National Best Practice Framework for Early Childhood Intervention

Teamwork in early childhood intervention

A practice brief

Introduction

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

The Framework was developed as part of the Review of Best Practice in ECI project commissioned by the Department of Social Services. As stated in the Framework, the overall aim of ECI services is

> to promote the capabilities of parents, carers, service providers and communities to be able to provide children with developmental concerns, delay or disability with the experiences and opportunities that best build their capacity, agency and meaningful participation in home, community and ECEC/school settings.

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

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

Collaborative teamwork

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

In a collaborative team, members soften – but do not eliminate – their professional boundaries, and work together, sharing skills, knowledge and understanding with trusted colleagues. A genuine and equal partnership based on mutual honesty, trust and respect is required to ensure a collaborative approach is utilised (7-10).

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

Who is on the team?

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

The size of a collaborative team can vary:

- it might be as small as two people, such as a parent and a practitioner – for example, a child with a stutter may only require a speech pathologist
- or as large as is required to meet the unique needs of each child and family – for example, a child with disability may need support from a wider range of practitioners and professionals

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

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

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

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

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

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

What form of collaborative teamwork will you use?

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

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

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

Key Worker Model

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

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

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

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

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

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

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

Considerations

Advantages

Families are central to the team

- Simplifies support for families: families have one main contact, making communication easier and building a trusting relationship
- It is a highly collaborative and integrative model where practitioners share and expand their knowledge and expertise with other team members, including families (22)
- It is an inherently relationship- and partnership-based model, involving building consensus using regular and open communication (9, 22)
- It uses an integrated educational therapy approach, where services are delivered within naturally occurring activities and settings rather than isolated therapy sessions (4, 20-22)
- Some practitioners provide direct services as the primary contact for the family, and others provide indirect, consultative services for planning and monitoring
- The team are more focused on achieving a common goal and less concerned with 'who does what'

- Flexible and responsive: Providers can adjust strategies quickly based on input from multiple disciplines, without needing new referrals

Disadvantages

Not an easy model to implement, learning to be a Key Worker is a developmental accomplishment for early childhood practitioners that takes support, training and time (8-10, 15, 21)

Requires a high degree of trust between the professionals involved, and therefore works best with a stable team of experienced practitioners: practitioners must be comfortable sharing knowledge and allowing others to use strategies from their field

Requires high levels of training: new practitioners must first develop competence in their own skill areas, and then expand their knowledge to include some basic interventions from outside their own discipline

Risk of skill dilution: if not well supported, the Key Worker might not deliver specialist strategies as effectively as a highly trained discipline-specific therapist

Difficult to implement without strong systems: true Key Worker collaborative teamwork needs time, clear role agreements, and commitment from all team members

Resource-intensive: coordinating Key Worker teams requires strong leadership, systems, and sometimes funding that not all services can easily provide

Professional identity concerns: some practitioners may feel their specific expertise is undervalued or “blurred”

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

Interdisciplinary model of teamwork

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

Considerations

Advantages

Holistic support: the child and family’s needs are seen as a whole, rather than separated into discipline “silos”

Shared goal-setting: Goals are developed together across disciplines, leading to a more coordinated and meaningful plan

- Better communication: Regular discussions between team members help ensure everyone is on the same page
- Stronger family partnerships: Families deal with a single, cohesive team rather than multiple separate services
- Efficiency in service delivery: Teams can plan sessions to work on multiple developmental areas at once, saving time for families
- Builds practitioner knowledge: Professionals learn from each other, improving their understanding of areas outside their own discipline

Disadvantages

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

Multidisciplinary model of teamwork

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

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

Considerations

Advantages

- Multidisciplinary teams maximise the specialist skills of the different professional disciplines
- This model is particularly suitable when a child has a single, clearly defined developmental need where focused, discipline-specific intervention is all that is required. For example, a physiotherapist working independently with a young infant with torticollis and their family
- Efficient for families with focused needs: Families can access the specific expertise they need without having to navigate broader team processes
- Faster access to discipline-specific therapy: Intervention can start quickly without waiting for team consensus across professions

Disadvantages

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

Key decision-making questions

The team

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

Collaborative teamwork model

Based on the answers to the above question

What form of collaborative teamwork would best meet the needs of the child and family?

Consider the advantages and disadvantages of each model for the child and family

Consider the skill level and mix of the practitioners involved with the family

Clarify the roles and responsibilities of the team members, including communication channels

If utilising a Key Worker model, determine the Key Worker in partnership with the family

Clarify the role and responsibilities of the Key Worker

Clarify the role and responsibilities of other team members and how they will support the Key Worker, child and family

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Essential resources

You can find more information about the National Best Practice Framework for Early Childhood Intervention online.

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

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