3%	12.5%	0.0%	0.0%		
4 - 4 year 11 months	100.0%	12.5%	10.0%	7.1%	12.5%	20.0%	0.0%		
5 - 9 year 11 months	0.0%	12.5%	10.0%	7.1%	25.0%	20.0%	0.0%		
10 - 14 year 11 months	0.0%	25.0%	15.0%	7.1%	12.5%	0.0%	0.0%		
15 - 19 year 11 months	0.0%	12.5%	0.0%	0.0%	12.5%	0.0%	0.0%		

20+ years	0.0%	12.5%	5.0%	7.1%	12.5%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%	100%

Q48:

Among respondents who are not primarily ECEC Educators/Teachers, there is a strong statistically significant relationship between 'Q48: What is the nature of your relationship with the educators/teacher(s) at the ECEC?' and 'Q11: How many years have you worked in ECI (children under 9 years old)?', where Effect Size (Cohen's f) = 0.564.

Of respondents who have worked in the sector for <12 months, 40% believe they 'work equally' with ECEC teachers/educators, while the other 60% were 'unsure'.

Of respondents who 'build the capacities' of ECEC teachers/educators, 100% have been working in the sector for 3+ years. 63.7% of these respondents have been working in the sector for 10+ years.

Of respondents who 'work equally' with ECEC teachers/educators, 5.7% have been working in the sector for <12 months, compared to 25.7% who have been working in the sector for 20+ years.

Of respondents who believe that ECEC teachers/educators 'update them' on regular information, 71.4% have been working in the sector for <4 years.

There was a somewhat even spread of respondents who believe that they and ECEC teachers/educators 'recognise each other', with 42.9% having worked in the sector for <5 years.

87.5% of respondents who selected 'Unsure' have worked in the sector for <5 years.





	Q48: Nature of Relationship with ECEC Teacher(s)/Educator(s)							
Q11: Number of Years Worked in ECI	I build their capaci ties	We work equall y togeth er	They update me on relevant informa tion	I update them on relevant informa tion	We recogni se each other	We do not recogn ise each other	Unsur e	Total
<12 months	0.0%	40.0%	0.0%	0.0%	0.0%	0.0%	60.0%	100%
1 - 1 year 11 months	0.0%	25.0%	0.0%	0.0%	25.0%	0.0%	0.0%	100%
2 - 2 year 11 months	0.0%	33.3%	44.4%	0.0%	0.0%	20.0%	11.1%	100%
3 - 3 year 11 months	14.3%	42.9%	14.3%	0.0%	0.0%	0.0%	28.6%	100%
4 - 4 year 11 months	20.0%	60.0%	0.0%	10.0%	0.0%	20.0%	10.0%	100%
5 - 9 year 11 months	14.3%	42.9%	14.3%	0.0%	0.0%	20.0%	14.3%	100%
10 - 14 year 11	8.2%	54.5%	9.1%	0.0%	0.0%	0.0%	0.0%	100%

months								
15 - 19 year 11 months	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
20+ years	23.1%	69.2%	0.0%	0.0%	0.0%	0.0%	0.0%	100%

Q53:

⁶Q53: Do you work as part of a collaborative team to support any children you work with?' used a multiple choice format that allowed respondents to select all response options that apply to themselves. Results demonstrated that most respondents work as part of a collaborative team at the same organisation (58.3% of respondents). However, respondents who worked at different organisations were slightly more likely to have minimal communication (54.2% of respondents) than those who had constant communication (48.8% of respondents).

Among respondents who work at 'the same organisation' as those that they collaborate with to provide care, there was a somewhat even spread of respondents based on the number of years worked in the sector. 53% of respondents who selected this option have worked in the sector for <5 years, while the remaining 47% have worked in the sector for 5+ years.

Among respondents who work at 'different organisations with constant communication' as those that they collaborate with to provide care, there was a somewhat even spread of respondents based on the number of years worked in the sector. 54.5% of respondents who selected this option have worked in the sector for <5 years, while the remaining 45.5% have worked in the sector for 5+ years.

Among respondents who work at 'different organisations with minimal communication' as those that they collaborate with to provide care, there was a somewhat even spread of respondents based on the number of years worked in the sector. 46.6% of respondents who selected this option have worked in the sector for <5 years, while the remaining 53.4% have worked in the sector for 5+ years.





Other=Other, please specify:

Q54:

There were some statistically significant relationships between years working in the sector and the main methods of communication among respondents who work as part of a collaborative team.

- There is a large correlation between years working in the sector and team members who use joint visits to a child's natural environments as a form of communication, where Effect Size (Cramér's V) = 0.553.
- There is a large correlation between years working in the sector and team members who use joint sessions inside a clinic as a form of communication, Effect Size (Cramér's V) = 0.419
- There is a large correlation between years working in the sector and team members who use planning/team meetings virtual/face-to-face as a form of communication, Effect Size (Cramér's V) = 0.459.

Results from 'Q54: How do you communicate with other members of the team?' highlighted two main methods of communication among respondents who work as part of a collaborative team; 'Email' and 'Planning/team meetings virtual/face-to-face'.

Figure 46



n=20 Other=Other, please specify:

Q55:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q55: Do you currently or have you ever use/d the Key Worker model within your work?'. The overall results from this question are depicted below.





Q56:

Based on results from Qualtrics, at least one group from 'Q56: Do you currently, or have you ever worked as a Key Worker?' tends to have higher values for 'Q11: How many years have you worked in ECI?' than another group, where Effect Size (Cohen's f) = 0.415.

68.5% of respondents who currently work as a Key Worker have been working in the sector for 10+ years. In comparison, 11.9% of respondents who have worked in the sector for <5 years currently work as a Key Worker. 56% of respondents have never worked as a Key Worker.





	Q56: Do you currently, or have you ever worked as a Key Worker?						
Q11: Number of Years Worked in ECI	Yes, Currently	Yes, Previously	No	Unsure			
<12 months	5.3%	0.0%	12.8%	0.0%			
1 - 1 year 11 months	5.3%	6.3%	6.4%	0.0%			
2 - 2 year 11 months	10.5%	6.3%	19.1%	0.0%			
3 - 3 year 11 months	0.0%	0.0%	17.0%	0.0%			
4 - 4 year 11 months	5.3%	12.5%	12.8%	50.0%			
5 - 9 year 11 months	5.3%	18.8%	10.6%	0.0%			
10 - 14 year 11 months	21.1%	18.8%	10.6%	0.0%			
15 - 19 year 11 months	15.8%	18.8%	0.0%	0.0%			
20+ years	31.6%	18.8%	10.6%	50.0%			
Total	100%	100%	100%	100%			

Q57:

Q57 depicts that 2 current or previous Key Workers (5.7% of all current or previous Key Workers) reported that they do not work as part of a collaborative team. In contradiction, the National Guidelines defines a Key Worker as someone who "acts as the conduit for the expertise of the whole team", demonstrating the necessity of Key Workers working with other professionals.





Q58:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q58: How often do you consult with the child's other team members?'. There was a technological error with the display logic for this question and it was therefore not presented to respondents. See *limitations*.

Q59:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q59: In your opinion, as a Key Worker when would you refer to other team members involved in your client's intervention?'. There was a technological error with the display logic for this question and it was therefore not presented to respondents. *See <u>limitations</u>*

Q60:

There is a strong statistically significant relationship between 'Q60: How confident do you feel to work as a Key Worker with your current level of experience in the ECI sector?' and 'Q11: How many years have you worked in ECI (children under 9 years old)?', where Effect Size (Cohen's f) = 0.711. The most commonly selected response option was 'Unsure'. 72.6% of respondents who selected this option have worked in the sector for <5 years.

100% of people who have worked in the sector for <12 months said they were unsure or unconfident. 9.1% of respondents who are 'Extremely confident' working as a Key Worker have worked in the sector for <3 years, compared to 63.7% who have worked in the sector for 10+ years. Similarly, 7.1% of respondents who are 'Confident' working as a Key Worker have worked in the sector for <3 years, compared to 57.1% who have worked in the sector for 10+ years. Likewise, 58.3% of respondents who are 'Unonfident' working as a Key Worker have worked in the sector for <3 years, compared to 16.6% who have worked in the sector for 10+ years. Moreover, 83.4% of respondents who are 'Extremely unconfident' working as a Key Worker have worked in the sector for <3 years, compared to 16.6% who have worked in the sector for 10+ years. Moreover, 83.4% of respondents who are 'Extremely unconfident' working as a Key Worker have worked in the sector for <3 years, compared to 0% who have worked in the sector for 10+ years.





n=65

Q61:

There were some statistically significant relationships between years worked in the sector and perceived barriers to the implementation of the Key Worker model.

- There is a large statistically significant relationship between years working in the sector and respondents and respondents who believe that there is limited accountability for service providers to deliver the Key Worker model, where Effect Size (Cramér's V) = 0.419.
- There is a large statistically significant relationship between years working in the sector and respondents and respondents who believe that there is limited understanding of the Key Worker's role among families/caregivers, where Effect Size (Cramér's V) = 0.479.

In addition, the most commonly perceived barrier in Q61 is 'limited understanding of the Key Worker's role among professionals', followed by 'limited understanding of the Key Worker's role among families/caregivers'. Thereby, it is clear that regardless of the number of years

working in the sector, respondents believe that there needs to be increased education for professionals, parents and caregivers surrounding the role of a Key Worker.

The most common response option among respondents who have worked in the sector for <12 months was 'limited understanding of the Key Worker's role among professionals'. 80% of respondents who have worked in the sector for 1 - 1 year 11 months selected this option, but it was not the most commonly selected by them. Thereby, the results suggest that there should be more education for people who are new to the sector regarding the Key Worker model.

On the other hand, the most common response option among respondents who have worked in the sector for 20+ years was 'limited understanding of the Key Worker's role among families/caregivers'. One respondent who selected 'Other' suggested that families are often "not... ready to reduce therapies", alluding to the knowledge gaps of many parents/caregivers surrounding the role of the Key Worker, acting as a barrier to the implementation of the Key Worker model. Another respondent who selected 'Other' suggested that once families build rapport with their multidisciplinary team, it often takes a "long time to build trust" before parents "allow role release" to a Key Worker, acting as a barrier to the implementation of the Key Worker model. A common theme among respondents who selected 'Other' was high staff within the NDIS sector. This came up twice.

Figure 51



Other = Other, please specify:

Quality Area 4: Universal Principles:

This section explores the responses to questions based around the fourth Quality Area of the National Guidelines, "Universal Principles", which includes "Evidence base, Standards, Accountability and Practice" and "Outcome-based Approach". Twelve questions specifically related to this quality area (Q62-73).

Evidence base, Standards, Accountability and Practice Q62:

There is a strong statistically significant relationship between 'Q62: Are you familiar with the National Guidelines for Best Practice in Early Childhood Intervention?' and 'Q11: How many years have you worked in ECI (children under 9 years old)?', where Effect Size (Cramér's V) = 0.414.

0% of respondents who are 'Extremely familiar' with the guidelines have been working in the sector for <12 months. While 75% of respondents who are 'Extremely familiar' with the guidelines have been working in the sector for 10+ years.

Similarly, 23.8% of respondents who are 'Familiar' with the guidelines have been working in the sector for <3 years. While 40.5% of respondents who are 'Familiar' with the guidelines have been working in the sector for 10+ years.

Paralleling these results, 100% of respondents who are 'Unfamiliar' with the guidelines have been working in the sector for <10 years. This accounts for 14.3% of all respondents. Further, 100% of respondents who are 'Not at all familiar' with the guidelines have been working in the sector for <4 years. This accounts for 3.6% of all respondents.



n=84

Q63:

Q63 highlights that the most commonly known framework or guideline by respondents is the Rights of People with Disabilities, followed by the ICF and Early Years Learning Framework.





n=84

Other = Other, please specify:

Q64:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q64: How often are you able to access the latest evidence-based research within your workplace?'. The overall results from this question are depicted below. Most respondents have stable access to the latest evidence-based research (n=58), which equates to 69% of respondents who 'Always' or 'Regularly' have access to the latest evidence-based research. 0% of respondents 'Never' have access to the latest evidence-based research. 7.14% of respondents 'Rarely' have access to the latest evidence-based research.





Q65:

In 'Q65: How do you stay up to date with clinical practices?', the top three overall most selected response options stand out. The most common answer among respondents who have worked in the sector for <12 months was 'Special interest groups', with 85.7% selecting this option. The most common answer among respondents who have worked in the sector for 20+ years was 'Reading journal articles', with 80% selecting this option.

The most selected option overall was 'Special interest groups', which was selected by 63.1% of all respondents. Of the respondents who selected this option, 28.3% have worked in the sector for <3 years, compared to 39.6% who have worked in the sector for 10+ years.

The second most selected option overall was 'Reading journal articles', which was selected by 59.5% of all respondents. Of the respondents who selected this option, 20% have worked in the sector for <3 years, compared to 52% who have worked in the sector for 10+ years.

Conversely, one respondent who selected 'Other' noted that they believe paywalls are a main barrier towards accessing the latest evidence-based research outside of academia and hospitals, where employees often have greater access. This respondent wrote that paywalls make this task "enormously difficult".

The third most selected option overall was 'Mentorship/Supervision', which was selected by 57.1% of all respondents. Of the respondents who selected this option, 30.3% have worked in the sector for <3 years, compared to 37.2% who have worked in the sector for 10+ years.

A common theme among the 'Other' responses was continuing professional development (CPD), including training, workshops, courses and conferences that are run both internally and externally. This came up in 11 responses, with 13% of all respondents mentioning this.

However, it is important to recognise that each profession under the Australian Health Practitioner Regulation Agency (AHPRA) has different CPD requirements (AHPRA, 2021).



n=84 Other = Other, please specify:

Q66:

There is a medium correlation between years working in the sector and respondents who read snapshots to stay up to date with clinical practices, where Effect Size (Cohen's d) = 0.612.

Overall, in Q66, the top three most selected response options stand out. 'Reading snapshots (e.g. research snapshots)' was the most selected method that respondents believed would support their access to the latest research. 65.5% of all respondents selected this option. 54.2% of respondents who have worked in the sector for <3 years selected this option, compared to 84.9% of respondents who have worked in the sector for 10+ years.

The second most selected option was 'Peak body websites (e.g. PRECI)', which was selected by 56% of all respondents. 45.8% of respondents who have worked in the sector for <3 years selected this option, compared to 63.6% of respondents who have worked in the sector for 10+ years.

The third most selected option was 'Communities of practice', which was selected by 54.8% of all respondents. Of the respondents who selected this option, 28.2% have worked in the sector for <3 years, compared to 39.1% who have worked in the sector for 10+ years.





n=84

Other = Other, please specify:

Q67:

There is a strong statistically significant relationship between 'Q67: How often do you participate in supervision meetings or mentoring with someone more experienced than you to receive guidance and feedback?' and 'Q11: How many years have you worked in ECI (children under 9 years old)?', where Effect Size (Cohen's f) = 0.478.

71.4% of respondents who have worked in the sector for <12 months 'Often (once a fortnight - month)' participate in supervision or mentoring with a more experienced colleague. The remaining 28.6% of respondents who have worked in the sector for <12 months, 'Always (once a week)' participate in supervision or mentoring with a more experienced colleague.

Likewise, 75% of respondents who 'Always (once a week)' participate in supervision or mentoring with a more experienced colleague have worked in the sector for <5 years, compared to 18.8% who have worked in the sector for 10+ years.

Furthermore, 55.2% of respondents who 'Often (once a fortnight - month)' participate in supervision or mentoring with a more experienced colleague have worked in the sector for <5 years, compared to 34% who have worked in the sector for 10+ years. Similarly, 20.1% of respondents who 'Sometimes (once every 3-6 months)' participate in supervision or mentoring with a more experienced colleague have worked in the sector for <5 years, compared to 66.7% who have worked in the sector for 10+ years.

100% of respondents who selected 'Rarely (once a year)' have worked in the sector for 10+ years. Similarly, 100% of respondents who selected 'Only as desired' have worked in the sector for 5+ years.





	Q67: Participation in Supervision/Mentoring with a More Experienced Colleague								
Q11: Number of Years Worked in ECI	Always (once a week)	Often (once a fortnight - month)	Sometimes (once every 3-6 months)	Rarely (once a year)	Never	Only as desired			
<12 months	12.5%	10.6%	0.0%	0.0%	0.0%	0.0%			
1 - 1 year 11 months	12.5%	2.1%	6.7%	0.0%	100.0%	0.0%			
2 - 2 year 11 months	25.0%	17.0%	0.0%	0.0%	0.0%	0.0%			
3 - 3 year 11 months	12.5%	10.6%	6.7%	0.0%	0.0%	0.0%			
4 - 4 year 11 months	12.5%	14.9%	6.7%	0.0%	0.0%	0.0%			
5 - 9 year 11 months	6.3%	10.6%	13.3%	0.0%	0.0%	33.3%			
10 - 14 year 11 months	12.5%	10.6%	26.7%	50.0%	0.0%	0.0%			
15 - 19 year 11	0.0%	6.4%	13.3%	0.0%	0.0%	33.3%			

months						
20+ years	6.3%	17.0%	26.7%	50.0%	0.0%	66.7%
Total	100%	100%	100%	100%	100%	100%

Q68:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q68: To what extent do you agree with the following statement; "I have been provided a sufficient amount of supervision since starting to work in ECI."?'. There was a technological error with the display logic for this question and it was therefore not presented to respondents. See *limitations*.

Outcome-Based Approach

Q69:

The most common response option from those who have worked in the sector for <12 months was that these respondents determine the frequency and duration of sessions/their support in accordance with 'The funding available/NDIS restrictions' (73.3% of this group selected this option).

Conversely, the most common response option from those who have worked in the sector for 20+ years was 'The desired outcomes/goals of the child' (85.7% of this group selected this option).



Figure 58

n=84

Other = Other, please specify:

Q70:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q70: How important is it to you to regularly measure the outcomes/progress towards goals?'. The overall results from this question are depicted below. The most common answer was 'Very important' (44% of all respondents), closely followed by 'Extremely important' (39.3% of all respondents). 56.7% of respondents who feel it is 'Very important' to measure the outcomes/progress towards goals have worked in the sector for <5 years. 44.1% of respondents who feel it is 'Extremely important' to measure the outcomes/progress towards goals have worked in the sector for <5 years. 44.1% of respondents who feel it is 'Somewhat important' to measure the outcomes/progress towards goals have worked in the sector for <5 years. 41.7% of respondents who feel it is 'Somewhat important' to measure the outcomes/progress towards goals have worked in the sector for <5 years.

On the other hand, only 1 respondent (1.2% of all respondents) feels it is 'Not important at all' to measure the outcomes/progress towards goals. They have worked in the sector for 2 years - 2 years 11 months.







Q71:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q71: How often do you measure the outcomes of the children and their families' progress towards goals/development?'. The overall results from this question are depicted below. The most commonly selected response option was 'Before starting intervention', which was selected by 50% of all respondents.





n=84 Other = Other, please specify:

Q72:

There is no statistically significant relationship between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q72: Do you use any of the following outcome measurement tools?'. The overall results from this question are depicted below. The most commonly selected response option was 'COPM', which was selected by 55% of all respondents.



n=84 Other = Other, please specify:

Q73:

There are some statistically significant relationships between 'Q11: How many years have you worked in ECI (children under 9 years old)?' and 'Q73: Within your workplace, what barriers do you believe exist to measuring outcomes?'.

- There is a medium correlation between years working in the sector and respondents who believe 'not being considered important by families' is a barrier to outcome measurement, where Effect Size (Cramér's V) = 0.404.
- There is a medium correlation between years worked in the sector and respondents who believe time is a barrier to outcome measurement, where Effect Size (Cramér's V) = 0.382.
- There is a medium correlation between years working in the sector and respondents who do not measure outcomes, where Effect Size (Cramér's V) = 0.323.

Overall, the most commonly perceived barrier towards measuring outcomes is 'Time consuming', which was selected by 57.1% of all respondents.

Figure 62



n=84

Other = Other, please specify:

DISCUSSION

The findings of this survey will contribute to the ongoing monitoring and development of the Early Childhood Intervention sector to ensure children experiencing disabilities and developmental delays and their families are well supported to ensure they are able to participate in their lives to their full potential. This survey highlights a snapshot of the current workforce's knowledge of the National Guidelines of Best Practice in Early Childhood Intervention and their perspectives on the Barriers and Enablers within their work life.

Knowledge of Best Practice Guidelines:

With the introduction of the National Disability Insurance Scheme (NDIS) in 2013, the breadth of children who received funding and the amount of funding they received exponentially increased.

Whilst in many ways, it was incredible that more children are receiving more funding for the support they need to thrive, it also placed immense pressure on the Early Childhood Intervention (ECI) sector with the expectation that all existing and new children to the system have the means to see more therapists receive the care they believe is adequate.

This pressure on the system brought an influx of new graduates into the sector without the proper supervision and support they needed as they now highly outnumber their predecessors. Without this support, best practices can fail to be passed on and therefore the children and their families receiving support are at the forefront of this situation.

In 2016, the National Guidelines for Best Practice in Early Childhood Intervention aimed to streamline the expectation of what is "best practice" for children receiving support for developmental delays and disabilities across Australia. However, without the support and guidance of more experienced professionals, the knowledge of what is 'best practice' is believed to have been somewhat lost since the introduction of the NDIS and the barriers it has brought with it.

The results from this survey tend to show that the knowledge of the evidence base of how to best work with children and their families is lacking when compared to the knowledge that those working in the sector for longer have.

Knowledge of Family-Centred & Strengths-Based Practice

In considering Family-Centred and Strengths-Based Practice, it was clear respondents had a baseline grasp on this concept. This concept builds on the central role that families have in their children's lives (ECIA, 2016). Most jarring, whilst 100 percent of respondents believe that the parents should be involved in the development of the children's goals, only 14 percent supported children who had goals that were relevant to their whole family. This suggests that amongst the sector, there is still emphasis that the goals and interventions are relevant to changing factors related to the child, rather than including interventions relevant to their natural environments or their daily activities.

This practice behaviour also builds on the idea that intervention and goals are built around the families priorities and choices as well as their role as partner in therapeutic intervention (ECIA, 2016). However, the most common ways that respondents included families in their time with them was parent coaching (95.2%) utilising parents' strengths (76.2%), sibling involvement (65.5%) and utilising parents' interests (50%) bringing in fewer responses. This is also a reflection on knowledge of capacity-building practice. Continuingly, the survey responses showed that the most common

impact on where services are delivered is family preference (94%) which supports best practice in regard to family-centred practice well.

Best practice in this area also considers the importance of assisting families to develop their own networks of resources. But, when finding out more about the informal supports that children may have outside of their families such as involved grandparents, aunties and uncles, babysitters or nannies, 96.4% said they would find this out by verbal discussion with the immediate family. Ecomaps and other established tools however are generally the highest form of ways to map support and were only utilised by 28.6% of respondents.

Knowledge of Culturally-Responsive Practice

In considering Culturally Responsive Practice, best practice is said that professionals should create welcoming and culturally inclusive environments for families to be involved in their child's support in flexible and responsive ways considering their diverse perspectives. However, very few respondents 'always' had access to translated materials for families (10.7%), and this was not strongly correlated to those working with culturally and linguistically diverse (CALD) families. Similarly, the frequency of utilising interpreters was not strongly associated with working with CALD or Aboriginal and Torres Strait Islander families and very few participants who had used interpreters, found this a 'very effective' experience (8.8%).

Best practice states that professionals should be knowledgeable of diversity. However, confidence in meeting children and families' cultural and diverse needs was not correlated with working with diverse families more often or with time in the sector. Most respondents agreed that they are 'confident' in meeting these needs. However, only 4.8% of people feel 'extremely confident' in meeting these needs.

Knowledge of Inclusive and Participatory Practice

Knowledge about Inclusive and Participatory Practice was discussed through goals relevant to community participation, and working with children one-on-one to complete therapy.

51.3 percent of professionals who interact with children at schools stated that they work with students one-on-one when at school with them 'always' or 'mostly', therefore removing them from their classroom and peers to complete therapy outside of what is happening in their classroom. Best practice states that children have the right to participate fully in their family and community life and have the same opportunities and experiences as other children regardless of their needs.

However, when working in ECECs, only 21.5 percent 'always' or 'mostly' work with children alone. Given that children in ECEC settings are not to be allowed to be alone with visitors (ACECQA, 2023) this may account for some of the difference in responses here.

When considering children's rights to participate in their community life, knowledge about this seemed to be supported well in the sector. 61.9 percent of respondents stated that the children they support 'always' or 'mostly' have goals relevant to participating within the communities they are a part of.

Knowledge of Engaging the Child in Natural Environments

Best practice states that children's inclusion is best promoted through participation in the places they already are i.e. their natural environments such as their home, community and early childhood settings

such as school or ECECs. These are considered to be natural learning environments where all children will engage, participate, learn and practise skills as well as strengthen their sense of belonging to these places.

Respondents' knowledge of engaging children in their natural environments showed that 57.2 percent of respondents 'always' or 'mostly' change the location of their services based on children's goals with only 10.8% saying that the location 'rarely' or 'never' changes.

The survey also asked respondents how often they bring their own resources such as games, toys or printed resources into these natural learning environments including into the school, ECEC and home.

When working in the home, 56.3 percent 'always' or 'mostly' brought their own resources into their homes. This percentage is greater seen when working in the school, at 65.4 percent and much lower when working in the ECEC at 24.3 percent. The differences between these answers is most likely due to time worked in the ECI sector. Those who have worked in the sector for longer times are much more likely to work with children who are under 5 (Cohen's d= 0.763), and especially those under 3 (Cohen's d= 1.07). There is also statistical significance between working in the sector for less time and being more likely to bring resources into schools and homes, and this was not present in the ECEC results.

The significance of 'always' or 'mostly' bringing own resources into these natural learning environments is that the children, families and other stakeholders such as the teachers and support staff cannot as easily transfer or practise these skills if professionals are taking away these resources once they leave, when they could build on the capacities of the natural environment. Therefore the strengths of these key adults are not being utilised nor engaging is the child being engaged and supported to participate in their natural environments.

Knowledge of Collaborative Teamwork Practice

Collaborative Teamwork Practice shows the family and professionals working together as a collaborative team around the child. The team around the child has a nominated key worker, who is the main person working with the family but the team is larger than the Key worker alone. The team including the parents and caregivers work together to communicate and share information, knowledge and skills.

Respondents were asked about their relationship with the children's classroom teachers and ECEC educators. Respondents for both questions most commonly stated that their relationships with the teachers/ educators are that they 'work equally together' (52.6%, 50%).

There was a strong statistical relationship between each relationship type and how many years in the sector respondents had worked (Cohen's f= 0.564). Therefore, those working in the sector for longer were much more likely to 'work equally together' and 'I build their capacities'. And those working less are more likely to have relationships that were 'we do not know each other', 'we recognise each other' and 'they update me on relevant information'.

All respondents agreed that they worked as part of a "team", with no one working alone. 58.3% of respondents said that they work as part of a team at the same organisation and therefore 42.7% percent work as part of a team not at the same organisation.

Working at different organisations with minimal (52.4%) or no contact (9.5%) does not reflect Collaborative Team Work Practice in which the team around the child works together collaboratively and integrated, and certainly does not reflect the key worker aspect of the best practice behaviour.

Knowledge of Capacity-Building Practice

Capacity-building practice focuses on building the strengths and abilities of the child, family, professionals and the community. The majority of the respondents to the survey said that they feel 'confident' (69%) with capacity-building parents through parent-coaching, with only 21.4 per cent feeling 'extremely confident' and 9.6% feeling 'unsure', 'unconfident' or 'extremely unconfident'.

Respondents believe that caregiver involvement in achieving goals for children is highly important with 96% rating it a five-out-of-five importance. This is a positive finding, as capacity-building practice supports the idea that building the capacities of those around the child, improves the impacts possible on the child's learning and development.

21.4 percent of respondents stated that they 'rarely' or 'never' work with parents without the child present, with 66.7 percent saying that this occurs 'sometimes' in their work. Whilst it is somewhat unrealistic to never work with a child when working in ECI, working with parents/caregivers with the aim to build their knowledge, skills and abilities is vital to the role of a professional working in ECI. When working in the home, parents and siblings typically should be involved in the services, as they are part of the child's natural learning environment that is the home. 68.8% of respondents stated that in the home, parents and caregivers are 'always' or 'mostly' involved in their services. This differs for siblings, in that only 30% are involved 'always' or 'mostly', however, 53.8% said they are 'sometimes' involved.

Knowledge of Evidence Base, Standards, Accountability and Practice

This practice behaviour incorporates the idea that professionals working with children should ensure that their practices are evidence-based with sound clinical reasoning. This ensures that ECI services are held accountable to ensure their services are worthwhile, and continue to improve families' lives.

73.8% of respondents were 'familiar' or 'extremely familiar' with the National Guidelines for Best Practice in Early Childhood Intervention. Therefore, 26.2% were 'unsure', 'unfamiliar' or 'not familiar at all' with the guidelines. When considering other guidelines of practice, the ones identified had been heard approximately 50-90% of the time.

Respondents stated that 69 percent 'always' or 'regularly' have access to the latest evidence-based research in their workplace. They were most likely to keep up to date with these practices through special interest groups, reading journal articles, through their supervision/mentorship and through podcasts. Respondents also identified that to help them gain access to more research they would prefer this to be in research snapshots (65.5%), through peak body websites such as PRECI (56%) and through communities of practice (54.8%).

Lastly, respondents were most likely to engage in supervision/mentorship once a fortnight-monthly (56%). This was followed by once a week (19%) and once every three-six months (17%). Reflection is a large part of ensuring that practices are evidence-based and that clinical reasoning is sound. Those that complete reflection less, may be at risk of not performing evidence-based practice. Those working in the sector for less than 3 years were most likely to receive feedback fortnightly-monthly,

those working 3-10 years fortnightly-monthly and those working 10+ years, once every three-six months.

Knowledge of Outcomes-Based Approach

Lastly, knowledge about Outcomes-Based Approaches states that professionals consider the family's goals of therapy, as the outcomes of intervention and services. Professionals use their expertise to help families make informed decisions about these outcomes including what is achievable, appropriate and their priorities. Outcomes should focus on participation in meaningful activities in their natural learning environments and outcomes should be measured and evaluated by the ECI services from the child, family and community perspectives.

Respondents generally felt that measuring outcomes/progress towards goals is important to them, with 84.5% stating this was 'very important' or 'extremely important' to them. Respondents most commonly measured goals before starting intervention (50%), every 3 months (40.5%) and when a funding report is required (38.1%). However, every 6 months (34.5%) and once a year (27.%) still had relevantly high response rates when compared to the other options. This might show that measuring outcomes, although important to professionals, does not seem to have a strong preference for any of the options identified across the sector.

Respondents stated that they used a variety of outcome measures to measure outcomes with the Canadian Occupational Performance Measure (COPM) being utilised by 52.4% of respondents. See *limitations* about this question. 16.7% of respondents said they did not use any of the listed measures, with 14.3% stating that they used other measures, however, none of the respondents reported utilising similar methods other than the Vinelands which occurred twice as an 'other' response.

Limitations of Study:

Due to the use of convenience sampling and the specific contacts within the sector who were reached, the findings might not be generalisable to the broader population of ECI practitioners across Australia. The sample may not adequately represent all professionals working with children in different contexts or geographic areas.

Moreover, the survey included only quantitative questions due to time constraints and the scope of the PCP program. This approach limits the depth of understanding that could be achieved through qualitative data, which could provide richer, more nuanced insights into participants' experiences and opinions.

Furthermore, the survey relies entirely on self-reported data, which can be influenced by various biases, including memory recall bias and subjective interpretation of questions. Despite efforts to avoid leading questions, there remains a risk of response bias. Authors of this project may never truly gain insight into whether participants answered questions in a manner they perceive as socially desirable or in line with what they believe the researchers expect, especially where questions are about their professional practices and experiences. Although definitions were provided as per the National Guidelines, the absence of qualitative questions means there needs to be a more contextual understanding of why participants responded in certain ways.

Lastly, with 73 quantitative questions, the survey might have been considered lengthy by respondents, potentially leading to participant fatigue. This can affect the quality of the responses, with participants possibly rushing through the survey or not fully engaging with all questions.
Unfortunately, some questions had technical errors and were not shown to the correct participants or at all. Affected questions have been identified in the table below.

Technological Errors, Relating to Responses									
Question Number	Question	Issue	Result						
Q7	Do you work at an NDIS-registered organisation?	Display Logic: utilised "and" rather than "or" for three selections in the previous question.	Not shown for any participants, therefore no data.						
Q32	To achieve the goals created, how important do you believe parent(s)/caregiver(s) involvement is?	Display Logic: utilised "and" rather than "or" for two selections in the previous question.	Not shown for any participants, therefore no data.						
Q48-52	Working in ECECs	Skip Logic: Those who "rarely" worked in ECECs skipped this section and those who "never" were included.	Those who selected "rarely" were excluded from questions 48-52 and those who selected "never" were included. Therefore some data, with bias as only a small similar sample.						
Q54	How do you communicate with other members of the team?	Display Logic: utilised "and" rather than "or" for two selections in the previous question.	Only shown for participants who selected both options, rather than either option. Therefore some data, with bias as only a small similar sample.						
Q57	As a Key Worker, do/did you work as part of a team?	Display Logic: utilised "and" rather than "or" for two selections in the previous question.	Only shown for participants who selected both options, rather than either option. Therefore some data, with bias as only a small similar sample.						
Q58	How often do you consult with the child's other team members?	Display Logic: utilised "and" rather than "or" for two selections in the previous question.	Not shown for any participants, therefore no data.						
Q59	In your opinion, as a Key Worker when would you refer to other team members involved in your client's intervention?	Display Logic: utilised "and" rather than "or" for two selections in the previous question.	Not shown for any participants, therefore no data.						
Q68	To what extent do you	Display Logic: utilised	Not shown for any						

agree with the following statement; "I have been provided a sufficient amount of supervision since starting to work in ECI."?	"and" rather than "or" for five selections in a previous question.	participants, therefore no data.
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As mentioned previously, some questions may have been subjectively interpreted, such as Q49: "When working with children at ECECs, do you work with the child independently/ one-on-one to complete therapy?". At ECECs, it is illegal for children to be alone with visitors. Some centres may have specific policies, for example exempting respondents from this rule if they have been approved by parents. Respondents may be treated differently than other visitors running activities, meaning that this question may introduce response bias in interpretation.

Considering Q72, due to the professional background skew in the sample, with more than half of the sample being from occupational therapy backgrounds, the outcome measures utilised amongst the sector may differ from that of the sample, as many measures can be discipline-specific.

Q15 & 16 have not been included in this report, as the results were deemed to be unusable. The two questions received results that contradicted each other and therefore were not appropriate to be analysed.

Q25 never existed and therefore was not included in the analysis.

Recommendations for Future Research:

As qualitative questions were omitted from the final survey, it is recommended that these questions, as attached in Appendix C, be resurfaced for future research. Further investigation into the topic through the use of qualitative measures would supplement current research and emphasise participants' experiences, which are extremely relevant to the current ECI sector and research that is being done.

Moreover, many of the results depict an increased understanding of the best practice principles among more experienced, knowledgeable ECI practitioners. It is therefore recommended that future research explores the experiences and perceptions of newer graduates and those who have been working in the sector for fewer years, to better understand their perceived barriers towards the implementation of best practices and guide the more experienced practitioners to design enhanced training initiatives that target those with limited experience in the sector.

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APPENDICES Appendix A: Ethics checklist, 27/10/2023

If the answer to any of these questions is NO, the information-gathering plan will require modification.	Yes	No	N/A	Report Page Numbers			
Research merit and integrity							
Is the information gathering plan consistent with NHMRC 'What is meant by Quality Assurance in Health Care'?				8-9			
The ethical principles of integrity, respect for persons, beneficence and justice apply to this Focused information gathering research plan.	X			8-9			
Autonomy and nonmaleficence							
The Focused information gathering research plan complies with the NHMRC (chpt. 2.2) general guidelines for consent. Chapter 2.2).	X			8-9			
The Focused information gathering research plan complies with the NHMRC (chpt. 2.1) themes and guidelines concerning risk and benefit .				8-9			
Ethical considerations specific to research methods							
The Focused information gathering research plan complies with NHMRC guidelines on research scope, aims, themes, questions and methods (3.1.Element 1).	X			8-9			
The Focused information gathering research plan complies with NHMRC guidelines on recruitment (3.1.Element 2).				8-9			
The Focused information gathering research plan complies with NHMRC guidelines on collection, use and management of data and information (3.1.Element 4).				8-9			
The Focused information gathering research plan complies with NHMRC guidelines on communication of research findings or results to participants (3.1 Element 5).				8-9			
The Focused information gathering research plan complies with NHMRC guidelines on dissemination of project outputs and outcomes (3.1.Element 6).	X			8-9			
Ethical considerations specific to participant groups							

The focused information gathering research plan involve research with people from other countries , and complies with the NHMRC (chpt. 4.8) guidelines. (Or this is not applicable (N/A) to this plan)		X	8-9				
The focused information gathering research plan involves research with children and young people , and it and complies with the NHMRC chpt. 4.2) guidelines. (Or this is N/A to this plan)		X	8-9				
Vulnerable groups							
 Focused information gathering research plan <i>does not</i> involve targeted information gathering or analysis of data involving any of these minority/vulnerable groups. People with cognitive impairment, an intellectual disability or a mental illness. Aboriginal and Torres Strait Islander Peoples. People in dependent or unequal relationships People highly dependent on medical care who may be unable to give consent People who may be involved in illegal activities 	X		8-9				
Ethical considerations relevant to patient care							
The focused information research plan does not potentially infringe the rights, privacy or professional reputation of carers, health care providers or institutions?	X		8-9				
The focused information research plan does not involve any clinically significant departure from the routine clinical care provided to the patients?	Х		8-9				
The focused information research plan does not involve randomisation or the use of a control group or a placebo ?			8-9				
The focused information research plan does not activity seek to gather information about the patient beyond that collected in routine clinical care ?	Х		8-9				
All required documents are attached							
Explanatory statement	X		Please see Appendix B, page 81				
Questions: e.g. Survey or interview plans	X		Please see Appendix B, page 81				

Appendix B: Final Survey as Sent to Respondents

https://acrobat.adobe.com/id/urn:aaid:sc:AP:e12c7149-2f09-4a03-9c88-9babede6f33f

Appendix C: First Draft Survey, Including Comments & Feedback Provided by PRECI During Member Checking Process

https://docs.google.com/document/d/1D06Cs3xsUAco-yRdhmCB4ZleFvZynSV1/edit?usp=sharing& ouid=114515214457081458177&rtpof=true&sd=true