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National Best Practice Framework

for Early Childhood Intervention



Healthy Trajectories
A Child and Youth Disability Research Hub



Melbourne Disability Institute

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PROFESSIONALS & RESEARCHERS IN
EARLY CHILDHOOD INTERVENTION

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Acknowledgments

The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples (Burnley, Fishermans Bend, Parkville, Southbank and Werribee campuses), the Yorta Yorta Nation (Dookie and Shepparton campuses), and the Dja Dja Wurrung people (Creswick campus).

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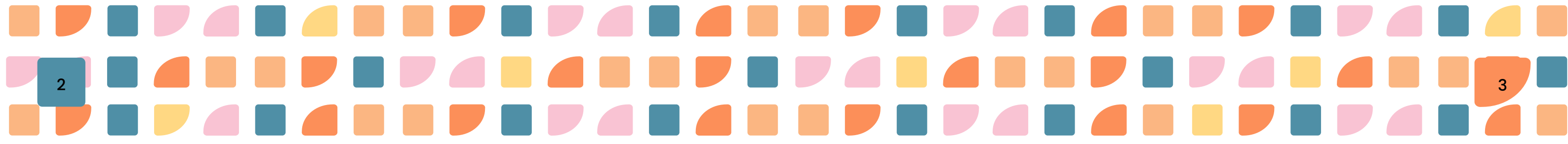
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Introducing the National Best Practice Framework

The early years of life lay the foundations for later development. The experiences of children in their first years have a profound impact on their later health, development and wellbeing. This is true of all children, but especially for children with developmental concerns, delay or disability. For these children and their families, it is essential to identify and meet their additional needs as early as possible. Providing high-quality evidence-informed and tailored support to these children and their families gives them the best chance to fulfil their potential. The National Best Practice Framework for Early Childhood Intervention (the Framework) describes what high-quality evidence-informed support looks like.

Our goal in developing this Framework is to make sure:

- all children growing up in Australia live in thriving families and communities that support their health, development, belonging and wellbeing, and
- that children with developmental concerns, delay, or disability, and their families, receive the support they need to meaningfully participate fully within their families and community

The Framework provides guidance for all those working with or raising children about what works best to support children up to 9 years of age with developmental concerns, delay or disability so that they can thrive.

Driving change

We know that describing what good support looks like is just the first step. To bring the words in this document to life will take concerted effort. It will mean changing the way we do things.

We know that change is needed at all levels – individual practice, the way services are designed and delivered, as well as regulation and policy change are all essential and urgent. We know it won't be easy. But change is essential if children with developmental concerns, delay or disability are to get the best start in life.

Implementing this Framework will therefore involve:

- Understanding and committing to the delivery of family-centred, culturally safe services by connected, collaborating early childhood intervention (ECI) teams

- Delivering ECI services in everyday settings rather than clinical settings, to the maximum extent possible
- Adopting a mindset of promoting children's optimal development and identity, rather than trying to fix or cure the child's 'disability'
- Respecting diversity in the way that children function and develop and adapting environments to maximise their ability to participate – diversity takes many forms, including neurodiversity, cultural diversity and gender diversity
- Ensuring supports and services are designed and delivered to achieve the primary aim of ECI – which is to build the capabilities of parents, carers and families to provide children with the experiences and opportunities they need to develop the functional skills to meaningfully participate in family, community, and early childhood and school settings

- Delivering services in ways and places that encourage Aboriginal and Torres Strait Islander peoples to connect with ECI services without fear of this leading to unwarranted child protection issues
- Making sure that policy settings, regulation and resourcing decisions across the early intervention system support best practice – this includes mainstream services, Foundational Supports and the National Disability Insurance Scheme

Foundational Supports were recommended by the NDIS Review, agreed to by National Cabinet in December 2023, and referenced in the Early Years Strategy (2024). While there is agreement that supports are required outside the NDIS, their nature and name has not yet been agreed.





What is in the Framework?

The Framework contains:

Vision

A statement of vision for children with developmental concerns, delay or disability that is consistent with the vision for all children growing up in Australia

Aims

A statement of the overall purpose of ECI services as well as the specific aims for children, parents, carers and families, communities and service providers

Practices

Detailed guidance to help ECI practitioners and services understand how the principles and practices can be applied. Guidance is also provided for parents, carers, families, ECEC services, schools and other services

Theory of change

The ways change is expected to occur, and the assumptions and conditions required to support the changes

Outcomes

Outcome statements for children; parents; carers and families; communities; and service providers

Principles

A description of four universal principles and ten key principles that underpin best practice ECI services and supports for children and families

Reflective prompts for practitioners related to processes and practice applications

How to know if services are being delivered in accordance with the Framework

Measures of desired outcomes

Methods for knowing if the intended outcomes and benefits are being achieved



This document describes the Framework. You will find a full account of the development of the Framework and the sources that it draws upon in the background paper, Development of the National Best Practice Framework. A link to this paper is provided in the final section of this document, along with the other background papers and associated tools and resources.

Framework at a glance

The graphic on the opposite page shows the Framework at a glance.

A note on terminology

You will see the Framework uses the term “early childhood intervention.”

This Framework is the product of extensive consultations with practitioners, families and young people, peak bodies and communities. During these consultations many people expressed concern about the use of the word “intervention” in Australia. While the term “early childhood intervention” is used widely, there was general agreement that a new name was needed.

There was not, however, agreement on a suitable replacement. We recognise the need for change, however much more consultation is needed to reach a consensus regarding an alternative term.

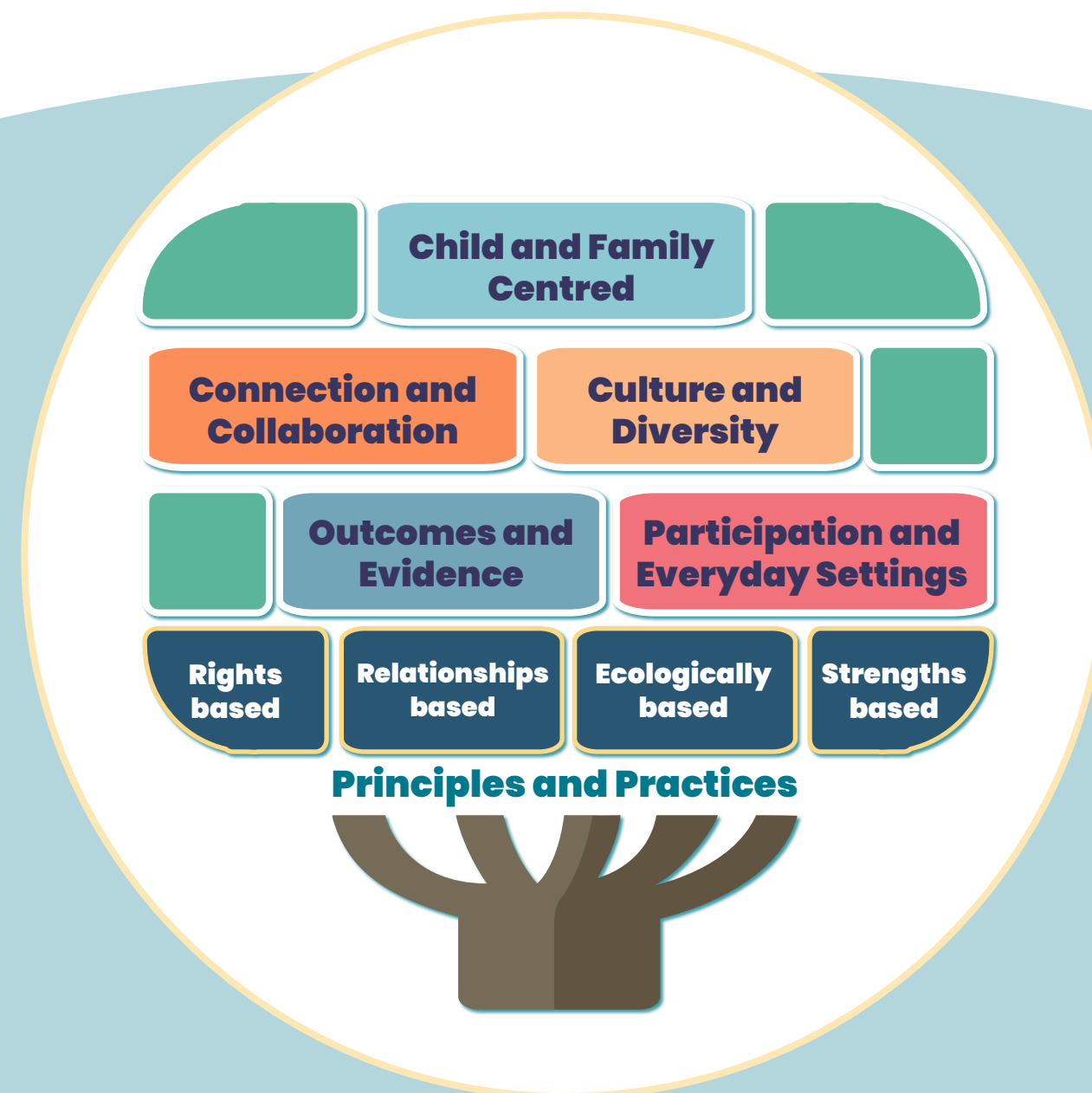
Meanwhile, this Framework continues to use the term “early childhood intervention” (ECI) to refer to specialist multidisciplinary services for children with developmental concerns, delay or disability and their families.

National Best Practice Framework for Early Childhood Intervention

All children with developmental concerns, delay or disability and their families thrive in their early years



Aims and outcomes for children, families, communities and services



An integrated system providing a continuum of support for children and families

Universal Supports

Foundational Supports

National Disability Insurance Scheme



Who is the Framework for?

The Framework is designed for everyone working with or raising children aged up to 9 years with developmental concerns, delay or disability. It provides a unifying framework to ensure consistency in the way ECI services and supports are provided to children and families.

The Framework describes the aims, outcomes and principles that underpin effective ECI services and supports for children and their families. It also provides guidance on how the principles should be delivered in practice. The Framework is designed to be used by any and all ECI service practitioners – whether they are government, non-government, not-for-profit, private, large or small.

The guidance is for use by: ECI practitioners and services

The Framework provides a suite of tools and resources that explain what the principles and practices look like when used to support young children and their families.

The guidance:

- describes the principles and the related practices
- supports decision-making with an evidence-informed decision-making guide
- provides a range of tools and resources to help practitioners understand what best practice looks like in their everyday work

Parents, carers and families of children with developmental concerns, delay or disability

The Framework is designed to help parents, carers and families know what to expect from ECI. It recognises the diversity of families and their unique needs. This includes Aboriginal and Torres Strait Islander families and families from culturally or linguistically diverse backgrounds. This also includes families with children who may have multiple conditions or diagnoses as well as parents and carers who may also have a disability or health condition.

The guidance:

- outlines what families can expect from ECI services and how practitioners work with families and communities
- describes how ECI and other services work with families as equal partners to meet the unique needs of the child and family
- recognises families as the key experts in their child and family, and describes tailoring services around family priorities
- describes the aims, outcomes and principles that inform the ECI practices and how these can apply to their child and family
- supports the need of parents, carers and families to access timely, clear and trusted information



The guidance is also useful for peer support and parent advocacy groups.

Early Childhood Education and Care (ECEC) and school services

The Framework is designed to be used in ECEC and school settings. Guidance is provided to support the inclusion and meaningful participation of children with developmental concerns, delay or disability and their families in all settings.

The Framework is also designed to be used in other child and family services including:

- universal services supporting children and families (such as maternal, child and family health providers)

- additional support services (such as welfare and family support services, mental health services)
- community-based services and facilities

Government agencies, program designers and relevant regulatory agencies

The Framework provides guidance about ways to ensure policies, programs, standards and regulation can support and drive best practice.



How was the Framework developed?

Developing the Framework involved three sources of information:

- reviews of research and evidence
- reviews of other national and international practice frameworks
- extensive consultations with stakeholders across Australia including practitioners, families, young people, peak bodies, organisations and community groups

The Framework is stronger for all of the contributions made during these consultations.

As a result of the extensive reviews and consultations, the Framework differs from previous guidance in a number of important ways:

- it shows how everyone has a part to play in supporting children with developmental concerns, delay or disability and their families in everyday settings

- it clearly articulates principles, identifies related practices and provides tools and resources to help translate these principles into practice
- it identifies outcome measures that can be used by families and practitioners together to determine how well the practices are working

The Framework is designed to be consistent with and complement other key national frameworks including the national Early Years Strategy 2024-2034, the Being, Belonging and Becoming: Early Years Learning Framework v2.0 (2022), and Safe and Supported: National Framework for Protecting Australia's Children 2021-2031.

Vision, aims and outcomes

The vision, aims and outcomes for children with developmental concerns, delay or disability are the same as those for all children.

The vision for all Australian children set out in the national Early Years Strategy 2024-2034 is:

All children in Australia thrive in their early years.

The Early Years Strategy goes on to say that children have the opportunity to reach their full potential:

when nurtured by empowered and connected families who are supported by strong communities.

The social, socioeconomic and environmental circumstances in which children and families live have a critical impact on outcomes – in fact they have a greater impact on outcomes for children and families than the services they receive, particularly for families

Vision
All children in Australia thrive in their early years

All children with developmental concerns, delay or disability and their families, thrive in their early years

who experience disadvantage in these circumstances.

A full account of the core conditions for thriving is included in the background paper, Development of the National Best Practice Framework, which can be accessed from the final section of this document which tells you where to go for more information.

Children with developmental concerns, delay or disability and their families are members of the broader population and therefore have the same aims and outcomes as all other children.

The Framework outlines the contribution ECI practitioners and services make to achieving these overall aims and outcomes. It also details more specific aims for children; parents, carers and families; communities; and services.



Overall aim for early childhood intervention services

To promote the capabilities of parents, carers, families, communities and service providers to provide children with developmental concerns, delay or disability with the experiences and opportunities to build their capabilities, agency and meaningful participation in home, community, ECEC and school settings

Specific aims for early childhood intervention services



Children

To build on child strengths and interests to enhance learning, development and meaningful participation in everyday activities



Parents, carers and families

To acknowledge and respect family and community cultures and to strengthen knowledge, skills and confidence to support child and family quality of life



Communities

To understand child development and wellbeing, and to help create safe, welcoming, inclusive and connected communities



Service agencies and practitioners

To contribute to the development of a collaborative and integrated network of holistic supports for children, parents, carers, families and communities and to build supportive networks with colleagues



Aims and Outcomes for Children

Aim

To build on child strengths and interests to enhance learning, development and participation in everyday activities

Outcomes

Children:

- have secure, stable and safe relationships with parents, carers, siblings, family members and significant others
- interact with family members, other children and people in the community to build relational skills and connections
- develop their sense of agency and have a voice in matters that affect them
- have a positive sense of belonging to their family and community
- build strong identities and connections to their culture and community
- participate and feel they belong in everyday home, community, ECEC and school environments
- acquire, develop and generalise new knowledge and skills
- follow their interests and enjoy play opportunities
- develop positive health habits over time
- build capacity to regulate their behaviour

These outcomes are the same as those for all children. Children with developmental concerns, delay or disability can, however, need more support to achieve these outcomes.

Sometimes they need changes to the environment, provision of equipment, or more active support to ensure they are able to meaningfully participate in all the experiences and activities known to promote development.

The role of ECI practitioners is to partner with families and other support services and find ways to facilitate and support participation and belonging in everyday settings.





Aims and Outcomes for Parents, Carers and Families

Aim

To acknowledge and respect family and community cultures and to strengthen knowledge, skills and confidence to support child and family quality of life

Outcomes

Parents, carers and families:

- have a positive social support network, including with other families with children with developmental concerns, delay or disability
- have positive views about their child's strengths, developmental progress and functioning
- are confident in their ability to provide their children with the experiences and opportunities they need
- can make informed choices and decisions about evidence-informed and high-quality ECI services and other supports
- are confident in advocating for their child and family
- are confident in integrating support and activities into family life in a balanced way
- are continuing to develop their individual interests and life pursuits
- live in communities that are strong and inclusive places for children and their families to live, grow, play and connect
- are supported to have their needs for health, housing and financial security and other social determinants of health addressed
- have ready access to family-friendly and culturally safe community facilities
- have timely access to a range of support services to address any additional parent, carer and family needs, such as mental or physical health concerns



ECI services have an important role to play in helping to connect families with wider service systems to help meet their material needs such as housing or finance.

ECI services also have an important role to play in strengthening whole-of-system support for parents, carers and families.

This is especially important for parents, carers and families experiencing economic

disadvantage, social isolation or poorer mental health. All of these can increase the risk of family or care breakdown.

This area of focus may be new or require increased effort for some ECI service providers.



Aims and Outcomes for Communities

Aim

To understand child development and wellbeing, and to help create safe, welcoming, inclusive and connected communities

Outcomes

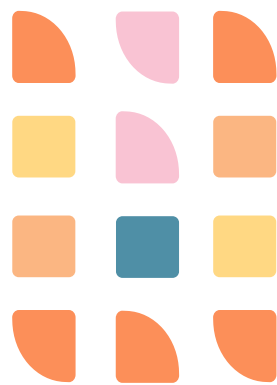
Communities:

- are caring and culturally safe
- are confident and committed to including everyone, embracing people with different abilities, backgrounds and circumstances
- are accessible and provide authentic opportunities for participation
- are connected and integrated, prioritising clear communication and genuine collaboration
- provide opportunities to gain knowledge, skills and resources
- are welcoming and inclusive places for all children and their families to live, grow, play and connect
- are committed to the development and wellbeing of all children
- provide community members with safe and easy to navigate environments, easy access to family friendly and culturally safe healthcare, recreational, educational services and facilities
- enable timely access to a range of support services to address any additional parental and family needs, such as mental or physical health concerns

No organisation or service on its own can achieve these outcomes. It depends on the collective efforts of many organisations, services and practitioners, including parent and disability advocacy groups, local and state or territory government departments and services, and non-government agencies.

ECI practitioners and services have an important role to play achieving these outcomes too. They can support children with developmental concerns, delay or disability and their families to meaningfully participate in local community activities as well as work with others in the community to understand and meet child and family needs.





Services for children with developmental concerns, delay or disability

Children with developmental concerns, delay or disability and their families need access to the same range of universal and tiered supports and services as other children. Some examples of universal and tiered services are maternal, child and family health services, ECEC services, playgroups and schools.

They also need access to specialist ECI services to address the specific needs of the child and family. When children and their families begin to receive ECI services, ideally, they should not switch from the universal service system to a separate specialist service. Instead, they should continue to have access to universal and other tiered services, and ECI should be embedded in them, and all services should work together to support children and their families.

Tiered supports are those that provide increasing levels of support based on need.

In the list below, universal services (available for everyone), tiered and specialist services are shown. The final point identifies the additional services that children with developmental concerns, delay or disability and their families should receive, namely ECI services.

- Universal child and family health, and family support services tailored to individual family and children’s needs and priorities
- Universal ECEC and school services
- Tiered support services for children and families with additional needs
- Integrated child and family services that are responsive to local conditions and demand
- **Specialist support services (ECI) for children with developmental concerns, delay or disability and their families**

ECI services and practitioners need to be integrated into the local or regional service system and be embedded in everyday settings. This will help make sure support is holistic, consistent and easy for families to navigate.



Aims and outcomes for ECI Services and Practitioners

Aim

To contribute to the development of a collaborative and integrated network of holistic support for children, parents, carers, families, communities and colleagues, and to build supportive networks with colleagues

Outcomes

ECI Services and Practitioners:

- support children and families through collaborative and coordinated ECI teams
- are integrated in a wider network of community-based and specialist services to support children’s learning, development, participation and wellbeing
- work in partnership with community-based services to help ensure that children with developmental concerns, delay or disability and their families have access to the same services, environments and opportunities as all other children and families
- work with others to ensure the system is easy for parents, carers and families to navigate and is responsive to their individual needs
- achieve meaningful and measurable change by applying the principles and practices of the Framework
- develop and maintain positive networks amongst colleagues



Principles

Principles are beliefs or ideas that guide thought or behaviour. Principles underpin practice. They guide and shape how services are delivered. Principles are universal in nature and apply in all circumstances. It does not matter who is delivering the service or where it is delivered. This also means that practices that are inconsistent with principles should not be used.

Principles are based on three sources:

- Rights – including the rights of children, people with disability, and Aboriginal and Torres Strait Islander peoples
- Values – which are shared beliefs that guide behaviour, such as respect and empathy
- Evidence – what has been shown to work well and get the best outcomes

In the Framework there are four Universal principles and ten Key principles. You can see the universal principles in the diagram on the opposite page.

Universal Principles

The four Universal principles underpin all aspects of ECI services and supports for children with developmental concerns, delay or disability. They are:

1. rights-based
2. relationship-based
3. strengths-based
4. ecologically-based

What follows is an overview of each of the Universal principles. You can find more detail in the Practice Guidance tools and resources, which can be accessed from the final section of this document which tells you where to go for more information.

Rights-based

What this involves

Practices that are rights-based make sure that human rights are first recognised and then actively promoted and protected.

Common principles in a human rights approach include:

- participation – everyone has the right to participate in decisions that affect them
- empowerment – everyone is entitled to claim and exercise their rights and freedoms
- non-discrimination and equality – everyone has a role to play in promoting equality and eliminating discrimination
- accountability – services and systems should be held accountable for outcomes, so standards are necessary, and compliance should be monitored
- legality – laws and regulations should be consistent with human rights and rights should be protected by law

Why it matters

Australia has signed a number of key international rights' conventions including the United Nations (UN) Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the UN Declaration on the Rights of Indigenous Peoples.

Human rights are essential because they offer protections and support access to basic needs such as healthcare and education. They also positively promote opportunities such as the opportunity to participate in the economic, religious and political life of the country.

Relationship-based

What this involves

The relationship-based principle requires establishing and maintaining trusted relationships between families and practitioners, as well as between practitioners. ECI services also have a role in supporting the key relationships between children and their parents, carers and families.

Why it matters

ECI services are fundamentally relational. How services are delivered is as important

Universal Principles

- **Rights-based**
- **Relationship-based**
- **Strengths-based**
- **Ecologically-based**



as what is delivered. The effectiveness of support provided by practitioners depends as much upon the quality of the relationship they establish with families as it does on the practical guidance they provide.

Promoting and supporting positive attachments and responsive caregiving is critical for all later development. Positive family relationships provide a foundation for good outcomes and healthy relationships in the future. Positive relationships also buffer children from the negative effects of growing up in difficult circumstances such as poverty.

Strengths-based

What this involves

Practices that are strengths-based start by acknowledging that children and families are experts in their own lives, and have existing knowledge, skills and resources to draw on. Support should therefore focus on identifying existing strengths and further building the confidence, wellbeing and capability of parents, carers and families. Strengths-based practice also tailors support around a child's interests, preferences and abilities.

Why it matters

Strengths-based approaches are a proven way of promoting parent, carer and family capability, confidence and self-reliance. A strengths-based approach is more effective in achieving child and family outcomes than a deficit-based approach that focuses on what the child and family cannot do.

The strengths-based principle is embedded in key national strategies, including the Early Years Learning Framework for Australia (2022), the national Early Years Strategy 2024-2034 (2024) and the National Children's Mental Health and Wellbeing Strategy (2021). Building this approach into practice will ensure services and supports are consistent with these strategies.

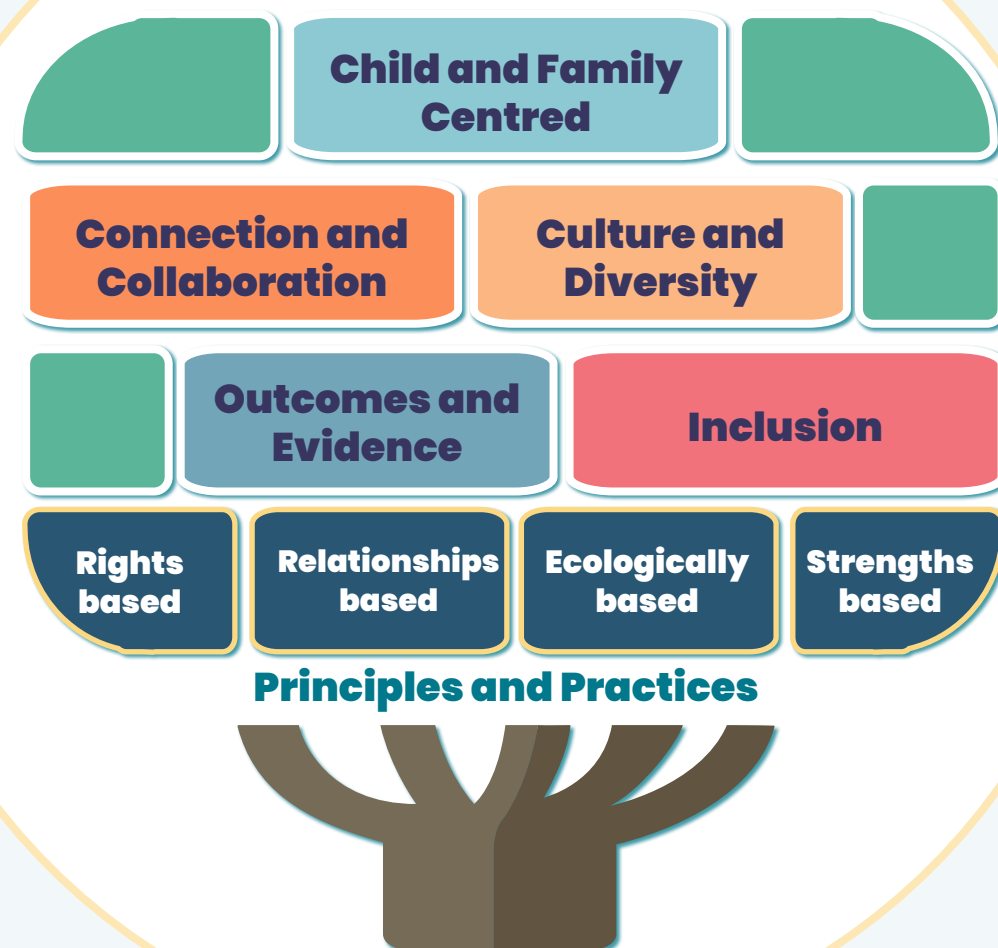
Ecologically-based

What this involves

We know the environment in which children and families live has a big impact on outcomes. Everything from socioeconomic status, to remoteness, to the physical environment in which children and families live can have an impact. Ecologically based practice takes environmental factors into account and makes sure services and support are tailored to fit each family's circumstances. It also makes sure that children and their families are connected to broader services – such as healthcare or peer support – that support positive family functioning.

Why it matters

The environments in which children live, play and learn shape how they develop and function. Changing these environments can improve participation, build skills and help development. The conditions in which families live have an impact on their ability to provide children with what they need to thrive. It is therefore important that ECI practitioners connect families with other services to support the whole family.



Key principles

In addition to the four universal principles, best practice in early childhood intervention is also underpinned by ten key principles. These ten key principles are grouped into five clusters:

Key Principles	
Child and family-centred	Child-centred Family-centred
Culture and diversity	Cultural safety Diversity affirming
Inclusion	Participation Everyday settings
Connection and collaboration	Teamwork Community-focused
Outcomes and evidence	Outcomes-focused Evidence-informed

Child and family-centred principles

Child-centred

What this involves

This principle recognises the right of every child to participate in, and contribute to, the environments in which they live, learn and play. It also recognises the right of every child to have a say in matters that impact them. Being child-centred means focusing on the individual needs and abilities of each child and supporting their learning, development, safety and wellbeing. This principle also recognises the importance of children engaging in fun, play-based activities with peers, siblings and adults.

Why it matters

Responsive interactions, nurturing and stable relationships, secure attachment and rich learning experiences in the early years of a child's life lay the foundation for positive developmental outcomes. These include self-confidence, good mental health, motivation to learn, academic achievement, conflict resolution, emotional regulation and ability to develop meaningful friendships with peers.

Children learn best through interactions and experiences with familiar people in everyday environments. Children are more motivated to learn when interactions are fun and based on their own strengths and interests. To be confident learners, children also need multiple opportunities to practice previously mastered skills as well as develop new ones.

Family-centred

What this involves

This principle recognises the central role of families in children's development and respects families as the experts on their child. It bases goals, outcomes and strategies around the child's unique needs, as well as those of parents, carers, siblings and the family as a whole. Family-centred practice identifies and builds on existing family strengths, skills and resources. It also ensures parents, carers and families are involved in all decision making and have the ultimate say on all decisions.

Why it matters

Family-centred practice has long been recognised as the most effective way to work with parents, carers and families of children with developmental concerns, delay or disability. It also leads to the best life outcomes for their children. As a result, it underpins many other national and international best practice frameworks.

Valuing family strengths and working in collaboration with parents, carers and families ensures support is tailored to each family's needs and circumstances and enhances engagement with services. Sharing decision making, planning and problem solving empowers parents, carers and families. It enables parents, carers and families to make informed decisions and strengthens their capability to support their child's development and wellbeing.

Culture and diversity principles

Cultural safety

What this involves

A culturally safe environment is one that Aboriginal and Torres Strait Islander peoples experience as safe for them - where they feel safe, valued and respected and free from racism and discrimination, and where there is no attack on, challenge or denial of their identity and experience.

Cultural safety is about individuals, organisations and systems being aware of the impact of their own culture, values and beliefs on Aboriginal and Torres Strait Islander peoples and acting to intentionally create and maintain an environment where all people feel safe, valued and respected.

Cultural safety requires a non-judgmental and curious attitude, critical reflection of one's own beliefs and actions, and a commitment to lifelong learning and understanding.

Why it matters

Cultural safety is essential for achieving justice and equity for Aboriginal and Torres Strait Islander people and addressing the

historical and ongoing impacts of racism and colonisation. Improving access to, as well as the quality of, services such as education and health is vital to reducing health and social inequities.

Culturally safe practice builds trust, addresses alienation and helps avoid disengagement from the services and supports required by children and families. In turn this reduces disparities in socioeconomic outcomes.

Culturally safe practice makes sure Aboriginal and Torres Strait Islander children experience safe, nurturing and positive environments, where their identity is respected, their voices are heard and valued, and they are free to explore and express themselves and their culture, views and needs. It also reduces fear of child removal arising from interactions with health, disability and other services, addressing a significant barrier to families seeking advice and support for children.

Diversity affirming

What this involves

The diversity affirming principle recognises, values and respects the identities and strengths of children, parents, carers, families and communities. This includes their abilities, race, ethnicity, religion, gender, sexual orientation and socio-economic status. This principle also respects and centres the personal culture of parents, carers and families, including their attitudes and beliefs, child-rearing style and family traditions.

Diversity affirming is broader than recognising culturally and linguistically diverse backgrounds. To be diversity affirming means understanding the ways in which power and privilege generate inequities. It challenges racism and other biases and recognises the compounding discrimination or stigma for those who live with intersecting identities. It embraces each individual's unique understanding of other people and the world around them and is always affirming of all disability including neurodiversity.

Why it matters

Diversity affirming is essential given the

highly multi-cultural make-up of Australia. Responsive interactions and respectful relationships that affirm the language, identity and strengths of children, parents, carers and families are essential to building a sense of belonging and wellbeing.

Diversity-affirming practices are embedded in rights' conventions and are also a key feature of the Early Years Learning Framework (2022) and the national Early Years Strategy 2024-2034 (2024).

Inclusion principles

Participation

What this involves

Participation and inclusion are closely related ideas – but they are not exactly the same. Inclusion means having access to equal opportunities and resources as others. Participation means being fully, meaningfully and actively involved in all activities and situations of daily life.

It is therefore not enough for children to attend the same settings as other children – they also need to be meaningfully involved in activities. Additional supports and adaptations may be needed to make sure this happens. Without meaningful participation, learning is limited, and it is impossible to build a feeling of belonging.

Why it matters

Being truly included and able to participate fully are key to the wellbeing and development of all children, including children with developmental concerns, delay or disability. For this to be achieved genuine inclusion and meaningful participation must extend to the whole family including parents, carers and siblings.

Inclusion and participation of all children is also vital to developing understanding and positive attitudes in peers, families and communities.

Meaningful participation in everyday activities and settings (home, ECEC, school and wider community) enables children to learn, explore their interests, develop autonomy and a sense of belonging.



Everyday settings

What this involves

The everyday settings principle is that children are supported to learn in everyday settings to the maximum extent possible. This means using everyday routines, experiences, events and places as sources of learning opportunities for children and their parents, carers and families. Also known as “natural environments”, everyday settings are the places and spaces where it is usual for all children and their families to spend time. Everyday settings include homes, ECEC settings, schools, and neighbourhoods. They also include community settings – the places where children and families take part in spiritual, cultural, educational, recreational, play, social activities, or other activities such as going to the shops.

Why it matters

Every child has the right to be truly included and meaningfully participate in the same settings as other children and families.

Children learn best in the everyday settings in which they spend time, so it makes sense that support should be provided in those settings. But it is about more than location – it is about using everyday activities and daily routines as sources of learning. This is a more effective approach because it ensures functional skills are built and practiced in the activities and settings where they will be used.

Practices and approaches that build the capacity and confidence of all children, families and communities to include children with developmental concerns, delay or disability and their families improves meaningful participation.



Connection and Collaboration principles

Teamwork

What this involves

This principle recognises the importance of forming strong trusted relationships and collaborative partnerships between parents, carers and families, and practitioners and other service providers. Early childhood intervention services for children who have developmental concerns, delay or disability always involve more than one adult. Building strong trusted relationships with children, parents, carers and families as well as between all practitioners involved is therefore essential to ensure positive developmental outcomes and improved wellbeing. When decision making, planning and problem solving are shared, it improves outcomes for both children and families. Parents, carers and families are essential members of the team and are always final decision-makers. The size of the team, its membership and the way it is organised is determined by the individual needs of the child and their family.

Why it matters

Families of children with developmental concerns, delay or disability often use a variety of services to meet the diverse and often complex needs of their children. Good collaboration between all these services is essential to provide consistent and holistic support and to ensure the best outcomes.

Effective teamwork is seamless, and tailored to the unique needs, context, strengths

and cultural background of each child and their family. Good collaborations provide consistent support, maximise resources, and reduce service duplication. Building trusted relationships and sharing decision making empowers parents, carers and families, leading to better developmental outcomes for their children.

Teams which include a variety of expertise and knowledge have been a consistent part of international practice in ECI since the 1980s. Teamwork is one of the principles of the Early Years Learning Framework (2024). The Early Years Strategy, 2024-2034, also emphasises the importance of collaboration and partnerships between families, practitioners and professionals.

Community-focused

What this involves

This principle recognises the importance of creating welcoming and inclusive communities where children and their families feel valued and accepted. Supporting children with developmental concerns, delay or disability and their families requires a community-wide approach. Individuals, families, community organisations, local government and service agencies all need to work together to meet the needs of children and their families. Community-focused practice recognises that everyone shares responsibility for ensuring that all children and their families can meaningfully participate in cultural, recreational, educational and social activities as well as engage with their peers and other families, for example at local parks, playgrounds and libraries.

Why it matters

When families, service providers and communities work together, they can eliminate service silos, reduce duplication and ensure support is holistic, effective and tailored to each family's needs.

Building strong and trusted partnerships between families, services, organisations and the wider community creates a unified system of support and helps to build more inclusive, responsive and equitable communities where every child and their family can thrive.

Outcomes and Evidence principles

Outcomes-focused

What this involves

This principle involves recognising that supports, services and strategies should be designed to achieve the outcomes expected by families. Outcomes are the benefits and changes experienced by children and families after agreed activities and strategies are carried out. Outcomes-focused practice involves children and families in decision making and goal setting and makes sure that services and supports are designed to achieve desired outcomes. It also means children and families are actively involved in monitoring progress.

Why it matters

Outcomes-focused practice is built around what matters most to children, parents, carers and families. Shared decision making and planning ensures outcomes are determined by child and family needs and priorities. Once goals have been identified, all assessment, supports, interventions and strategies can be designed and implemented to achieve desired outcomes within the context of their daily lives.

Evidence-informed

What this involves

This principle involves basing all services on up-to-date knowledge of research together with the knowledge, experience and values of families and communities, as well as of practitioners. Being evidence-informed

involves a decision-making process that brings together these three sources of knowledge and evidence. Evidence-informed practice is also characterised by ongoing quality evaluation using data and indicators to create a continuous feedback loop between research and practice.

Being evidence-informed underpins every aspect of ECI service provision, and it is central to ensuring quality, accountability, and transparency. A competent and confident workforce, together with effective organisational and policy leadership, are pivotal to ensuring practice is evidence-informed.

Why it matters

When practitioners are familiar with the most effective strategies, parents, carers and families can be confident they are giving their child the best chance of achieving positive outcomes.

When parents, carers, families and practitioners use an evidence-informed decision-making process to identify goals and design strategies, they are more likely to choose actions and activities that are acceptable and can be implemented by children and families – and therefore are more likely to achieve positive outcomes.

Both international ECI frameworks as well as national policies and frameworks for all young children feature the importance of being evidence-informed.



Practices

Practices are the specific actions or behaviours that put principles into effect. What form practices take will vary according to the specific circumstances of each child, their parents, carers, family and community.

There are three things to consider when deciding which strategies to use:

- child and family values, priorities and circumstances
- research-based evidence
- practitioner knowledge and wisdom

An evidence-informed decision-making guide to help families and practitioners make decisions is included as one of the Framework's resources. The guide can be accessed from the final section of this document which tells you where to go for more information.

Everyone involved - children, parents, carers and families, ECI practitioners, and other relevant professionals - should use the decision-making guide to assist them, especially when determining the most appropriate frequency, duration and intensity of services needed to achieve the best outcomes for a child and their family.

To achieve the best outcomes, all practices must be consistent with the principles.

This applies to decisions made about what form the service takes, where it is delivered, and how frequent the service is. For example, services delivered in settings other than everyday settings or that demand a large investment of the child and family time are unlikely to be consistent with the principles. While there are some circumstances where it can be difficult to achieve all the principles, the Framework provides guidance for ECI, other services and families, on how to make the best decisions in varying circumstances.



Theory of change

A theory of change has been developed for the Framework. It sets out how systems, services and practices all contribute to achieving aims and outcomes for children, their families and communities. It describes the role that governments can play in supporting implementation through the ways they fund and regulate ECI. The theory of change describes:

- Who needs to be involved
- What we need to do
- What impact this will have
- What the outcomes will be

Collectively these contribute to achieving the aim of ECI that all children with developmental concerns, delay or disability and their families thrive in the early years. The graphic on the opposite page shows a simplified overview. A more detailed version of the theory of change is provided in the background papers which can be accessed from the final section of this document which tells you where to go for more information.

Theory of change key

-  **Children**
-  **Parents, carers and families**
-  **Communities**
-  **Services**
-  **Government agencies**

Ultimate Aim

All children with developmental concerns, delay and disability and their families thrive in the early years

What the outcomes will be

Children have secure and safe relationships, are participating meaningfully, and are developing new knowledge and skills

Families have positive support networks, are confident in their ability to meet their child and family needs

Communities are caring and culturally-safe, and are committed to welcoming everyone

What impact this will have

Children's learning, development and meaningful participation in everyday activities is enhanced by building on each child's strengths and interests

Family cultures are acknowledged and respected and their knowledge, skills and confidence are strengthened to support each child and family's quality of life

Community members understand child development and wellbeing and create safe, welcoming, inclusive and connected communities

Collaborative and integrated service/practitioner networks provide holistic support for children, families, communities and colleagues

Regulatory standards are evaluated using data on best practice outcomes in ECI

What we need to do

Build on child strengths and interests to enhance learning, development and meaningful participation in everyday activities and settings

Build trusted relationships that use family-centred and strengths-based approaches and recognise that children's wellbeing and development depends on the wellbeing of the family as a whole

Work together to create accessible services and spaces that understand and welcome children and families of diverse abilities and needs

Help build a collaborative and integrated network of holistic support for children, parents, carers, families, communities and colleagues

Commission and regulate services and standards according to the National Best Practice Framework

Who needs to be involved

ECI practitioners and services

Parents, carers and families

ECEC services and schools

Other child and family services

Government agencies

Resources

Essential resources for practice

The Framework includes practice guidance for different groups working with or raising young children with developmental concerns, delay or disability and their families. Guidance is provided for:

- ECI practitioners
- parents, carers and families
- ECEC services and schools
- other services involved with these children and families
- government departments, agencies, program designers and relevant regulatory agencies

A brief summary of what is included in each set of guides is provided below. The final section of this document tells you where to go for more information.

ECI practitioners

The following tools and resources have been developed for ECI practitioners.

For each principle there is:

- **Practice guidance.** These include an overview of the principle and rationale, and a list of related practices and links to resources
- **“Looks like, doesn’t look like”** fact sheets to assist with practitioner reflection on best practice in ECI processes
- **Podcasts.** Conversations between families and practitioners about what best practice looks like
- **Videos.** A series of presentations from ECI experts that describes the evidence and practice information underpinning the Framework

Other resources include:

- **Decision-making guide.** This guide describes a series of steps that families and ECI practitioners can use together to help them make decisions about ECI for their child and family
- **Outcome measures overview.** This provides guidance about selecting outcome measures, and information about tools that are appropriate for children; for parents, carers and families; and for practitioners and services
- **Videos** describing best practice with young children and families in Aboriginal and Torres Strait Islander communities

Parents, carers and families

These guides introduce parents, carers and families to best practice in ECI. They outline what families can expect from these services and how families and services can work together to get the best outcomes for children.

Guidance for ECEC services and schools

This guide has been designed for use by those working in ECEC and schools to support understanding of the Framework and best practice in ECI. This includes how all services can work together to support children with developmental concerns, delay or disability and their families.

Guidance for referrers to ECI

This guide has been designed for use by referrers to support understanding of the Framework and their role in supporting young children with developmental concerns, delay or disability, and to identify appropriate ECI services. This guide is targeted at maternal, child and family health services, general practitioners and paediatricians. It can also be used by child and family services agencies, mental health services and community-based services and facilities. The guide includes general information about what ECI services are, how they work with children, parents, carers and families, and how all services can work together to get the best outcomes for children and families.

Guidance for government agencies, program designers and relevant regulatory agencies

This guide includes information for government departments and agencies to ensure policies support the funding and implementation of evidence-informed ECI practice. Policy makers, program designers and regulators will benefit from understanding the full Framework and supporting documents.



Term	Definition
Aims	Statements of what service agencies and service providers are seeking to achieve.
Community	Community refers to the places, spaces, people and services where people connect, interact and share experiences. Communities can be self-defined, and are usually based on a common place, interest, affinity (such as a faith or culture) or purpose. For Aboriginal and Torres Strait Islander peoples, community refers to informal social and family groups who have a shared sense of belonging and identity and support social and emotional wellbeing.
Conditions	The social, socioeconomic and environmental circumstances in which children and families are living.
Developmental concerns	Developmental concerns arise when families or professionals are worried about some aspect of a child's development and seek more information and support. Developmental concerns may be resolved with appropriate short-term support, or they may prove to be indicators of developmental delay or disability requiring longer-term support.
Developmental delay	Developmental delay is when a child is taking longer to reach developmental milestones than other children their age. Developmental delays may be resolved with appropriate short-term support, or they may prove to be a long-lasting disability requiring long-term support.
Disability	A child with a disability has a life-long condition that affects their development of how they move, see, hear, think, learn or feel, which in interaction with various barriers can hinder their full and effective participation. Children with disability are likely to require long-term support.
Family	Family is a social unit with varying forms and structures. 'Family' is usually self-defined, including those who are parenting, child/children, siblings and others. For Aboriginal and Torres Strait Islander people, family is the cornerstone of culture, spirituality and identity. Kinship systems define where a person fits into community, binding people together in relationships of sharing and obligation. Child rearing is a family and community concern and is not confined solely to the parents of the child.
Goals and outcomes	Goals are broad statements that describe the outcomes you want to achieve. Outcomes are the measurable benefits and changes that results from achieving goals.

Term	Definition
ECI practitioners	Appropriately qualified professionals from a range of disciplines who provide specialist support services to young children under 9 years of age with developmental concerns, delay or disability, and their families.
Foundational supports	A term used by the NDIS Review to describe support that should be provided outside the NDIS. We note that while governments have agreed that supports outside the NDIS are required, they are yet to agree on their nature or name.
Neurodiversity affirming	A strengths-based approach to valuing and respecting the person and creating a safe and welcoming environment for people with different ways of thinking, learning and experiencing the world.
Practices	Specific actions or behaviours that put principles into effect. Practices are context-dependent and are methods whereby principles are applied in particular circumstances. Practices are based on three sources of evidence: child and family values, priorities and circumstances; evidence-based research; and practice knowledge and wisdom.
Principles	Fundamental rules or ideas that guide thought or behaviour, and that constitute a frame of reference for achieving common goals. They are universal by nature and apply in all circumstances. They are based on three sources: values, rights and evidence.
Theory of change	A description of how and why a desired change is expected to occur. A theory of change describes who needs to act and what needs to be done to lead to the desired impacts and outcomes.
Tiered support systems	Additional services and layers of support that are provided to children and families with additional needs.
Universal systems of support	Services that are designed for all children and families, such as maternal, child and family health services, and schools.
Values	Individual beliefs that serve as a guide for human behaviour and motivate people to act one way or another. These are personal and may change over time.
Vision	An aspirational statement of what an organisation or society wants to become.



Where can I find more information?

The Framework background papers

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

The resources

For practitioners

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

For parents, carers and families

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

For others

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

Read more on our website

<https://healthy-trajectories.com.au/eci-framework/>

Contact us

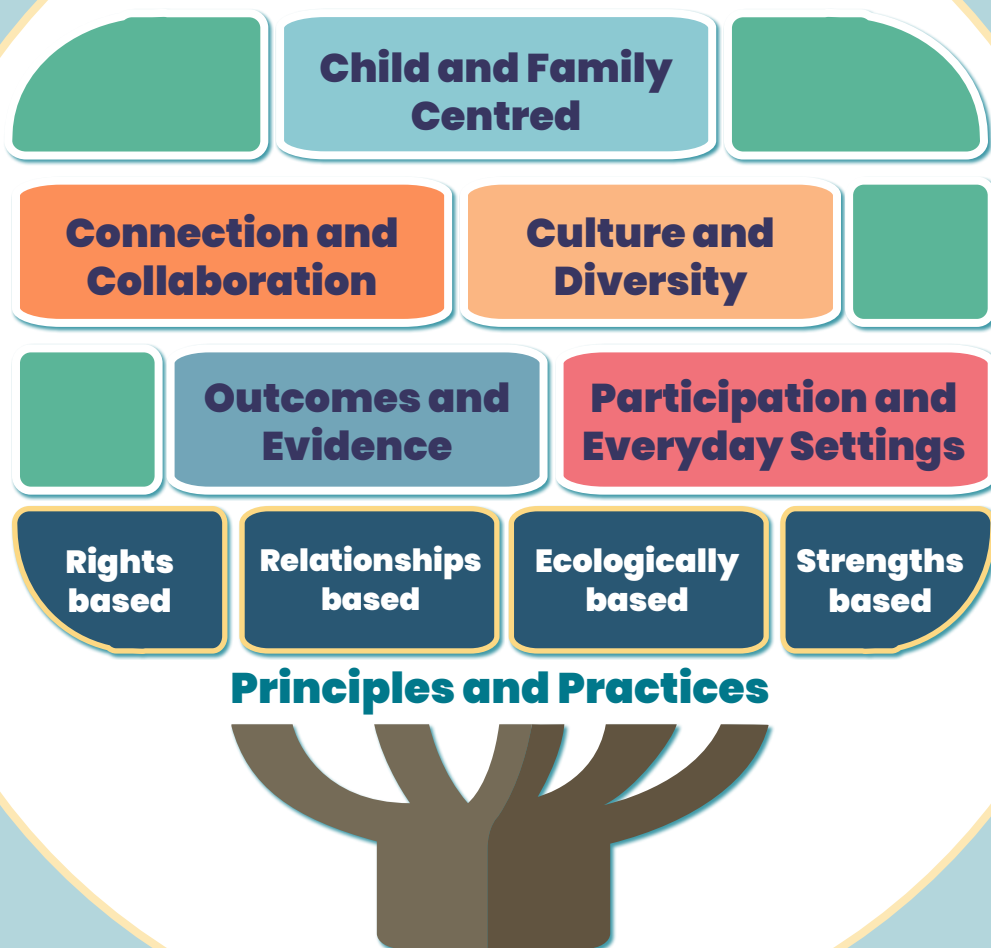
eci-framework@unimelb.edu.au

National Best Practice Framework for Early Childhood Intervention

All children with developmental concerns, delay or disability and their families thrive in their early years



Aims and outcomes for children, families, communities and services



An integrated system providing a continuum of support for children and families

Universal Supports

Foundational Supports

National Disability Insurance Scheme

National Best Practice Framework

for Early Childhood Intervention

Decision-Making Guide



Healthy Trajectories
A Child and Youth Disability Research Hub



Melbourne Disability Institute



murdoch children's research institute



Advocating for children with disability



Children and Young People with Disability Australia



STRONG kids, STRONG future
Supporting child development pathways



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Decision-making guide

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

What is this decision-making guide for?

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

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

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

The Guide helps with decision-making in two ways:

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

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

1.1 What is in the Guide

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

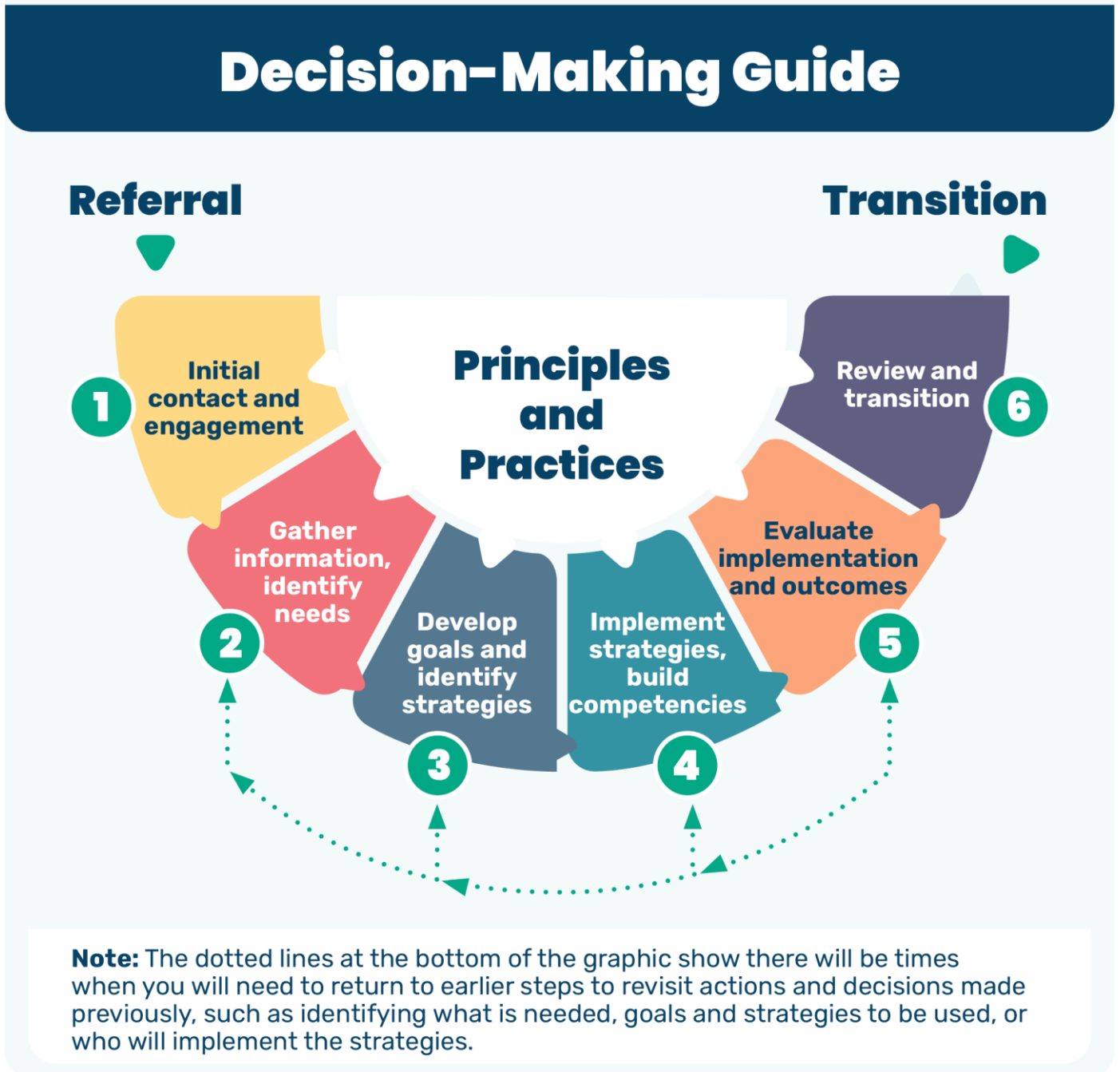


Figure 1 Decision-making guide

Below is an outline of the six steps.

1	Initial contact and engagement This step involves two overlapping processes: • determining eligibility for service and immediate support needs • engaging with the child and family and beginning to build a trusting and positive partnership relationship The key decision-making questions in this step focus on: • what the family's immediate service needs are • who will work with the family initially
2	Information gathering, sharing, and identifying child and family goals and desired outcomes This step involves two processes: • finding out about the child and family and their circumstances • exploring family values and priorities, and agreeing what outcomes will be the focus of work with the family The key decision-making questions in this step focus on: • whether additional resources are needed to address the family's core needs • what child, parent and family goals and outcomes the family wants to work on
3	Agreeing on implementation strategies and developing an action plan This step involves two processes: • exploring what strategies are available for addressing the goals and outcomes chosen • agreeing what strategy or strategies will be used, and developing a child and family action plan The key decision-making questions in this step focus on: • what strategies will be used • what family strengths and resources can be drawn on to implement the agreed strategies • where the service will be delivered • who will be involved in supporting the family and implementing the strategies • how intensive the strategy or support will be

4	Implementing the action plan and agreed strategies This step involves two processes: • implementing the action plan and the agreed strategies • supporting the parents, carers, families and other services in implementing the strategies The key decision-making questions focus on: • what implementation support for parents, carers and families is needed • how will the support be reviewed to check if it is working as intended
5	Evaluating the action plan and outcomes This involves two processes: • reviewing the implementation of the chosen strategies • monitoring the outcomes of the strategies The key decision-making questions focus on: • whether the strategies have been able to be implemented as planned • whether the strategies are achieving the desired outcomes
6	Reflecting on progress and planning for transition This step involves two processes: • reflecting upon the progress made and what the family and practitioners have learned • preparing for transition to the next service The key decision-making questions focus on: • what support the family needs to ensure the transition to the next service goes smoothly

1.2 How to use the Guide

The decision-making process is iterative.

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

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

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

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

Feedback is central to effective implementation.

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

The Guide can be used in many contexts.

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

The Guide is informed by the Framework principles.

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

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

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

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

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

- Teamwork in early childhood intervention: A practice brief.

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

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

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

Each step contains the following information.

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

Terminology note

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

1.3 The decision-making process

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

Step 1: Initial contact and engagement with child and family

Overview	This step involves two overlapping processes: - determining eligibility for service and immediate service needs - engaging with the child and family and beginning to build a trusting and positive partnership relationship
Aims	The family has a service team and an initial service plan that addresses their immediate needs. The family has some understanding of ECI and the service system and can begin making informed choices. The family feels a sense of relief, trust, and begins to understand the importance of family wellbeing and family quality of life in their journey post-diagnosis / post entering the service.
Why this step is important	Determining eligibility gives families access to specialist ECI services and supports to begin helping them address their child and family needs. When families first come in contact with ECI services, it is important that their immediate needs are recognised and addressed. This lays the basis for a relationship that is built on trust – the child, parents, carers and family trust that the ECI practitioners understand and respond to their concerns and priorities. And the family can see that the practitioners recognise family strengths and expertise and intend to build on it. This relationship forms the basis of all future work with the family.
Eligibility and service needs	
Actions	Ascertain eligibility for ECI and determine immediate services needed for the child and family In the case of children where there are developmental concerns or delay rather than a known disability, determining eligibility should not be a formal process but instead be a process of providing access to additional forms of support. If still waiting for a diagnosis, diagnostic teams need to be knowledgeable about family-centred practice, diversity-affirming practices, and referral pathways to support integrated services underpinned by biopsychosocial models of care. If assessments are required, authentic assessment procedures should be used, focusing on the child's functioning in familiar settings.

	This is not just a bureaucratic process, but one in which the ECI practitioners and services engage authentically with the family, tuning in to their concerns and needs, and respecting their personal and cultural perspectives. When engaging with Aboriginal and Torres Strait Islander families, it is important that families feel culturally safe. • Determine what the child and family's immediate service needs are and allocate the most appropriate practitioner It is important to respond to the family's most pressing concerns and allocate a practitioner best equipped to respond to these. As the family becomes clearer about what their goals are and what outcomes they want for the child and family, the support practitioner or team may change.
Issues to be decided	Is your service the right service for the child/family? • If yes, discuss what your service provides, what its aims are and how it works • If no, is another service more suitable? If yes, refer or provide information about the other services Does the child require assessment to determine eligibility? • If yes, what form of assessment is needed and who will be involved?
Engaging and partnering	
Actions	• Meet the child and parents, carers and families to begin building a positive and trusting partnership relationship Engage with the parents, carers and families to learn about who they are, what their journey has been, and what their current circumstances are. Seek to understand and acknowledge the parent's, carer's, and family's current understanding of the child and what they are feeling about their situation. Find out what they see as their most immediate needs. • Discuss the nature of the services / support available and the way in which ECI service work Introduce the key features of ECI best practice: the parent/practitioner partnership, the focus on the needs of the whole family as well as those of the child, and building child and parental capabilities. Explain the decision-making process and the steps ahead.

Issues to be decided	Is the family clear about their immediate needs? • If no, help them begin to understand what the most useful place might be to start? • If yes, what do they see as the most pressing need? What form of initial support is most appropriate for meeting these needs? • Which practitioners are required for the child/family? • Who are the preferred practitioners? • Does the child/family need a single discipline involved? • How many professionals are needed? Are other supports required to meet the family's immediate needs? • If yes, discuss what supports are already being accessed, what other supports are needed, and how they can be accessed • Would the family like to be linked to peer support programs and/or a parent advocacy and support organisation?
Who does this	• ECI intake team (including administration support staff) • Professional who the child is referred to • Any other team members
Where	• Phone, telehealth, appointment, walk-ins • Places where families feel comfortable, including universal services that are already supporting the family
Relevant resources and tools	• Authentic assessment procedures • Scripts for practitioners to use when describing how ECI services work with families, what their own role is, and introducing the idea of partnership • Referral pathway map • Initial intake forms and interview protocols • Referral to other appropriate services as required • Information about ECI and other relevant services • Information about parent support and advocacy groups

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

Overview	This step involves two processes: • Finding out about the child and family and their circumstances • Exploring family values, priorities and current strengths, and agreeing what outcomes will be the focus of work with the family.
Aims	The child and family feel welcome, safe, valued, and understood by their new practitioner or team, and are building a trusting relationship with them. The family begins to understand the importance of participation, inclusion, everyday opportunities, and child-affirming practices in shaping their child's development in the early years and beyond. Families feel a stronger sense of agency and control and feel empowered to collaborate in goal setting and future planning for their child, family, and community.
Why this step is important	To be fully effective, ECI practitioners and services need to take account of the child and family environment. The family's ability to provide their children with the conditions the children need to thrive is shaped by the circumstances in which they are living – their social support networks, financial and housing security, healthy physical environments etc. These conditions can compromise parental and family functioning. Although ECI services cannot directly address such challenges, they can be part of a network of services that is able to do so and be able to connect families with relevant support. To be fully effective, ECI services also need to understand and respect the values of the individual child and family and base support on their goals and priorities. Failing to do this will make it harder for the family to trust and engage with practitioners, and less likely that the strategies chosen will be acceptable to and implemented by the family. While families are usually able to describe what challenges they face, they are not always able to articulate what would help make things better or what precise outcomes they would like to achieve for themselves and well as their child. Helping them identify such outcomes is vital, since it forms the basis for subsequent steps in the sequence.

Finding out about the child and family and their circumstances

Actions

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

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

- **Finding out about the child**

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

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

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

- **Finding out about the family**

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

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

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

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

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

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

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

Issues to be decided	Learning about family support • Do the parents and family have other family members, other parents or friends who provide them with emotional and practical support? • If not, explore whether the parents would like to meet other parents of children with developmental challenges Learning about family circumstances • Is the family facing particular challenges regarding material basics such as housing, finances or food security? • If so, discuss what other services or supports are available to help them address the challenges in question
Agreeing what outcomes will be the focus of work with the family	
Actions	• Learning about family culture and values, and what matters to them All families have their own way of doing things that need to be understood and respected. This is particularly important in the case of families from diverse cultural backgrounds. Failing to respect family values and practices will place a strain upon the relationship and compromise the ability of practitioners to engage parents and carers as partners. • Learning about their long-term goals for the child and family Acknowledging the family's long-term hopes and concerns is important. No one can tell at this stage what the child may eventually be able to do and become, so nothing should be ruled out. Maintaining an attitude of constructive and realistic hope will help the family manage the inevitable uncertainties about their child's future. • Identifying short-term goals for the child and family While acknowledging long-term hopes and goals, it is also important to identify short-term goals that will begin the journey to achieving the long-term goals. This involves exploring what would make an immediate difference to their lives and what they think they would be able to change with support. Agreeing what initial goal or goals will be the focus of support and how you will know when these goals have been achieved. Making sure that the goals are achievable in a reasonable time span and do not place an excessive burden on the child or family. Finding out what matters most to the family is critical, but it is also important that, over time, the professionals share what they see

	as important outcomes. The final decision about choosing goals, however, always rests with the family. The goals chosen by the child and families initially may not be what the practitioners would have chosen, but it is important to respect their first choices as a basis for building a sound trusted partnership. With continued mutual sharing of information, the choices that the family makes should become progressively better informed and the practitioners have a better understanding of the family. • Identify how the family will know when the outcome has been achieved, and how this will be measured Ensure that the outcomes chosen can be measured in some way, and a baseline established against which progress can be monitored and any unexpected adverse consequences identified.
Issues to be decided	What child, parent and family goals and outcomes do the family want to work on? • What would make an immediate positive difference to the child and family's lives? • Are the goals realistic / feasible? • Can they be achieved with reasonable effort on the part of the child and family? • Can they be achieved within a reasonable time span? How will the child and family know when the goals have been achieved? • What will be different or what will change? • How can this change be measured?
Related practices	• Evidence-based information-gathering tools • Authentic assessments of child functioning • Standardised assessments
Who does this	• Main team member (allied health or education, social work) • Child • Parents, carers and family
Where	• Home • Telehealth • Universal and Early Childhood Education and Care (ECEC) settings

Relevant resources and tools	• Ecomaps • Authentic assessments • Routines-Based Interview • ECEC visits and observation tools • Home visit observation tools • Measurement Overview: Choosing and using outcomes measures
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Step 3: Agreeing on implementation strategies and developing an action plan

Overview	This step involves two processes: • Exploring what strategies are available for addressing the outcomes chosen • Agreeing what strategy or strategies will be used, and developing a child and family action plan
Aims	Families feel a stronger sense of agency and control and feel empowered to collaborate in goal setting and future planning for their child, family, and community. Wherever possible, children are involved in goal setting and choosing strategies. Parents, carers and families feel confident about the strategies they are already using that are working well. Parents, carers, families, practitioners and other team members are clear about the strategies being used to achieve the chosen goals, and who is doing what. The strategies chosen enhance child and family quality of life and do not compromise the child's rights and needs to have a balanced life or place the child and family under undue stress.
Why this step is important	This step is important because involves translating child and family goals into action plans and gives parents a meaningful role in planning and executing actions to meet their child and family needs. A strengths-based approach is essential because it empowers parents and families to be able to meet the needs of the child and family through their own efforts. Collaborative decision-making about strategies and action planning helps empower the family, building their sense of agency and control and their ability to develop goals collaboratively with practitioners.
Exploring what strategies are available	
Actions	• Exploring what the family already knows and does Explore with the family what strategies they already know about or use. The emphasis here should be on identifying and building upon existing family strengths and resources, as well as on building new competencies, and promoting the family's capacity to meet the needs of family members. • Sharing what other strategies are available

	Share other relevant strategies with families, that are either research-based or practice-based. Discuss ways in which family and other environment can be adapted to promote the child's participation and learning.
Issues to be decided	What does the family already know and do? • What strategies are the parents, carers and family already using that are working well? • Is there a particular person in the family who is most effective at using a particular strategy? • What are the other routines or activities in the day where the strategies could be used? • Does the family have other people or resources they could draw on to help implement the agreed strategies? What other strategies are available? • What other available strategies are there that are evidence-based or have been used effectively by other parents in similar situations?
Agreeing on what strategy or strategies will be used	
Actions	• Choosing the strategy or strategies Parents, carers, families and practitioners decide what strategies to use, with parents, carers and families having the final choice. Key considerations when choosing strategies are: • strategies that the parents and carers are already using effectively • strategies should seek to build on children's strengths and interests • strategies should enable the family to provide the child with opportunities to practice functional skills in everyday routines and activities • strategies should be feasible – able to be implemented by the family • strategies should not be so frequent or demanding as to compromise the child's right and capacity to have a balanced life • strategies should not be so frequent or demanding to place undue stress upon the parents, carers or family, or to compromise family quality of life

	• to the maximum extent possible, strategies should be implemented in the everyday settings in which the child spends their time • Developing an action plan Determine what support the family or others (e.g., ECEC or school personnel) need in implementing the strategy and who should provide it. Develop an action plan that describes the outcomes and strategies chosen, how the implementation will be supported, and what roles the parents, carers, professionals and any others will play. Key considerations when preparing an action plan: • The plan should include goals for children, for parents, carers and other family members (especially siblings), and for the family as a whole • Quality of life for all family members should be a major consideration – the plan should avoid placing excessive demands upon the child or family • The plan should specify when and how it will be reviewed
Issues to be decided	What strategies will be used and what form will the strategy or support take? This key question contains a number of related questions including: • where will the service be delivered / strategy applied? • who will be involved in supporting the parents and implementing the strategies? • how often, how much and for how long will the particular form of service last? The following questions can be used by parents, carers, families, practitioners and others to guide these decisions. i. What are the child and family goals? ii. What learning opportunities and/or practices are needed to achieve the child and family goals? iii. Who is able to provide the learning opportunities and/or support to meet the child and family goals? iv. Who among the team of professionals around the child and family is most appropriate to provide the support that the child and family need? v. Where will the learning opportunities and/or support occur?

	Given the above: vi. How often (frequency), how much (intensity), and for how long (duration) is it proposed that ECI services be provided to support the child and family goals being achieved? And then consider: • Is the frequency, intensity and duration in line with the Framework principles? • Will the frequency, intensity and duration increase the child's learning, development participation and wellbeing in the immediate and longer term? • How will the frequency, intensity, and duration of the intervention support and enhance the child and family's quality of life in the immediate and longer term? • How – and how often – will the frequency, intensity and duration be measured, monitored and adjusted to meet individual child and family outcomes? • Have the parents, carers, practitioners and others involved considered the risks – to the child, parents/carers and/or family – of providing, or not providing, this level of frequency, intensity and duration of intervention? Further guidance regarding these questions can be found in the three background papers • How much, how often and for how long: An evidence brief • Teamwork in ECI: A practice brief • Measures overview: Choosing and using outcome measures
Who does this	• Key worker or principal team member (allied health or education, social work) • Child • Family • Community • Services where the strategies are to be applied
Where	• Home • Setting chosen by family
Relevant resources and tools	• Goal-setting tools • Family planning resources

Step 4: Implementing the action plan and agreed strategies

Overview	This step involves two processes: • implementing the action plan and the agreed strategies • supporting the parents, carers, families and other services in implementing the strategies
Aims	Child, parents, family, and community (ECEC, school etc) use evidence-informed interventions and know what to do in their daily routines to achieve the chosen goals. Support provided by the ECI practitioners / teams has helped the family and others to apply the preferred strategies.
Why this step is important	Provide effective and relevant support that addresses the specific needs and goals of the child and family.
Implementing the action plan and the agreed strategies	
Actions	Support the family (or other caregivers) to implement the chosen strategies and supports, ensuring that the support is delivered in ways that the family is comfortable with.
Issues to be decided	What implementation support is needed? • What support do the parents, carers and families need when implementing the chosen strategy? • What form will the support take? • Who will provide the support? • When will the support be reviewed to check if it is adequate
Supporting the parents and other caregivers in implementing the strategies	
Actions	• Supporting implementation During the implementation phase, the role of the professional is to support the family and others involved with the child as they implement the strategy, and to help them make any necessary adjustments. The issues to be addressed are whether the strategies chosen are able to be implemented as intended, and whether they are being implemented with program fidelity. Any problems identified should be addressed promptly and the plan modified as required. It is important not to persist with strategies that are not working or are causing undue stress. Usually the people in the setting (could be the family or ECEC staff etc) know quickly if a strategy is going to work or be feasible in that setting. If they have been involved in the Step 3 (designing

	the strategy), they will be better able to make reasoned decisions about tailoring / adjusting to make the strategy more successful in implementation.
Issues to be decided	Has the support been provided as planned? • Who was involved in supporting implementation of the strategies and was the support provided as planned? • If not, what was the problem and how can it be addressed?
Who does this	• Principal team member (allied health or education, social work) • Child • Family • Personnel in community settings
Where	• Home • Settings chosen by family • Everyday community settings
Relevant resources and tools	• Intervention plans • Support resources • Progress tracking tools • Teamwork in early childhood intervention: A practice brief (see Appendix B)

Step 5: Evaluating the action plan and outcomes

Overview	This step involves two processes: • Reviewing the implementation of the chosen strategies • Monitoring the outcomes of the strategies
Aims	The family has been able to implement strategies and make the adaptations as planned and have gained a greater sense of confidence in being able to meet their child and family needs. The child has been provided with opportunities, adaptations and support to learn the functional skills that will enable them to participate meaningfully in home and other settings. The child has made appreciable progress towards meeting their chosen goals. The goals of other family members and of the family as a whole are being met.
Why this step is important	It is not always easy for children and families to learn to implement a particular strategy or make an adaptation to the family routines or environment. It is important to ensure that the child and family are able to make these changes successfully and see the benefits for the child and family. The aim of ECI support is to help the child and family meet their chosen goals. The criteria for success were discussed and determined in Step 2 when there was agreement reached about how the parents would know when the goal was achieved. In Step 5, these criteria are used to assess whether the desired improvements were achieved.
Reviewing the implementation of the chosen strategies	
Actions	• Monitoring the implementation of the chosen strategies The key questions are whether the strategy has been able to be implemented, and everyone has been able to contribute as planned. If not, then Steps 4 and 5 should be revisited. Implementation of strategies may occur in different settings where the child spends time – ECEC and school settings as well as in the home.
Issues to be decided	Were the strategies able to be implemented as planned? • Were the strategies implemented as planned? • If not, what was the problem?

	• Was it the way the way in which the support was provided? Reflective questions for practitioners to consider: • Have I been flexible and accommodated family preferences and strengths? • Have I been flexible and accommodated family preferences and strengths? • Have I actively facilitated contributions from the whole team? • Did I continue to build a trusted relationship with the family? • Did I always listen carefully and respond to what the family told me? • Did my words and behaviour help people feel affirmed and safe? • Was the strategy chosen difficult for the family to use? Do they need more coaching in using the strategy? Does the implementation strategy need to be modified to make it easier to apply? • Did the strategy fail to address the actual problem? • Did the family receive the support that was planned? • Were the right disciplines involved in supporting the family? • If not, what was the problem and how can it be addressed? Would another form of support work better? (Return to Step 4 to review the implementation plan.)
Monitoring the outcomes of the strategies	
Actions	• Monitoring the outcomes of the chosen strategies In addition to monitoring the processes involved in implementation, it is also important to monitor the actual outcomes. The role of the professional is to help the family use measures identified earlier (Step 2) to check whether the strategies produced the intended outcomes. Family capacities and circumstances vary so much that it is impossible to be sure that any particular strategy, even one that has been effective elsewhere, will work for a particular family. Any indication that a strategy is not effective or is even causing harm in some way should be a signal for immediate review. • Reviewing the action plan There are two kinds of action plans: a) a week-by-week plan that guides what the parents and practitioners are currently working on, and b) a longer-term plan that describes the overall aims, those involved in the partnership team and the agreed actions.

	The week-by-week plans are constantly revisited and updated while the longer-term plans should be reviewed at an agreed interval to ensure that they are still meeting the child and family needs, circumstances and desired outcomes.
Issues to be decided	Have the agreed outcomes been achieved? • If not, why not? • Were they the wrong outcomes – not really what the child and parent wanted, not achievable. If so, go back to Step 2 and review the chosen outcomes. • Was the chosen strategy ineffective or unacceptable to the child and family or others involved? Or have family circumstances and priorities changed? If so, go back to Step 3 to consider alternative strategies. • Was the strategy unable to be implemented as planned? If so, go back to Step 4 to review the implementation plan. Does the action plan need updating? • Does the long-term plan need to be reviewed and modified to meet a deeper understanding of or changed family goals or circumstances?
Who does this	• Key worker or principal team member (allied health or education, social work) • Other in settings where the child spends time • Child • Family
Where	• Home • Chosen setting by family • Community settings
Relevant resources and tools	• Outcome resources • Evaluation tools • Feedback forms

Step 6: Reflecting on progress and planning for transitions

Overview	This step involves two processes: • Reflecting upon the progress made and what the family and practitioners have learned • Preparing for transition to the next phase or service
Aims	Children, families and practitioners have made time to reflect upon the progress they have made and what they have learned about themselves and their child. Practitioners have also reflected on what they have learned and shared these reflections with families and colleagues. The child and family have been provided with the support they need to ensure a smooth transition to the next service or setting.
Why this step is important	Taking time with children and families to reflect on what they have experienced and learned is important because it helps the child, family and practitioner see the gains that have been made and consolidates child and family growing sense of confidence and agency. It helps them stand back and see the bigger picture – where they started, what they have done, and what impact this has had on the child and family. Such reflection sessions are valuable at any time but are particularly valuable for families leaving the service. Transitions to new settings can be stressful, with uncertainties about how the child will adapt, whether the next service or setting will understand their needs, and where they will find ongoing support. ECI practitioners and other services need to work with the child and family to ensure that they have the information and support they need for a smooth transition.
Reflection upon progress made and what has been learned	
Actions	• Making time for reflection on progress Make a time for a general reflection on what has been learned – by the child and family (what new skills have they developed?) as well as by the practitioners (what new strategies did they discover?).
Issues to be decided	Reflecting on the journey so far • Thinking back to where they began their journey, what has the family learned? What new understandings and skills have they gained? • What are their hopes for the next stage and what strategies will they use?

	• What have the practitioners learned from their involvement with the child and family?
Preparation for transition to the next phase or service	
Actions	• Transition support Plan and facilitate the transition process, ensuring continuity of care and support.
Issues to be decided	What transition support is needed? • What steps are involved / required in the transition? Which of these has been addressed to date and what more is there to do? • What support does the family needs to ensure the transition to the next service goes smoothly? • Who will provide this support?
Who does this	• Key worker or principal team member (allied health or education, social work) • Personnel in the service that the child and family are transitioning to • Child • Family • Community
Where	• Home • Chosen setting by family • New service settings
Resources	• Transition plans • Referral documents • Support resources

Where can I find more information

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

The site includes:

The Framework background papers

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

The resources

For practitioners

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

For parents, carers and families

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

For others

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

Appendix A

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

Please see next page.

National Best Practice Framework for Early Childhood Intervention

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



Introduction

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

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

As stated in the Framework, the overall aim of ECI services is

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

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

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

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

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

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

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

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

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

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

The following definitions are used in this paper:

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

These are sometimes collectively referred to as 'dosage'.

Evidence review

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

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

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

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

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

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

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

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

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

Other factors affecting decisions about frequency, intensity and duration

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

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

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

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

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

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

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

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

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

Decision-making questions about frequency, intensity and duration

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

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

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

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

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

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

Recommended decision-making questions

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

Parents/carers, practitioners and others to collaboratively discuss:

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

Given the above:

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

And then consider:

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

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

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

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

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

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

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Essential Resources

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

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

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

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Appendix B

Teamwork in early childhood intervention: A practice brief

Please see next page.

National Best Practice Framework for Early Childhood Intervention

Teamwork in early childhood intervention

A practice brief



Introduction

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

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

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

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

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

Collaborative teamwork

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

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

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

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

Who is on the team?

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

The size of a collaborative team can vary:

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

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

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

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

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

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

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

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

What form of collaborative teamwork will you use?

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

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

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

Key Worker Model

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

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

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

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

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

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

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

Considerations

Advantages

Families are central to the team

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

Disadvantages

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

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

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

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

Interdisciplinary model of teamwork

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

Considerations

Advantages

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

Disadvantages

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

Multidisciplinary model of teamwork

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

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

Considerations

Advantages

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

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

Disadvantages

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

Key decision-making questions

The team

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

Collaborative teamwork model

Based on the answers to the above question

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

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

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Essential resources

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

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

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eciAppendix C

Outcome measures overview: Choosing and using outcome measures

Please see next page.

National Best Practice Framework for Early Childhood Intervention

Measurement overview

Choosing and using outcome measures



Introduction

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

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

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

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

Who is this outcome measures resource for?

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

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

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

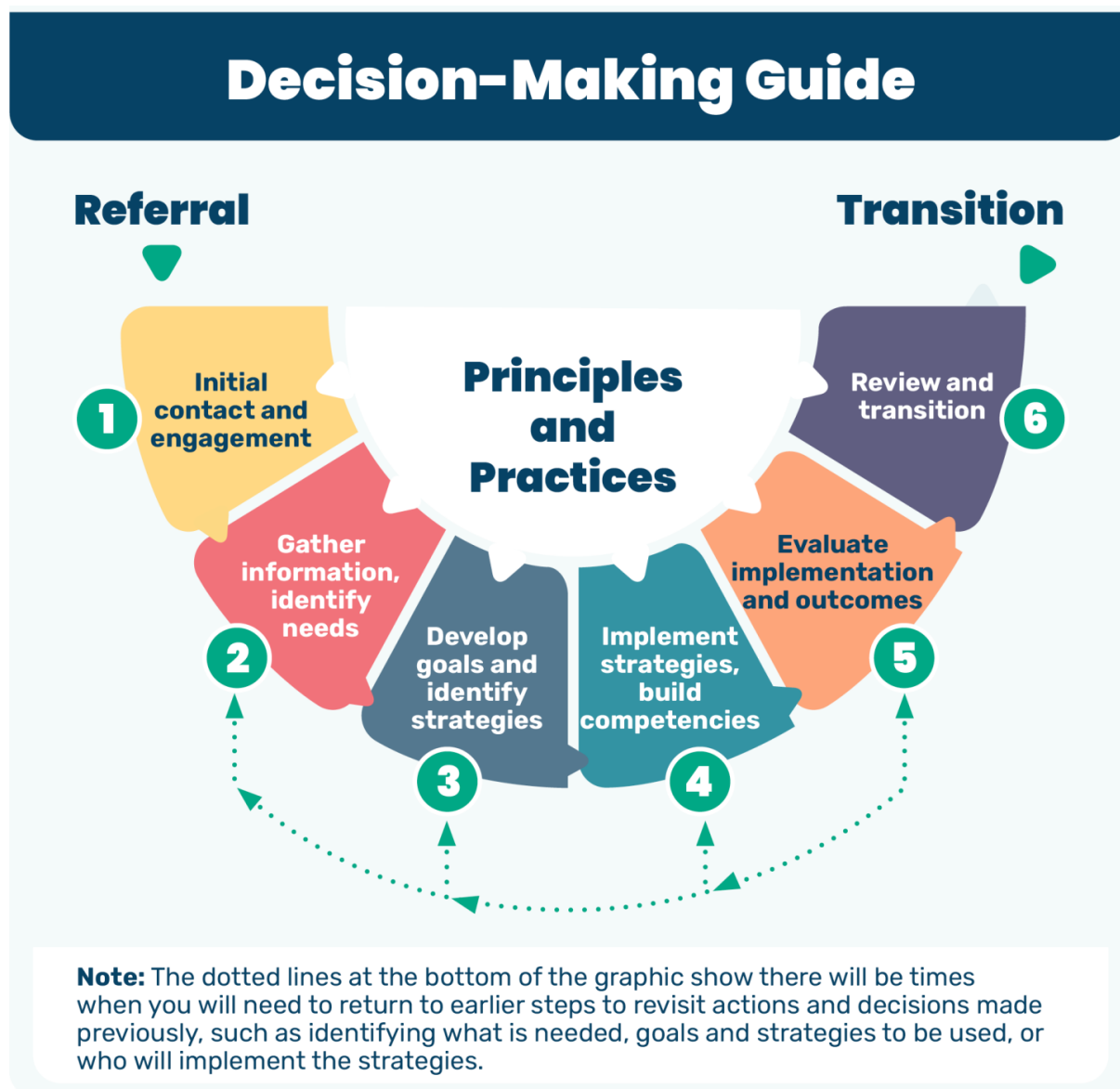


Figure 1. The six steps of the decision-making guide.

What is an outcome measure?

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

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

Outcome measures can be completed using various methods:

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

Some measures have multiple versions

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

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

How to use this outcome measures resource

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

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

Other important factors to consider include:

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

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

Step 1.

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

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

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

Step 2.

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

The summary information for each measure includes:

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

- training requirements
- how it can be accessed

Step 3.

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

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

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

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

Important considerations when choosing an outcome measure

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

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

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

Can I use a screening tool as an outcome measure?

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

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

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

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

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

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

Important considerations when using an outcome measure

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

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

- Review, score, consider and interpret the findings

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

These three activities are crucial.

Summary

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

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

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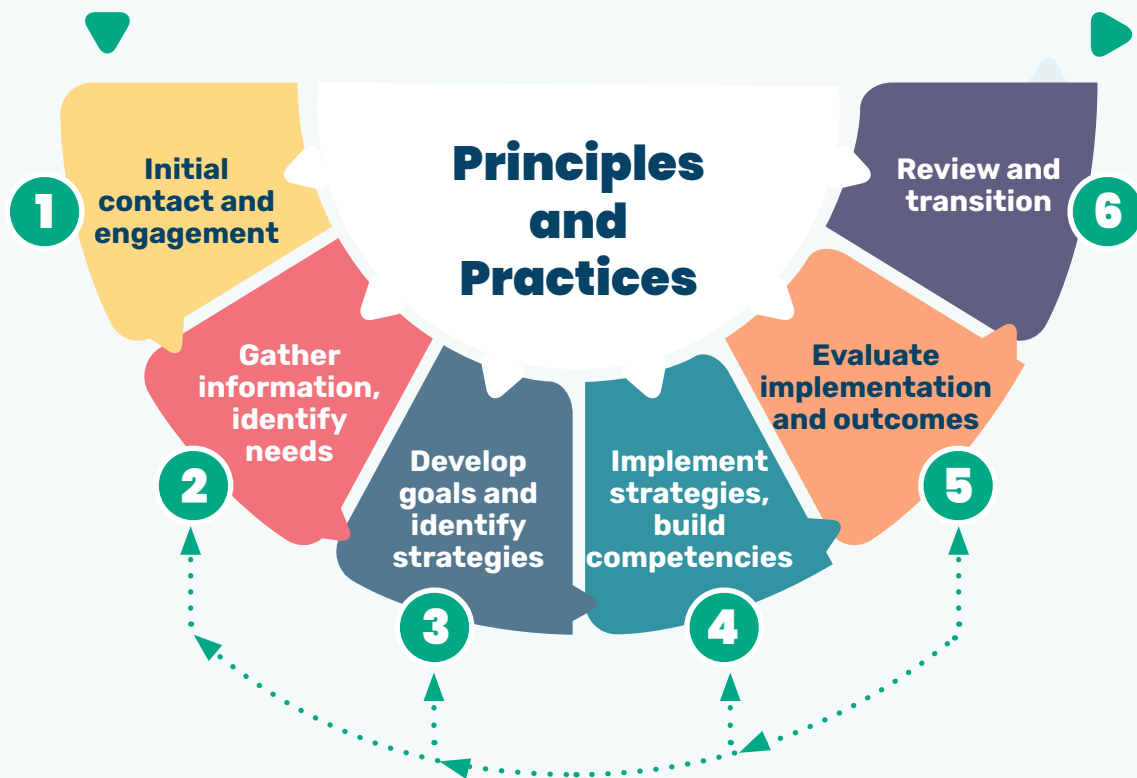
The outcome measures resources were produced by STRONG kids, STRONG future and Healthy Trajectories at the University of Melbourne.



Decision-Making Guide

Referral

Transition



Note: The dotted lines at the bottom of the graphic show there will be times when you will need to return to earlier steps to revisit actions and decisions made previously, such as identifying what is needed, goals and strategies to be used, or who will implement the strategies.

National Best Practice Framework

for Early Childhood Intervention

Theory of Change
Background paper



Healthy Trajectories
A Child and Youth Disability Research Hub



Melbourne
Disability
Institute



**murdoch
children's
research
institute**



**Advocating
for children
with disability**



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

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We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Indigenous knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Aboriginal and Torres Strait Islander colleagues and partners.

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The purpose of this paper

This Background Paper is one of a series of papers and resources that accompany the National Best Practice Framework for Early Childhood Intervention (the Framework). This paper provides an overview of the theory of change that underpins the Framework's approach.

1 Theory of change

1.1 What the theory of change tells us

The ultimate aim of early childhood intervention (ECI) and related services is to ensure that all children with developmental concerns, delay or disability and their families thrive in the early years. For families to thrive, they need support from connected and supportive communities, so we need communities to thrive as well. This is especially true for Aboriginal and Torres Strait Islander peoples where communities play an important role in supporting families and children.

The theory of change model shows how by implementing the Framework principles and practices, ECI and other services contribute to this ultimate aim. The theory of change is based on the following assumptions:

- Families seek the best outcomes for their children regardless of their personal circumstances
- Good outcomes can always be achieved despite conditions and services not meeting the highest standards, but are more likely when they do so
- More support is not necessarily better for children – over-servicing can be harmful for the child and family
- Children with developmental concerns, delay or disability and their families will need different supports depending on their circumstances
- Support can be provided informally as well as through universal services, foundational supports and the National Disability Insurance Scheme (NDIS)

The theory of change includes the following elements:

- The first level begins by identifying the different groups involved with children with developmental concerns, delay or disability - the Framework is most relevant for ECI practitioners but is relevant for all these groups in various ways
- The second level shows what these groups individually and collectively need to do to have a positive impact on children, families and communities, as well as on the services and governments that support them
- The third level shows what impact these actions have on children, families and communities, as well as on services and governments

- The fourth level shows what the outcomes are for children, families and communities
- Achieving these outcomes contributes to the ultimate aim of ensuring that all children with developmental concerns, delay or disability and their families thrive in the early years

The graphic below is a highly compressed version of this sequence. The text version that follows the graphic gives more detail of what is involved at each level. This fuller version is, in essence, a summary of how all the elements of the Framework work together to achieve the vision and aims of ECI. The Framework provides a full account of the principles and practices involved in helping children, families and communities thrive.

1.2 Theory of change graphic

The theory of change graphic is designed to be read from the bottom to the top. In the diagram and subsequent table, ECEC refers to Early Childhood Education and Care.



Ultimate Aim

All children with developmental concerns, delay and disability and their families thrive in the early years

What the outcomes will be

Children have secure and safe relationships, are participating meaningfully, and are developing new knowledge and skills

Families have positive support networks, are confident in their ability to meet their child and family needs

Communities are caring and culturally-safe, and are committed to welcoming everyone

What impact this will have

Children's learning, development and meaningful participation in everyday activities is enhanced by building on each child's strengths and interests

Family cultures are acknowledged and respected and their knowledge, skills and confidence are strengthened to support each child and family's quality of life

Community members understand child development and wellbeing and create safe, welcoming, inclusive and connected communities

Collaborative and integrated service/practitioner networks provide holistic support for children, families, communities and colleagues

Regulatory standards are evaluated using data on best practice outcomes in ECI

What we need to do

Build on child strengths and interests to enhance learning, development and meaningful participation in everyday activities and settings

Build trusted relationships that use family-centred and strengths-based approaches and recognise that children's wellbeing and development depends on the wellbeing of the family as a whole

Work together to create accessible services and spaces that understand and welcome children and families of diverse abilities and needs

Help build a collaborative and integrated network of holistic support for children, parents, carers, families, communities and colleagues

Commission and regulate services and standards according to the National Best Practice Framework

Who needs to be involved

ECI practitioners and services

Parents, carers and families

ECEC services and schools

Other child and family services

Government agencies

1.3 Theory of change in more detail

Who needs to be involved				
ECI practitioners and services	Parents, carers and families	ECEC services and schools	Other child and family services	Government agencies, program designers and relevant regulatory agencies
What we need to do				
Children	Parents, carers and families	Communities	Services	Governments
Practitioners and services understand and promote children's rights to participation and non-discrimination. Practitioners and services recognise and support children's need for a balanced life and support their right to have a say. Practitioners and services optimise children's meaningful participation in	Practitioners prioritise building trusted relationships with children, families and other services. Practitioners use family-centred and strengths-based approaches, and seek to enhance parents, carers and family' confidence and capabilities to meet child and family needs.	Community services and facilities are readily accessible to children and families and welcome them regardless of their abilities and circumstances. Families are supported to access community services and facilities, both formal and informal, and participate in community activities.	Support is provided by an integrated team, and practitioners develop authentic power-sharing partnerships with families. Services are adapted to local circumstances and needs. Services engage with Aboriginal and Torres Strait Islander children, families and community members in ways that are safe and	Government funding, whether individualised or commissioned, is based on best practice models of support. Regulatory standards align with and support best practice ECI. Implementation of the Framework is monitored through regular data collection.

everyday home, ECEC/school and community activities. Practitioners and services provide supports in the child's everyday home, ECEC, school and community settings.	Practitioners and services recognise that children's wellbeing depends upon the wellbeing of the family as a whole. Practitioners and services recognise and respect the diverse cultures and identities of children and families and foster connection with community and culture. Practitioners and services focus on outcomes agreed with families and use evidence-informed decision-making processes and strategies. Practitioners and services work together to help families access the social supports and material conditions they need to thrive.	Community services and facilities are supported to understand and meet the needs of children and families. ECEC services and schools welcome children and families and support their full participation, regardless of their abilities and circumstances.	respectful and foster connection with their culture and community.	Governments support the continual updating of the Framework, its evidence base, and resources. Governments support the identification of workforce competencies and training, and help ensure that there is a sufficient supply of skilled practitioners.
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What impact this will have



Children	Parents, carers and families	Communities	Services	Governments
Children have the same access to services and activities and the same opportunities to participate as all children. Children are better able to participate in everyday home, ECEC, school and community activities. Children have more opportunities to practise functional skills in the settings where they are needed. Children have a balanced life and a greater say in matters that affect them.	Parents, carers, families and practitioners are more likely to build and sustain effective partnerships. Families become more confident, capable and empowered, and better able to meet the needs of the child and family. Families from diverse backgrounds are more likely to engage with and make good use of ECI and other services. Interventions will be more effective in achieving the outcomes that parents, carers and families want. Services address goals for parents, carers, siblings and the family as a whole as well as goals for the child. Families are more likely to be linked to other services that can help improve the conditions under which they live.	Community members, services and facilities have a better understanding of the needs of children with developmental concerns, delay or disability and how to meet them. Communities are more inclusive and welcoming of children with developmental concerns, delay or disability and their families.	Parents, carers and families have timely access to best practice ECI and other support services. The services supporting families are better coordinated and are tailored for local circumstances and the needs of each child and family. Aboriginal and Torres Strait Islander peoples feel safe to engage with ECI and other services.	Regulatory standards are evaluated using data on best practice outcomes in ECI. There is a sufficient supply of an effective and competent workforce able to implement best practice. Best practice is well understood and the Framework used by everyone.



What the outcomes will be



Children will

- have secure, stable and safe relationships
- be building social skills
- be participating and developing their sense of agency
- have a positive sense of belonging to their family and community
- build strong identities and connections to their culture and community

Parents, carers and families will

- be confident in their ability to provide their children with the experiences and opportunities they need
- have positive views about their child's strengths, developmental progress and functioning
- be able to make informed choices and decisions about evidence-informed and high-quality ECI services and other supports
- have positive social support networks
- have a better family quality of life

Communities will be

- caring and culturally-safe
- confident in and committed to including everyone, regardless of abilities, backgrounds and circumstances
- accessible and providing authentic opportunities for participation
- connected and integrated, communicating and collaborating



What the ultimate outcome is



All children with developmental concerns, delay or disability and their families will thrive in the early years

2 Where to find more information

This paper describing the Theory of Change is one of a series of reports and resources that accompany the National Best Practice Framework for Early Childhood Intervention (the Framework). A copy of the Framework and supporting materials and resources, as listed below can be found [online](#).

2.1 Reports

The Framework

The Framework background papers

- Development of the National Best Practice Framework for ECI: A background paper
- National Best Practice Framework for Early Childhood Intervention theory of change – this document
- The Review Report
- Consultation reports
- Desktop review reports

2.2 Resources

For practitioners

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

For parents, carers and families

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

For others

- Guide for those working in ECEC and schools

- Guide for referrers to ECI
- Guide for policy makers and government departments



Ultimate Aim

All children with developmental concerns, delay and disability and their families thrive in the early years

What the outcomes will be

Children have secure and safe relationships, are participating meaningfully, and are developing new knowledge and skills

Families have positive support networks, are confident in their ability to meet their child and family needs

Communities are caring and culturally-safe, and are committed to welcoming everyone

What impact this will have

Children's learning, development and meaningful participation in everyday activities is enhanced by building on each child's strengths and interests

Family cultures are acknowledged and respected and their knowledge, skills and confidence are strengthened to support each child and family's quality of life

Community members understand child development and wellbeing and create safe, welcoming, inclusive and connected communities

Collaborative and integrated service/practitioner networks provide holistic support for children, families, communities and colleagues

Regulatory standards are evaluated using data on best practice outcomes in ECI

What we need to do

Build on child strengths and interests to enhance learning, development and meaningful participation in everyday activities and settings

Build trusted relationships that use family-centred and strengths-based approaches and recognise that children's wellbeing and development depends on the wellbeing of the family as a whole

Work together to create accessible services and spaces that understand and welcome children and families of diverse abilities and needs

Help build a collaborative and integrated network of holistic support for children, parents, carers, families, communities and colleagues

Commission and regulate services and standards according to the National Best Practice Framework

Who needs to be involved

ECI practitioners and services

Parents, carers and families

ECEC services and schools

Other child and family services

Government agencies

National Best Practice Framework for Early Childhood Intervention

A Guide for Early Childhood Educators



Our vision

All children with developmental concerns, delay or disability and their families thrive in the early years

The National Best Practice Framework for Early Childhood Intervention (the Framework) describes what high-quality evidence-informed early childhood intervention looks like to support children with developmental concerns, delay or disability, their parents, carers, and families.

The Early Years Learning Framework for Australia and the Framework align in their vision, principles, and practices. The aim of this guide is to engage with and support early childhood educators and early childhood intervention practitioners to work together to ensure our aligned vision and outcomes are achieved.

The Framework has been developed to support children with developmental concerns, delay or disability, their parents, carers and families, as well as universal, specialist and community services.

The Framework describes

- what high-quality evidence-informed practice looks like to support children with developmental concerns, delay or disability, their parents, carers, and families
- desired outcomes for children; parents, carers and families; communities; and services
- principles for guiding best practice
- practices, tools and resources for practitioners in the early years across education, health, community and specialist services
- what parents, carers and families can expect from early childhood intervention

Implications of the Framework for early childhood educators

Early childhood educators play a pivotal role in the development, learning, wellbeing and safety of all children, including children with developmental concerns, delay, or disability.

Early childhood educators are essential to creating quality, inclusive environments that support the meaningful participation of children of all abilities and their families, and to forming trusted relationships with parents, carers, and families.

The Framework seeks to improve outcomes for children with developmental concerns, delay or disability and their families by early childhood educators and early childhood intervention practitioners **working together** to

- **identify and respond to emerging** developmental concerns, delay or disability in a timely way
- **understand and protect the rights of children**, ensuring they are safe and free from discrimination, neglect and harm
- **identify and build on the strengths** of children and families
- **build strong nurturing relationships** with children and support peer to peer friendships among children and with informal supports in the community
- **recognise families' fundamental role** in their children's development, learning and well-being
- **establish partnerships** with parents, carers, families and other professionals
- **build trusted relationships and engage with Aboriginal and Torres Strait Islander** community-controlled organisations and leaders who are already trusted by families
- **use observations, and strengths-based, culturally relevant and safe** assessment tools to monitor progress
- **communicate with and enable children, parents, carers and families** to set their own meaningful and functional goals
- **develop children's learning outcomes** as a team
- **make reasonable adjustments** to optimise access, participation and engagement in learning.
- **implement** evidence- and trauma-informed practices and strategies
- **stay informed about policy developments** in early childhood and early childhood intervention
- **support each other in building** knowledge, skills, and confidence

- **understand and recognise** the Early Years Learning Framework for Australia and the National Best Practice Framework for Early Childhood Intervention
- **work with other local services, organisations and agencies** to ensure that there is a clear understanding of roles, and flexibility to establish clear and shared pathways and resources for supporting children and families

We know this is working well when

Children with developmental concerns, delay or disability

- enjoy access to experiences, interactions, opportunities and resources to participate meaningfully in early childhood education and care settings
- attend early childhood education and care regularly and are meaningfully involved in activities and routines
- have opportunities to learn, use and practice new knowledge and skills
- follow their interests and enjoy play opportunities with peers, and have the equipment and supports they need

Parents, carers and families raising children with developmental concerns, delay or disability

- feel they and their child are welcome and included in the early childhood settings in their community
- have positive views about their child's strengths, developmental progress and functioning in the early childhood education and care setting
- make informed choices and decisions about evidence-informed and high-quality early childhood intervention and early childhood education and care services that best meet their needs
- are confident in advocating for their child and family
- report that services respect and prioritise the perspectives of Aboriginal and Torres Strait Islander peoples, families and children and are culturally safe

Early childhood educators and early childhood intervention practitioners

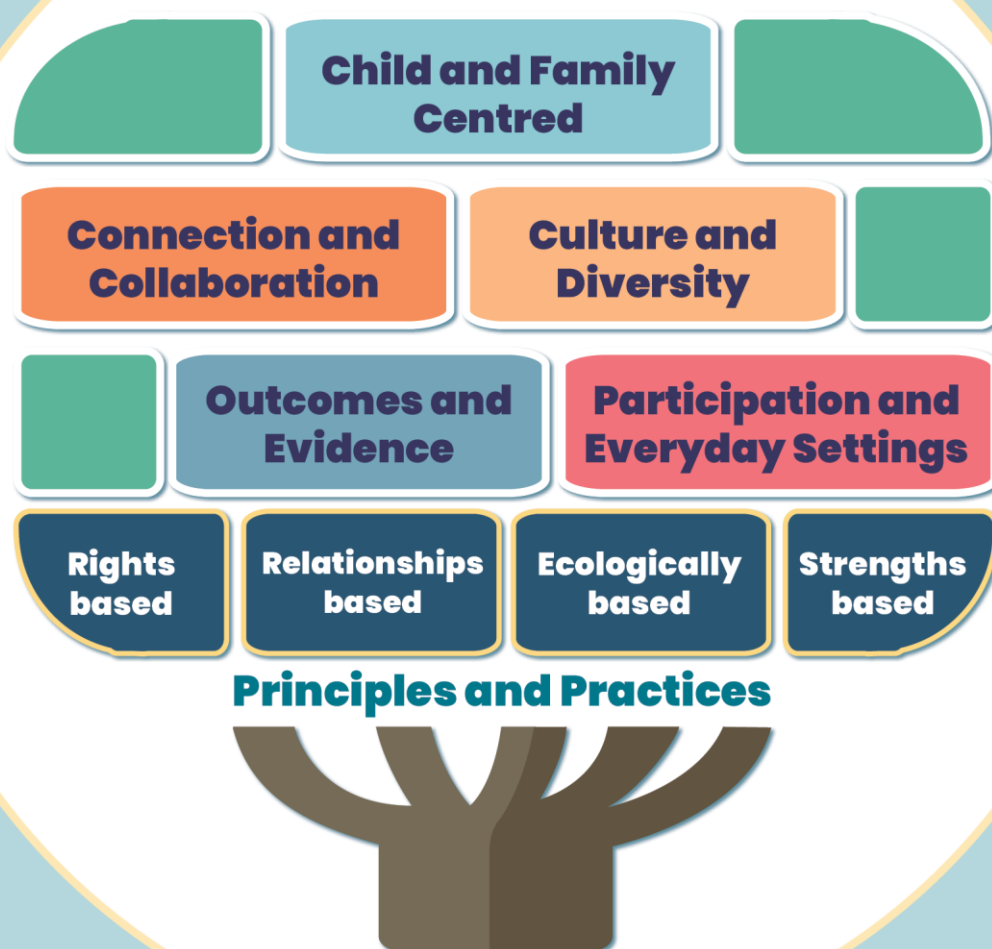
- work collaboratively with parents, carers, families and other services to focus on children's strengths, interests and preferences
- embed learning in the early childhood education and care environment, routines and activities rather than withdrawing children from the learning environment for therapy
- provide the least intrusive adaptations to support learning
- promote generalisation of strategies across the early childhood education and care environment, home and other settings
- provide learning opportunities that support positive interactions with peers

National Best Practice Framework for Early Childhood Intervention

All children with developmental concerns, delay or disability and their families thrive in their early years



Aims and outcomes for children, families, communities and services



An integrated system providing a continuum of support for children and families

Universal Supports

Foundational Supports

National Disability Insurance Scheme

Access Tools and Resources for the National Best Practice Framework for Early Childhood Intervention

You can find more information about the National Best Practice Framework for Early Childhood Intervention online here: <https://healthy-trajectories.com.au/eci-review/>

- **Practice guidance**
- **Looks like/doesn't look like practice tools**
- **Podcasts**
- **Videos**
- **Family resources**
- **Read about how the Framework was developed**



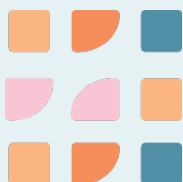
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National Best Practice Framework for Early Childhood Intervention

A Guide for Policymakers



Our vision

All children with developmental concerns, delay or disability and their families thrive in the early years

The Framework describes what high-quality evidence-informed practice looks like to support young children with developmental concerns, delay or disability, their parents, carers, and families.

The Framework has been developed in response to the Early Childhood Targeted Action Plan (TAP) Action 2.4 under Australia's Disability Strategy (2021-2031).

The aim of this guide is to engage with and support policy makers in their understanding of the Framework so that best practice in early childhood intervention can be used to inform policy development.

The Framework describes

- the vision and aims for children with developmental concerns, delay or disability and their families
- desired outcomes for children, parents, carers, families, communities, and services
- principles for guiding best practice
- practices, tools and resources for early childhood intervention practitioners, and
- guidance for parents, carers and families on what to expect from best practice early childhood intervention

The Framework is designed to be used by

- early childhood intervention practitioners
- parents, carers and families of children with developmental concerns, delay or disability
- universal services such as education and health services supporting children and families
- additional support services (such as child and family support services, mental health services); and
- community-based services and facilities

The National Framework for Best Practice in Early Childhood Intervention (ECI) aims to support the provision of a path to universal, equitable and high-quality ECI based on best practice for children with developmental concerns, delay or disability no matter the source of the ECI services and supports they seek and receive across Australia.

Policy implications of the Framework

Policy makers play a crucial role in developing stakeholder and evidence-informed policy and programs based on identified priorities and goals at the local, state and federal government levels, and in private and not-for-profit organisations. They can guide the decision-making that is responsible for standards and regulations. Policy makers also inform the allocation of resources and can advocate and engage with community members.

The Framework includes the guidance needed for ECI – a specialised and complex field of practice. It aims to inform policy decisions to address the shifts in practice currently needed to ensure best practice can be equitably received by children and families across Australia.

The vision, aims, principles and practices included in the Framework collectively aim to support:

- a recognition that **all children with developmental concerns, delay or disability need timely access** to best practice ECI
- **a shift** in delivery of ECI services from clinical to **everyday settings**
- a deep understanding of, and commitment to, **family-centred, culturally safe services and practices delivered by connected, collaborating teams**
- **the capabilities of parents, carers and families to strengthen** their children's functional skills
- a re-orientation of services and practices to be **outcomes-focused** - based on the primary aim of ECI that children, parent, carers and families are **included and meaningfully participate** in early years and community-based settings
- **a national agreement** on the aims and outcomes of early childhood intervention services and systems to drive alignment of policy settings and resourcing decisions across the States and Territories

This resource provides guidance to policy makers and program designers to support their work with services and organisations in the application of practices that:

- recognise and protect the rights of children
- recognise families' fundamental role in their children's, learning, development, and well-being, and that for children to thrive, families need to thrive. So, families, as well as children, need support
- acknowledge that positive and nurturing relationships are critical for children to thrive
- build on child, parents, carers and family and community knowledge, capabilities, and resources

- understand the impact of political, social, cultural and physical influences on children, families, communities and services
- promote children's voice, identity and emotional and behavioural wellbeing
- build children's strong identities and connections to their culture and community
- provide support and services that are culturally safe for Aboriginal and Torres Strait Islander children, families, and communities.
- value and respect the abilities, race, ethnicity, religion, gender, sexual orientation, and socio-economic status of children and families
- ensure children's inclusion, participation and meaningful involvement in places and spaces where they learn, develop and spend time
- ensure services are connected and integrated
- create welcoming and inclusive community environments where children and their families feel valued and accepted
- develop, measure and monitor outcomes for children, parents, carers and families
- ensure children and families have access to evidence- and trauma- informed early childhood intervention practices

How can policy makers use the Framework to improve outcomes with children and families?

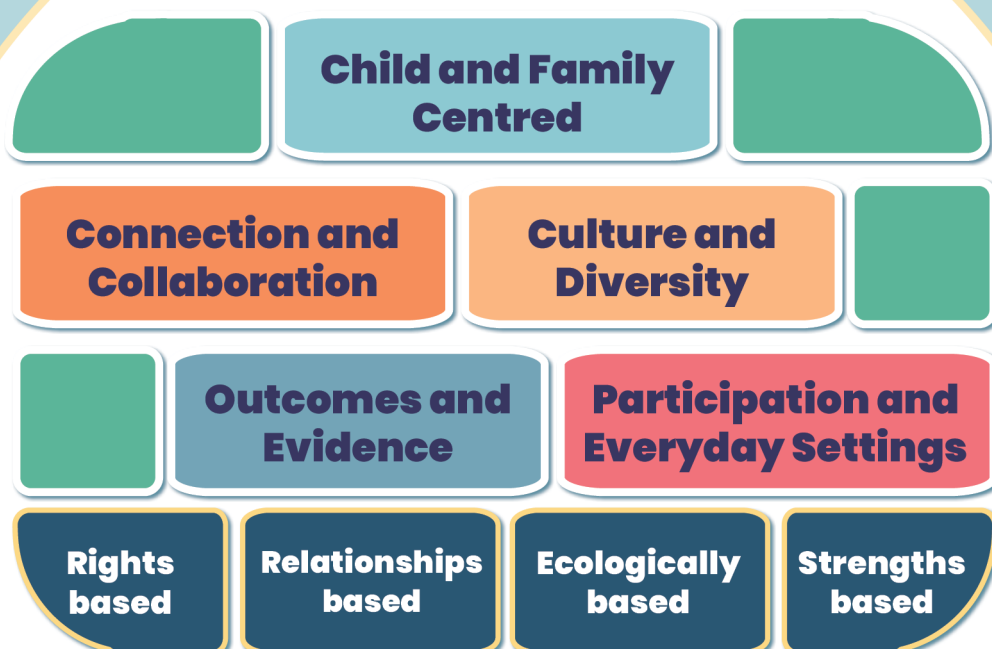
- **Raise public awareness** about the importance of using evidence-informed ECI practices with children with developmental concerns, delay or disability.
- **Inform funding models that** support nationwide access to evidence-informed early childhood intervention services.
- **Support workforce development among** practitioners in universal and specialist community, educational and health sectors on evidence-based practices and strategies.
- **Implement systems to track and evaluate the effectiveness** of early childhood intervention services to ensure and improve quality practice leading to child, family, community and service outcomes.
- **Consider the Framework's intended outcomes, principles, and practices** to inform the design of foundational supports and NDIS reforms across education, health and social care sectors at the local, state, territory, and Commonwealth levels.
- **Adopt the Framework as a key element** in national, state, and local level plans for the implementation of other strategies and frameworks, including [The Early Years Learning Framework](#); [Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031](#); [The National Aboriginal and Torres Strait Islander Early Childhood Strategy](#); [Towards Fairness- a multicultural Australia for all](#).
- Ensure that the **Framework is a living document**, so that it remains contemporary, and actively support knowledge translation and best practice.
- **Provide guidance on national standards and regulatory frameworks** pertinent to the early years.

National Best Practice Framework for Early Childhood Intervention

All children with developmental concerns, delay or disability and their families thrive in their early years



Aims and outcomes for children, families, communities and services



Principles and Practices



An integrated system providing a continuum of support for children and families

Universal Supports

Foundational Supports

National Disability Insurance Scheme

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- Looks like/doesn't look like practice tools
- Podcasts
- Videos
- Family resources
- Read about how the Framework was developed

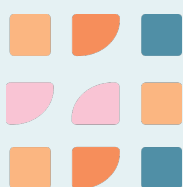


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National Best Practice Framework for Early Childhood Intervention

A Guide for Referrers to Early Childhood Intervention



Our vision

All children with developmental concerns, delay or disability and their families thrive in the early years

The National Framework for Best Practice in Early Childhood Intervention (the Framework) describes what high-quality, evidence-informed practice looks like to support children with developmental concerns, delay or disability, their parents, carers, and families.

The aim of this guide is to engage with and support professionals referring children and families to early childhood intervention to understand best practice, and to know what to expect from, and how to work with, early childhood intervention practitioners.

The Framework describes

- the vision and aims for children with developmental concerns, delay or disability and their families
- desired outcomes for children, parents, carers, families, communities, and services
- principles for guiding best practice
- practices, tools and resources for practitioners in the early years across early childhood intervention, education and health, and community services
- and provides guidance for parents, carers and families on what to expect from early childhood intervention

The Framework is designed to be used by

- parents, carers and families of children with developmental concerns, delay or disability
- universal services (such as education and health services) supporting children, parents, carers and families
- specialist and community-based support services (such as child and family services, mental health services, social services)

Implications of the Framework for professionals referring to early childhood intervention services

Professionals in health, education, and community services are usually the first point of contact with children with developmental concerns, delay or disability and their families.

As such, they need to keep abreast of current, changing policy and service landscape, to ensure they refer children and families to the most appropriate supports on a coordinated and timely basis.

Professionals in health, education, and community services are in an **optimal position to share information with parents, carers, families and other service providers** to support their understanding of best practice in early childhood intervention, as well as model what best practice looks like in their interactions with parents, carers and families.

To assist in their role as referrers to early childhood intervention services, **this resource provides guidance on the Framework**, which seeks to improve outcomes for children and families.

Applying best practice requires referrers to

- understand and use the principles of the Framework themselves, focusing on building family capability
- focus on strong and collaborative approaches with other professionals and services to foster a positive and smooth service pathway for children and families
- understand and protect the rights of children, ensuring they are safe and free from discrimination, neglect and harm
- recognise that positive and nurturing relationships are critical for children to thrive
- build on child, family and community knowledge, capabilities, and resources recognise families' fundamental role in their children's, learning, development, well-being
- understand the impact of socioeconomic, political, social, cultural and physical circumstances and influences on children's and families' core needs
- promote children's voice, identity and emotional and behavioural wellbeing
- provide support and services that are culturally safe for Aboriginal and Torres Strait Islander children, families, and communities.
- value and respect the abilities, race, culture, ethnicity, religion, gender, and sexual orientation status of children and families
- ensure children participate and are meaningfully involved in everyday places and spaces where they learn, develop and spend time
- value the importance of teamwork with practitioners from other disciplines to meet the goals of children, parents, carers and families
- create welcoming and inclusive community environments where children and their families feel valued and accepted, fostering a sense of belonging

- develop, measure, and monitor outcomes for children, parents/carers and families
- ensure children and families have access to evidence-informed early childhood intervention practices

We know this is working well when...

Children, parents, carers and families

- have timely and effective access to services and supports that meet their core and additional needs
- are able to smoothly navigate the service system in order to meet their goals
- have access to professionals and services working together, based on strong, collaborative and coordinated approaches
- are positively engaged with relevant services that are using evidence-informed practice
- have access to information and support if there is a need to wait for specialist services
- have increased capabilities, meaningfully participate in their community and can access and advocate for services

Professionals

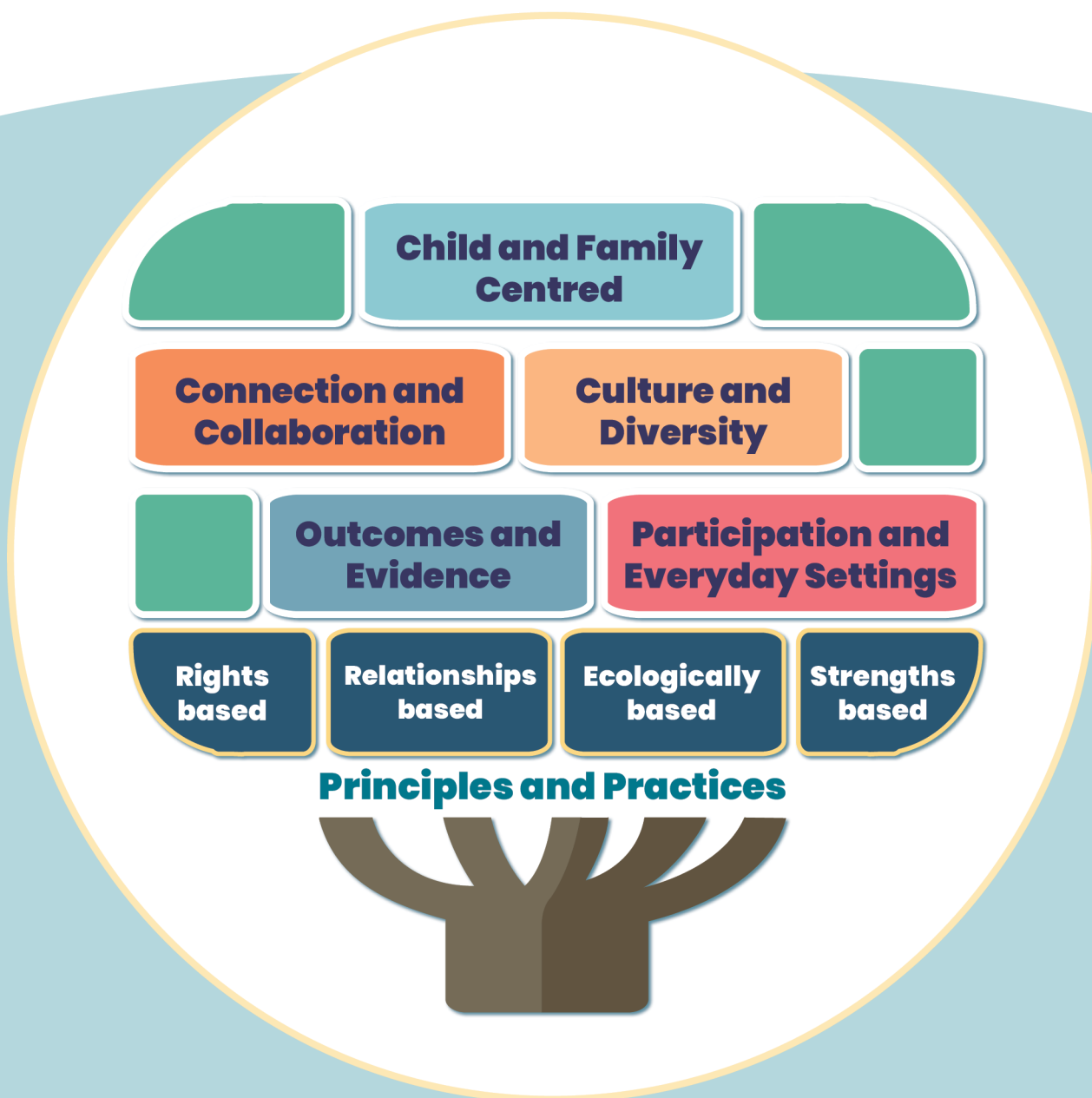
- have and maintain positive and trusting relationships with children, parents, carers and families
- build on the strengths (rather than deficits), interests, and priorities of children, parents, carers and families from the first point of contact
- use evidence- and trauma-informed observations and resources to identify children's developmental concerns, delay or disability early
- assist parents, carers and families to understand information and resources relevant to their child's developmental concern, delay or disability
- understand and identify the impact of socioeconomic, cultural, social and physical factors on children's learning, development and families' agency and wellbeing
- know and facilitate access to relevant resources and settings in the local community and service ecosystem, including peer support services for parents, carers and families
- actively foster connection, collaboration and coordination with universal and specialised services, and communities
- provide information to children and families on accessible community resources

National Best Practice Framework for Early Childhood Intervention

All children with developmental concerns, delay or disability and their families thrive in their early years



Aims and outcomes for children, families, communities and services



An integrated system providing a continuum of support for children and families

Universal Supports

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National Best Practice Framework for Early Childhood Intervention

Rights-based Practice guidance

What is the rights-based universal principle?

A rights-based approach involves recognising human rights principles and actively promoting and protecting those rights. Common principles underpinning a human rights approach include:

- participation (everyone has the right to participate in decisions which affect their human rights)
- accountability (effective monitoring of compliance with human rights standards and goals)
- non-discrimination and equality (all forms of discrimination in the realisation of rights must be eliminated)
- empowerment (everyone is entitled to claim and exercise their rights and freedoms); and
- legality (the law is consistent with human rights principles and recognises human rights and freedoms as legally enforceable entitlements)

Rights-based universal principle



Why is this principle important?

Australia has signed a number of key international rights conventions including the [UN Convention on the Rights of the Child](#), the [UN Convention on the Rights of Persons with Disabilities](#) and the [UN Declaration on the Rights of Indigenous Peoples](#).

Human rights are essential because they offer protections and support access to basic needs such as healthcare and education. They also positively promote opportunities such as the opportunity to participate in the economic, religious and political life of the country.

This principle relates to all other universal and key Framework principles and they should be applied together in practice.

What are rights-based practices?

Practitioners

- understand and promote the rights of children, people with disability and Aboriginal and Torres Strait Islander peoples
- respect and understand children's right to privacy
- understand a child's right to be safe from discrimination, harm or neglect is paramount
- understand that children have the right to learn and use the language and customs of their families
- share information about rights with parents, carers, families and professionals to support children's learning, development, participation and wellbeing
- build parents, carers and family capacity to advocate for their child and themselves
- support children to be decision-makers and have a say about matters that are important to them
- share information in ways that enable parent, carers and families to make informed decisions about matters that affect them and their children
- are participating fully in the social, cultural and economic life of the community
- use rights-based approaches to planning, implementing and measuring programs and supports

We know it's working well when...

Children, parents, carers and families

- have access to support and opportunities, free from abuse, neglect and discrimination
- have agency and a voice and provide informed consent in matters that affect them
- have strong connections to their culture and community
- can advocate for themselves
- are participating fully in the social, cultural and economic life of the community

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](#) and background papers



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National Best Practice Framework for Early Childhood Intervention

Rights-based

Looks like, doesn't look like guide

This resource has been specifically developed for Early Childhood Intervention (ECI) practitioners. While each set of *Looks Like, Doesn't Look Like* examples align with a specific principle, they are grounded in all the universal principles of the Framework. Some of these *Looks Like, Doesn't Look Like* examples may overlap with other principles. It is essential to consider the Framework as a whole when using these resources.

The *Looks Like, Doesn't Look Like* examples below have been carefully curated based on feedback from consultations and contributions from consortium teams. However, this is not an exhaustive list. Please use these resources as a guide and incorporate other relevant factors as needed to best support your practice.

Rights-based universal principle

 Looks like	 Doesn't look like
Learning about rights-based practices by reading, understanding, valuing and discussing the purpose and key principles of appropriate Conventions, Declaration and Standards	Lacking knowledge about rights-based practices, and assuming it is not part of their service with disregard or no knowledge of the Conventions and Declaration
Sharing accessible information about rights such as displaying easy- read rights information	Not offering information under the assumption that families will not understand it
Informing parents, carers and families of their right to privacy of information when asked to share information with new team members	Sharing information about a child or family with team members without consent
Providing accessible information including translated resources so families can make informed decisions	Providing complex or inaccessible communication that limits parent, carers and families' understanding of their rights

 Looks like	 Doesn't look like
Adopting human rights principles (participation, accountability, non-discrimination, equality, empowerment, legality) to support children's right to education	Not discussing child rights or principles of inclusion and participation with parents, carers and families
Understanding individual and systemic racism, other forms of discrimination and inequity by taking active steps in their practice and organisations to challenge discrimination and reduce inequity	Assuming that it is not their responsibility to understand systemic racism and discrimination and passively accepting that 'the system' is to blame for discrimination, inequities and poor outcomes
Ensuring all children, including Aboriginal and Torres Strait Islander children have equitable access to services	Overlooking specific needs and barriers faced by all children from diverse cultures and backgrounds in accessing services
Prioritising training and development to learn about systemic racism	Failing to recognise the importance of training to learn about systemic racism, and its impact on service delivery

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National Best Practice Framework for Early Childhood Intervention

Relationships-based Practice guidance

What is the relationship-based universal principle?

- A relationship-based approach is a way of working where establishing and maintaining trusted relationships between practitioners, children, parents, carers, families and others is essential
- ECI services are fundamentally relational services: they involve relationships that practitioners have with parents, carers, family, colleagues, and other services in the community
- The relationships that children have with their parents, carers, families and practitioners are central to positive child outcomes
- The relationship-based principle recognises that positive relationships are necessary for creating change or for being an effective practitioner. The relationship between the practitioner, the child, and parent, carer, and family is the medium through which collaboration, learning and change can occur
- Practitioners use core relationship skills – authenticity, empathy, active listening and responding, respect, reciprocity in all interactions with children, parents/carers, and families. To do this effectively, practitioners are aware of their own values, judgements, cultural backgrounds, and biases
- Practitioners build trust and relationships by advocating for the child and family and have a role in supporting families to build the capability to advocate for themselves where required
- Building trust with children and parents, carers and families takes time. Practitioners commit time to developing these relationships, supported by good leadership, system design, and funding models

Relationship-based universal principle



Why is this principle important?

- **How** services are provided is as important as **what** is provided: the effectiveness of the support provided by practitioners depends as much upon the quality of the relationships they establish with children, parents, carers and families as it does upon the practical guidance they provide
- Promoting positive parent/child attachments and responsive caregiving is critical for all later development. Positive relationships with parents, carers and families are the building blocks for healthy relationships and good child outcomes in the future. Positive relationships can also buffer children from the negative effects of growing up in difficult circumstances such as socioeconomic disadvantage
- Relationships are important for supporting initial parent, carer and family engagement with a service or practitioner as well as maintaining engagement over time
- Building trusted relationships is important for ensuring effective collaboration between universal systems of support, specialist service providers and ECI practitioners, as well as between ECI practitioners and their colleagues
- A relationship-based approach is based on evidence from multiple sources (including medicine, psychology, psychiatry, social work and early childhood intervention) that building trusting relationships is central to effective engagement and service delivery

What are relationship-based practices?

Practitioners

- recognise that effective support depends on building positive, trusted relationships among parents, carers and families, community members, universal systems of support and specialist service providers
- recognise and strengthen positive interactions between parents, carers and their children
- prioritise investing the time required for establishing trusted relationships between parents, carers, families, and service providers
- are proficient in the key relational skills of active listening, responding, empathy, authenticity, respect, and reciprocity
- continually reflect on their own values and reactions to ensure these do not compromise the development of positive, trusted relationships with children, parents, carers, families, and others
- seek feedback from parents, carers, families, and others to ensure that the support and services being provided are consistent with best practice
- recognise that Aboriginal and Torres Strait Islander families require culturally safe places and opportunities for family-led activities and connecting with community and culture; where families are in control and make informed decisions that suit them; where they can safely raise concerns without fear of child removal; and where there are opportunities for multigenerational support from other family members

- recognise that building relationships and collaboration is everybody's business and promote relationship building with children, parents, carers, families, communities and across services
- are transparent and involve parents, carers and families in all discussions and decisions that concern them

We know it's working well when...

- parents, carers and families say they feel listened to, respected, and understood in interactions with practitioners
- all services involved with the child are talking to each other and working collaboratively
- children have secure, stable and safe relationships with parents, carers, families and significant others
- parents, carers, families and practitioners recognise when relationships are effective and conducive to desired child and family outcomes
- parents, carers and families are connected to a social support network (including peers) that provides emotional, cultural, and practical support
- parents, carers and families make informed choices and decisions about ECI services
- Aboriginal and Torres Strait Islander families indicate that services are culturally safe
- parents, carers and families indicate that practitioners are collaborating effectively with colleagues and other service providers to provide the support they and their children need
- parents, carers and families say they feel listened to, respected, and understood in interactions with practitioners
- all services involved with the child are talking to each other and working collaboratively
- children have secure, stable and safe relationships with parents, carers, families and significant others
- parents, carers, families and practitioners recognise when relationships are effective and conducive to desired child and family outcomes
- parents, carers and families are connected to a social support network (including peers) that provides emotional, cultural, and practical support
- parents, carers and families make informed choices and decisions about ECI services
- Aboriginal and Torres Strait Islander families report that services are culturally safe
- parents, carers and families indicate that practitioners are collaborating effectively with colleagues and other service providers to provide the support they and their children need

Essential resources

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[Resources for practitioners](#) including the

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- Outcome measures resources

[Resources for families and others](#)

- The podcast where families and professionals discuss practices related to this principle

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National Best Practice Framework for Early Childhood Intervention

Relationship-based

Looks like, doesn't look like guide

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Relationships-based universal principle

 Looks like	 Doesn't look like
Investing time to build relationships with parents, carers and families, for example reading referrals and reports, meeting with and learning about background and needs	Keeping interactions with parents, carers and families short and rushed
Actively listening by asking clarifying questions such as asking for more details about a concern, to show engagement and understanding	Not individualising conversations or interactions as per the family needs; not acknowledging what the parents, carers or family member are saying
Following through on commitments that have been agreed upon and maintaining transparent communication	Forgetting or not noting what was previously discussed and repeating similar questions
Strengthening positive interactions between parents, carers and child and between other family members including siblings	Not relating to anyone other than child and parent or carer even when other family members are present

 Looks like	 Doesn't look like
Regularly asking parents, carers and families if services are being delivered according to child and family goals	Continuing to provide services without seeking feedback or reviews of goals
Using strategies to build trust and emotional security, attachment and bonding between a child and their parents, carers and family	Ignoring signs or cues when a child appears anxious, withdrawn, and not tuning in to attachment, bonding or emotional needs
Investing time in building connections between parents, carers and families and supportive network of peers and community groups	Assuming it is not their role to connect parents, carers and families to peer and other support networks
Supporting parents, carers and families to advocate for themselves	Speaking for parents, carers and families without involving them in decision-making and proceeding in meetings without their presence
Building strong relationships with Aboriginal and Torres Strait Islander families by collaborating with community leaders, providing culturally safe services, upholding data sovereignty, and maintaining transparency in data collection and sharing	Using rigid processes that ignore cultural context, collecting data without consent, and neglecting partnerships with Aboriginal and Torres Strait Islander communities and organisations, leading to mistrust and disengagement

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National Best Practice Framework for Early Childhood Intervention

Strengths-based Practice guidance

What is the strengths-based universal principle?

- The strengths-based principle acknowledges that children and families are experts in their own lives, and have existing knowledge, skills and resources to draw on. It affirms children's, parents', carers' and families' strengths, interests, and preferences in daily life to support child engagement, learning, development, participation and well-being in everyday activities
- This principle adopts a positive approach regarding the child and family's future, hopes, and aspirations. Strengths-based practice also looks for ways to tailor support around a child's interests, preferences and abilities, in ways that will make the child feel good about themselves. It also supports families by recognising and building on their existing abilities and support networks
- Practitioners also bring their own strengths, knowledge, skills, and confidence, which are critical to supporting families

Strengths-based universal principle



Why is this principle important?

- Acknowledging, supporting, and building on the strengths of children, parents, carers and families is one of the defining characteristics of the strengths-based principle
- A strengths-based approach focuses on what the child and family can do and what they can build on (strengths) rather than what they cannot do or what they lack (deficits)
- Using a strengths-based approach requires practitioners to collaborate with parents, carers and families in building their capabilities
- Working with families to make use of existing family resources is an important strength-building strategy. ECI services should add to and strengthen the support families of young children already have, not set up interventions in isolation from families' existing resources

- This approach is grounded in positive psychology and empowerment theory, ensuring that services and supports foster resilience, confidence, and long-term well-being. It adopts a positive approach regarding the child and family's future, hopes, and aspirations

The strengths-based principle is a significant element of key national strategies, including [*Safe and Supported: The National Framework for Protecting Australia's Children \(2021-31\)*](#); the [*Early Years Learning Framework for Australia \(V2.0, 2022\)*](#); [*Australian Government Early Years Strategy \(2024-2034\)*](#); and [*National Children's Mental Health and Wellbeing Strategy \(2021\)*](#). It is embedded in all Aboriginal and Torres Strait Islander policies and strategies as a key element of individual, family and community wellbeing and cultural safety. As such it underpins service provision, workforce development and practices including authentic assessment, program planning, and the design of supports and strategies with children and their families.

This principle relates to all other universal and key Framework principles and they should be applied together in practice.

What are strengths-based practices?

Practitioners

- recognise and value the unique relationships, strengths and capabilities of children, parents, carers and families
- build on the skills and strengths that children have and are developing
- acknowledge and build on the family qualities, parenting practices, and skills that will positively support the child and other family members to achieve their aims and desired outcomes
- use culturally safe, strengths-based assessment and practices to enable children, parents, carers and families to set meaningful and functional goals
- recognise the strengths of families' existing community connections and supports
- celebrate the strengths of children, parents, carers and families, and promote having fun and enjoyment
- communicate, document, and report using strengths-based language with families, colleagues, and broader networks

We know it's working well when...

- Children have a positive sense of their own strengths, abilities, feeling good about themselves and belonging to their family and community
- Parents, carers and families have positive views about their child's strengths, developmental progress and functioning
- Parents, carers and families are confident in their ability to provide their children with the experiences and opportunities they need
- Parents, carers and families continue to develop their own individual interests and life pursuits

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Strengths-based

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Strengths-based universal principle

 Looks like	 Doesn't look like
Working with families to identify and build on what their child can do, is good at and enjoys	Focusing on skills that children do not have when describing their development and learning
Recognising the unique relationships, strengths, interests and capabilities of children and families in written reports	Focusing on deficits of the child, and what children and their parents, carers and families cannot do, emphasising family limitations
Adopting a positive approach regarding the child and parent, carer and family's future and mentioning what strengths each member brings in achieving goals	Ignoring child and parent, carer and family hopes and long-term goals for their child in the planning of supports
Building on the skills that children already have or are developing	Using interventions that focus on deficits rather than building on what a child can already do
Acknowledging and promoting positive and responsive interactions among family members by	Ignoring positive interactions and focusing on changing interactions

 Looks like	 Doesn't look like
encouraging open conversations and supporting strong family connections	between the child and their parent, carer and other members of the family
Promoting and using guided discovery (supported exploration) and strengths-based interventions with parents, carers and family members that promote a child's autonomy, confidence and competence	Designing interventions to create dependency and reliance on service providers and discourage parent, carers and family members from using their own ideas and strategies
Reflecting strengths-based language in written documentation and communication by using words that foster a positive and empowering perspective on the child's abilities and progress such as motivated, resilient, persistent	Using deficit-focussed language in written documentation and communication by being overly clinical, impersonal, or focused only on diagnostic labels and limitations
Reflecting and challenging own values and assumptions about families and children prior to suggesting strategies	Assuming that all children, parents, carers and families share practitioner values and aspirations about what is 'good' for them

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National Best Practice Framework for Early Childhood Intervention

Ecologically-based Practice guidance

What is the ecologically-based universal principle?

- We know the environment in which children and families live has a big impact on outcomes. Everything from socioeconomic status to the physical environment in which children and families live can have an impact
- The ecologically-based principle takes environmental factors into account and makes sure services and support are tailored to fit individual circumstances
- This principle also ensures that children and their families are connected to broader formal services – such as health, parenting or peer support – as well as informal supports associated with positive family functioning

Ecologically-based universal principle



Why is this principle important?

- The consideration of a range of environments (home, ECEC, school or community) is essential in the planning and delivery of ECI services and supports
- The immediate environments in which children are living shape how they develop and function. These environments may require modification, to promote children's skill development and meaningful participation
- The complex and interactive nature of environmental influences on child, parent, carer and family outcomes recognises that in addition to ECI services, others may be needed to optimise child and maternal health, children's development and school readiness
- Focusing on the various conditions under which children and families thrive, ensures that support is holistic, inclusive, and sustainable over time
- The overall living conditions of families have a major impact on their ability to create an environment where their children can thrive
- Accumulated exposure to adverse experiences and environments can have a negative impact on a child's development and potentially have lifelong consequences - there is a

strong argument for acting early to address these environmental factors (i.e. political, social, cultural, socioeconomic, and physical) and reduce the risk of poorer developmental outcomes

- This approach is rooted in [Bronfenbrenner's Ecological Systems Theory](#) which highlights the importance of contextual influences on a child's growth and learning; the importance of an ecologically-based approach is also highlighted in other national ECI frameworks such as New Zealand's [He Pikorua](#) Practice Framework

What are ecologically-based practices?

Practitioners

- understand how cultural, social, political, and socio-economic factors impact children's, parents', carers' and families' experiences directly or indirectly
- build relationships and seek to integrate services with other providers to address adverse environmental factors and promote good outcomes for children and families
- tailor support to recognise and meet each family's situation, priorities and aspirations and local service context, and understand and respond flexibly to any changes over time
- work with other services and the family to provide wraparound support for the whole family to enable the family to meet its wider needs and therefore be able to provide an environment for children to thrive
- understand and use referral pathways for parents, carers and families who may require specialist services to support family functioning and children's wellbeing and safety - these services may include child and family services, services for family violence, mental health, addiction or housing stress
- work with parents, carers, families, community members, and other service providers to identify, create and maintain environments that provide all children with opportunities to learn and participate
- use strengths-based, culturally relevant, and safe tools or frameworks to work with families to identify adverse environmental factors that may affect parenting or family functioning
- encourage system flexibility to enable service pathways and outcomes that are locally appropriate, locally determined, well understood and integrated, and which adapt systems to meet family and community needs rather than requiring families to fit a standardised service system

We know it's working well when...

- practitioners and other universal systems of support and specialist service providers are collaborating with each other and the family to provide holistic support that is adapted for local circumstances and meets the family's needs and priorities
- children participate and feel they belong in their everyday home, community, ECEC and school environments
 - children build strong identities and connections to their culture and community
 - parents, carers and families have timely access to a range of formal support services to address family needs

- parents, carers and families know how to recognise and strengthen their informal supports
- families live in communities that are strong and inclusive places for children and their families to live, grow, play and connect

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Ecologically-based

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Ecologically-based universal principle

 Looks like	 Doesn't look like
• Attending to and respecting the environments in which the child and family are living – their social, physical and socioeconomic circumstances	• Paying no attention to the circumstances in which the family is living and focusing mainly on improving child and family functioning directly
• Partnering with parents, carers, families and other services to contribute to and provide wrap around support within homes, ECEC settings, schools and community whenever possible	• Working exclusively with the child, with little or not attention to the child and family's settings, contexts or circumstances
• Understanding the multiple relationships around the child and parent, carer and family through utilising ecomaps and family resource checklists	• Ignoring the broader context of the child's life, without considering the various relationships surrounding the child, parent, carer and family

 Looks like	 Doesn't look like
Facilitating children, parents, carers and families to access welcoming, culturally safe community spaces (such as local libraries, playgrounds) where they feel respected and included	Neglecting or not supporting the importance of community participation for children, parents, carers and families
Measuring child outcomes that show strong identity, cultural connections, and active participation in home, community, ECEC, and school settings	Using child outcomes and checklists, that focus only on developmental milestones, with little attention to cultural identity, sense of belonging, or community participation
Engaging and building relationships with Aboriginal and Torres Strait Islander organisations and leaders in culturally relevant settings to ensure referrals align with the family's cultural and social contexts	Relying solely on standardised service systems, without considering community-preferred spaces or engaging with Aboriginal and Torres Strait Islander leaders to support culturally safe referrals
Advocating for flexible service delivery models that can be tailored to meet the unique needs of children, parents, carers family and community	Assuming that all families and children need to fit within a standardised service system without considering multiple individual social, cultural, family factor or relationships

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National Best Practice Framework for Early Childhood Intervention

Child-centred Practice guidance

What is the child-centred key principle?

The child-centred principle involves supporting children's engagement, learning, development, participation, and wellbeing.

The principle recognises children's:

- voice, agency, and decision-making to the maximum extent possible
- strengths, interests and preferences
- right to:
 - learn, contribute, participate and be safe across everyday life settings, activities and routines
 - be affirmed as who they are
 - a good life
 - engage in fun, play-based and relaxing activities with peers, siblings and adults



Why is this principle important?

Responsive interactions, nurturing and stable relationships, secure attachment, and rich learning experiences in the early years of a child's life lay the foundation for developmental outcomes such as self-confidence, good mental health, motivation to learn, academic achievement, conflict resolution, emotional regulation, and friendships with peers.

Children learn best through interactions and experiences:

- with familiar people (e.g., family members including siblings, extended family members, peers, and educators/teachers)
- in everyday settings (e.g., home, ECEC, school, community settings)
- that are fun, motivating and based on strengths and preferences; and,
- that provide opportunities to practice previously mastered skills and to encounter, engage with and build on new knowledge and skills

This principle relates to all other universal and key Framework principles, and they should all be applied together in practice.

What are child-centred practices?

Practitioners

- In working with children
 - promote children's agency, voice, identity and emotional and behavioural wellbeing
 - recognise that children develop at their own pace
 - listen to and involve children in making choices and having input into goals to ensure they are meaningful and relevant
 - follow their lead to encourage engagement, exploration, learning and creativity
 - engage and involve peers and siblings in ways that are fun, enjoyable, and protective of their identity.
 - identify, respect and ensure timely access to the child's preferred method of communication (e.g., Auslan, spoken language, AAC) and assistive technology to support child interactions, play, mobility, independence and participation
 - use the least intrusive adaptations to enable children's participation in daily routines and activities
 - develop competency in trauma-informed practice to respond to the impact of trauma on children's social, emotional, behavioural, and communication development and family functioning
- Partner
 - with parents, carers, families, and children to identify and build on child strengths, evolving interests and preferences to support learning, development, and meaningful participation
 - with parents, carers and families to facilitate secure attachment and positive adult-child interactions and experiences with siblings, peers and adults during daily routines and activities
 - with parents, carers and families to ensure that the strategies chosen do not prevent the child from participating in regular activities with family and peers or to have an adverse effect upon child and family wellbeing
 - with parents, carers, families and other service providers to embed and reinforce learning within and across daily routines, activities, and everyday settings (e.g., home, ECEC, school) to provide contextually relevant, consistent and meaningful learning opportunities across the different areas of a child's life
 - with parents, carers, families, and other service providers to determine how individualised strategies will be developed, measured, adapted, and shared
 - with parents, carers, families, and other service providers, agree to and decide how and what information about the child and family is shared

- work with parents, carers, families, and communities to ensure children are safe
- learn about and value individual and family circumstances, cultural background and abilities of children and their families to tailor responses and supports
- develop, maintain, and apply their own skills and knowledge about child development, learning, participation, and wellbeing
- understand and apply professional obligations related to reporting abuse, harm and neglect
- recognise that their judgement of what constitutes 'neglect' can be influenced by their own values and assumptions and approach each situation with openness and cultural sensitivity to best support the child and family

We know it's working well when...

Children

- have secure, stable and trusting relationships with parents, carers, families, and significant others
- are building social and self-regulation skills, and strong identities through interactions with other children, families, and community
- have connections to their culture and community
- are listened to and have a voice in matters that affect them
- learn and use new knowledge, functional and self-care skills in everyday life

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Child-centred

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Child-centred

 Looks like	 Doesn't look like
Identifying activities that children like to do by themselves or with others to build on their strengths and interests	Designing activities that exclusively focus on skill deficits or are not functional, fun, or satisfying for the child
Observing, listening and involving children in making decisions about things that matter to them	Overlooking opportunities for children to choose their goals, strategies, and settings, while disregarding their interests and failing to ensure goals are meaningful and relevant
Maintaining knowledge of current research about child learning, development, participation and wellbeing	Using specialised strategies based on professional experience alone, without considering child, parent, carer and family values, wisdom and the best available research
Understanding, the individual impact of delay or disability on the child's learning, development, participation and wellbeing	Using a "one-size-fits-all" approach and strategies without considering children's individual development, interests, strengths and preferences

 Looks like	 Doesn't look like
Ensuring and advocating for children to have fun and friendships, irrespective of developmental concerns, delay or disability	Focusing on children's deficits in all interactions, forgetting that they are children first
Understanding that there is no single "right" way to think, learn, or behave	Expecting all children to respond to interventions in the same way or trying to "fix" behaviours that are different from the norm while trying to make the child conform to typical behaviours or ignoring their unique ways of interacting with their environment
Partnering with parents, carers, families, peers and others in the community to create enjoyable, play-based and incidental learning opportunities within daily routines that allow for practice	Teaching specific skills through massed repetition in a contrived setting with no clear functional or participation and wellbeing outcomes
Developing goals with the child, parents, and carers that build on their strengths, their interactions and learning opportunities	Developing goals that only focus on deficits or problems to be fixed
Sharing information about how children learn and develop through play and practice in all their daily activities and interactions with peers, siblings and adults	Suggesting or using the "more is better" approach for service provision
Responding promptly and positively to children's attempts to engage in interactions with siblings and peers during everyday activities and routines	Prioritising adult interactions without providing balanced opportunities for peer interactions
Providing children with explicit, timely, clear feedback and consequences to increase participation, play, learning and skill development	Providing vague or generalised feedback not involving the child

	Looks like		Doesn't look like
	Talking with the child, parents, carers, and families about children's safety first, while considering mandated obligations regarding child safety and wellbeing		Not considering children's safety and wellbeing as part of their role
	Understanding, identifying, and responding to the differential impact of trauma		Not considering children's socio-emotional-behavioural development and family functioning in relation to trauma

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National Best Practice Framework for Early Childhood Intervention

Family-centred Practice guidance

What is the family-centred key principle?

The family-centred principle recognises the central role of families in a child's development. It respects families as the experts on their child and understand their child's needs and strengths as well as those of parents, carers, siblings and the family as a whole.

Valuing family strengths and forming strong, trusted partnerships among parents, carers, families, practitioners, and other support services, ensures support is tailored to families' needs and circumstances. Sharing decision making, planning and problem solving empowers families and strengthens their ability to support their child's development and wellbeing. This process brings in the knowledge and skills of all involved.

Being family-centred requires recognising family priorities, needs and circumstances, and providing support that is individualised, flexible, and culturally relevant. It strengthens the ability of parents, carers and family to support and advocate for their child's growth and well-being.

Only families can deem if the services received are family-centred.



Why is this principle important?

- Families play a central role in a child's development. When families are actively involved in planning, delivering and monitoring services and supports, children feel secure, connected and experience better developmental, social, and emotional outcomes
- By prioritising family strengths, preferences, and cultural values, this principle promotes the capability and confidence of parents, carers and families, which in turn, leads to more consistent and meaningful support for the child and other family members
- By building on families' resources and supporting them to use both informal and formal supports and services, the core needs of parents, carers and families are more likely to be met, enabling them to support their children's learning and development

- Building strong partnerships between parents, carers, families and practitioners ensures that strategies are practical, sustainable, and tailored to the family's and child's everyday environment
- A collaborative relationship between parents, carers, families and service providers empowers them as decision-makers. It supports understanding of raising children with developmental concerns, delay or disability, leading to improved outcomes for the child and family

The family-centred principle is included in other key national frameworks and policy documents including the [Early Years Learning Framework V2.0, 2022](#) and the [Early Years Strategy 2024-2034](#). It is also a key feature of other international frameworks.

This principle relates to all other universal and key Framework principles, and they should all be applied together in practice.

What are family-centred practices?

Practitioners

- understand that parents, carers and families are the child's first and most important influence
- listen to and respect the knowledge, values and decisions that parents, carers and families bring about their child, family and daily life
- respect the personal and cultural beliefs, priorities, preferences and circumstances of parents, carers, family members and children
- build trust and rapport with families through open and respectful communication and actions
- recognise and value the strengths and contributions of each family member
- collaborate with families to set goals, both individual and whole-of-family and make decisions that reflect the family's priorities, concerns, preferences and needs
- ensure distinct and/or combined goals for children, parents, carers, and families are considered and formulated
- are non-judgmental and respectful in response to family views and decisions
- actively involve parents, carers and families as equal partners in planning and implementing strategies that they can use at home, in play and during daily routines
- share information (e.g., about service options and evidence) with parents, carers and families in a complete and unbiased manner
- work with parents, carers and families to develop capabilities to advocate for their child and family
- provide parents, carers and families with access to independent and evidence-based/appropriate information about additional supports and resources that might help them achieve their aims and support family wellbeing
- provide information in a way that is accessible to parents, carers and families
- recognise that Aboriginal and Torres Strait Islander families require culturally safe places and opportunities for family-led activities and connecting with community and culture;

and where families are in control and make decisions that suit them; where they are supported to fully understand what is being said and can safely raise concerns without feelings of shame and fear of child removal; and where there are opportunities for multigenerational support from other family members

- build trusted relationships and engage with Aboriginal and Torres Strait Islander community-controlled organisations who are already involved with and trusted by families

We know it's working well when...

Parents, carers and families

- have positive views about their child's strengths, developmental progress and functioning
- are confident in their ability to provide their children with the experiences and opportunities they need
- can make informed choices about quality evidence-informed ECI services and other supports that will best meet their child, parent, carer and family needs
- are confident in advocating for their child and family
- Identify, communicate, and have a positive social support network providing emotional, cultural and practical support
- are participating in the social, cultural and economic life of the community
- are continuing to develop their individual interests and life pursuits

Essential resources

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

[Resources for practitioners](#) including the

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National Best Practice Framework for Early Childhood Intervention

Family-centred

Looks like, doesn't look like guide

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The *Looks Like, Doesn't Look Like* examples below have been carefully curated based on feedback from consultations and contributions from consortium teams. However, this is not an exhaustive list. Please use these resources as a guide and incorporate other relevant factors as needed to best support your practice.

Family-centred

 Looks like	 Doesn't look like
Presenting information and knowledge about the family-centred practice model of service provision to all parents, carers and families	Assuming that parents, carers and families want an expert model and providing services based on a medical- or child-centric model of service delivery, assuming that family-centred care only 'works' with some families
Recognising and valuing parents, carers and families as the child's first and most important influence by actively involving them in decision-making and daily activities	Not creating opportunities for parents, carers and families to be actively engaged in making decisions and setting goals and supporting their child to learn and develop across all areas
Listening to and respecting the culture, knowledge, and values that parents, carers and families bring about their child, family and daily life	Disregarding or undervaluing the insights, preferences, and decisions of parents, carers and families, and failing to tailor services

 Looks like	 Doesn't look like
Communicating openly and respectfully and valuing the strengths and contributions of parents, carers and families	Not taking time to listen and use information shared by parents, carers and families; not helping parents, carers and families to feel comfortable in sharing what they think
Inviting parents, carers and families to have trusted people or other involved professionals and practitioners participating in conversations	Working in isolation from other professionals, practitioners and services involved with the child or family, with no consideration of their holistic needs; not encouraging having people they trust as part of communications
Providing parents, carers and families with comprehensive and unbiased information about service options and evidence, ensuring they are well-informed to make decisions	Filtering information based on assumptions about what the family can handle or cope with; withholding potentially beneficial information from parents, carers and families without consulting them
Making sure parents, carers and families are provided with regular feedback; ensuring that progress is documented in ways and formats that meet their needs, to help them to understand and implement what will help their child	Not recording accurately or without sufficient detail, using professional jargon and complex language, making it difficult for parents, carers and families to understand documentation or progress
Building relationships with parents, carers and families so they can confidently determine where, when and how conversations and discussions occur	Being inflexible about the times and venues for interactions and how, why and with whom conversations are held
Formulating goals that include the child, parent, carer and family to ensure skill development, enhanced interactions, and increased family functioning and quality of life	Not considering parent, carer and family goals or well-being, resulting in unmet family needs, reduced family engagement, and suboptimal child development outcomes

 Looks like	 Doesn't look like
Working with parents, carers and families in the development of capabilities to advocate for their child and family	Assuming parents, carers and families already know, or are not ready for, how to advocate for their child and not providing information that would support or build their advocacy skills
Respecting the personal and cultural beliefs, priorities, preferences, and circumstances of parents, carers, family members, and children	Applying a one-size-fits-all approach without considering each family's dynamics and cultural contexts
Building strong relationships and family-centred care with Aboriginal and Torres Strait Islander families by respecting culture, Elders, Country and working together to set goals and identify appropriate services	Not acknowledging the relevance and importance of cultural context, collecting information without consent, and neglecting partnerships with Aboriginal and Torres Strait Islander families and organisations, leading to mistrust and disengagement
Recognising that extended family and community are part of the wraparound support; recognising extended family members and the importance of grandparents and aunties in caring for Aboriginal and Torres Strait Islander children	Focusing only on parents and carers and overlooking the role of the wider family and community in raising Aboriginal and Torres Strait Islander children
Linking families with peers via peer support and parent support programs to build support networks and collaborative care	Not providing opportunities or information for parents, carers, and families to connect with peers or access support programs, leading to dependency on professionals
Ensuring parents, carers and families are included in all decisions and discussions affecting them, so that families are part of all decision-making about their children, with supports determined by family decisions	Being party to discussions and decisions about the child and family without the parent, carer and family participating

 Looks like	 Doesn't look like
Supporting families and children while they are waiting for specialist services required for formal support pathways	Leaving families unsupported while they are waiting for services to be formalised
Establishing a variety of neutral and safe spaces for Aboriginal and Torres Strait Islander families to ask questions (for example pop-up playgroups, community centre events, online telehealth chats), with local Aboriginal and Torres Strait Islander people employed as allied health assistants to be a conduit between families and service providers	Not upskilling to learn about Aboriginal and Torres Strait Islander peoples, and cultural safety
Inviting families to bring all/any of their children to meetings and discussions	Assuming all families have ready access to child care and transport

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National Best Practice Framework for Early Childhood Intervention

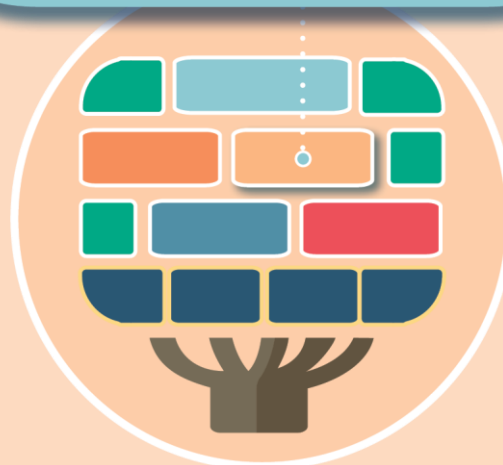
Cultural Safety Practice guidance

What is the cultural safety key principle?

A culturally-safe environment is one that Aboriginal and Torres Strait Islander peoples experience as safe for them - where they feel safe, valued and respected and free from racism and discrimination, and where there is no attack on, challenge or denial of their identity and experience.

Cultural safety is about individuals, organisations, and systems being aware of the impact of their own culture, values and beliefs on Aboriginal and Torres Strait Islander peoples and acting to intentionally create and maintain environments where all people are treated in a culturally respectful manner. Cultural safety requires a non-judgemental and curious attitude, critical reflection of one's own beliefs and actions, and a commitment to lifelong learning.

Cultural safety principle



Why is this principle important?

Cultural safety

- ensures Aboriginal and Torres Strait Islander children experience safe, nurturing, and positive environments, where their voices are heard and valued, and they are free to explore and express themselves and their culture, views and needs
- is vital for achieving justice and equity for Aboriginal and Torres Strait Islander peoples; addressing the historical and ongoing impacts of racism and colonisation; reducing health and social inequities; and improving access, quality, and safety in health, education and other services
- builds trust, addresses alienation and disengagement from services and supports required by families, and reduces disparities in socioeconomic outcomes.
- reduces fear of child removal arising from interactions with allied health and other health and disability practitioners and services, addressing a significant barrier to families seeking advice and support for children
- emerged initially from Māori in Aotearoa New Zealand and has been advocated and developed consultatively in Australia by Aboriginal and Torres Strait Islander peoples. It

addresses the intergenerational impacts of colonisation and the systemic racism that pervades Australian service systems.

The cultural safety principle is enshrined in key national frameworks and policy documents including the [*National Agreement on Closing the Gap*](#), [*The Early Years Strategy 2024-2034*](#), the [*National Aboriginal and Torres Strait Islander Early Childhood Strategy*](#), the [*NDIS First Nations Strategy 2025-30*](#) and [*Safe and Supported: The National Framework for Protecting Australia's Children \(2021-31\)*](#).

This principle relates to all other universal and key Framework principles and should be applied together in practice.

What are culturally safe practices?

Practitioners

- take the time to build trusted relationships through deep and open-minded listening before commencing any service delivery
- learn about and respect Aboriginal and Torres Strait Islander cultural perspectives on child-rearing, learning and behaviour
- engage with children and families in their everyday settings, including through outreach in the community and/or through Aboriginal and Torres Strait Islander community-controlled organisations
- recognise that Aboriginal and Torres Strait Islander cultures are not all the same and be guided by families about how they want to share their culture and what is important to them
- promote self-determination and family-determined/led decision-making
- recognise that Aboriginal and Torres Strait Islander worldviews on disability are inclusive, with children accepted and included at their own pace and at their own level; being mindful of any shame or stigma around disability, stemming in part from institutional and systemic racism and past/ongoing interactions with services/governments
- use trauma-aware and healing informed skills to work positively with families
- support children and families to connect to their culture, Country and language
- celebrate the strengths and identities of children, families and communities, and base assessments and practices on those identified strengths and cultural identities
- assume that families want the best outcomes for their children and don't rush to judgement based on their own values
- actively seek to be good allies with Aboriginal and Torres Strait Islander families, communities and organisations
- engage in ongoing learning, taking action, critically reflecting and improving practice, including through confronting previously held understanding and beliefs, and prioritising Aboriginal and Torres Strait Islander perspectives and ways of knowing, being and doing
- be open and non-judgemental in listening, receiving feedback and learning from Aboriginal and Torres Strait Islander families, communities and practitioners
- reflect on and address discriminatory or harmful individual and organisational attitudes, assumptions, and behaviours

- authentically engage with Aboriginal and Torres Strait Islander communities and community-controlled organisations in order to connect with local culture and to build trust with community members and families

We know it's working well when...

Aboriginal and Torres Strait Islander peoples report that

- they feel welcomed, listened to and respected
- they see positive changes in their child
- their experiences are believed and validated
- their cultures are centred and valued in service design and delivery
- they feel welcomed and respected in service environments
- they see other Aboriginal and Torres Strait Islander people working in positions of power and authority
- they do not experience any form of racism

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Cultural Safety

Looks like, doesn't look like guide

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Cultural Safety



Looks like

- Using terms that focus on children's learning and development and well-being of families (e.g., early childhood supports) when talking about ECI services and supports

- Taking personal responsibility to learn about local Aboriginal and Torres Strait Islander people(s) and cultures from public, reliable sources and participating in community events

- Being open-minded and ready to listen and learn more from Aboriginal and Torres Strait Islander peoples, even though (practitioners) might be nervous about being wrong or offensive



Doesn't look like

- Using terms such as 'intervention' or 'intervening' which may be considered deficit-based and suggest a relationship with child protection and child removal

- Making assumptions about behaviour and circumstances without fully understanding the family's situation

- Using racial stereotyping or deficit-base language and behaviour to, or about, the family or child in any form of communication

 Looks like	 Doesn't look like
Critically reflecting on own actions and resulting feelings of cultural safety/unsafety for Aboriginal and Torres Strait Islander families and accepting advice and criticism as part of learning	Ignoring feedback from Aboriginal and Torres Strait Islander children and families or dismissing their perspectives, with no engagement in self-reflection; disregarding opportunities for learning
Analysing own personal and cultural beliefs and values, being aware of the impact of these on Aboriginal and Torres Strait Islander children and families and adjusting behaviour and practice accordingly	Jumping straight to identifying and addressing 'problems' rather than taking time to build trust, empowering children and families and understanding their strengths
Spending time and working with Aboriginal and Torres Strait Islander community members and community-controlled services to build trusted relationships with community members and staff who can support children and families	Only being available through time-constrained appointments in an office setting
Inviting Aboriginal and Torres Strait Islander community-controlled services, board members, management and staff to learn more about own service and discuss adapting or how to better work with children and families	Superficially engaging with Aboriginal and Torres Strait Islander culture (e.g., displaying Aboriginal and Torres Strait Islander flags or artworks) but not seeking to understand how to best work with and support Aboriginal and Torres Strait Islander peoples
Becoming familiar with the national strategies, frameworks and guidance for supporting Aboriginal and Torres Strait Islander children, parents, carers and families and communities and the priority reform areas and targets for the National Agreement on Closing the Gap; thinking about and acting on how your practice can support these aims and outcomes	Focusing solely on immediate tasks without considering broader strategies or frameworks, and neglecting to integrate relevant reforms, national priorities and targets for supporting Aboriginal and Torres Strait Islander peoples into practice



Looks like

- Working with organisational colleagues at all levels to ensure service entry points are soft, safe and non-judgemental for children and families; consider there are many reasons such as lack of transport, other logistical barriers or emergencies for families' engagement with services

- Learning about and practising trauma-aware and healing-informed approaches to address trauma-induced behaviours which may overlap with, or present as developmental concerns

- Seeking local Aboriginal and Torres Strait Islander peoples input to using culturally appropriate and validated tools and measures



Doesn't look like

- Using service entry points which make the family feel unsafe, unwelcome or judged when seeking support; for example, making assumptions that a child is being neglected based on appearance or behaviour in unfamiliar environments and with unfamiliar people, when a family is seeking help for that child; making assumptions that families missing an appointment indicates lack of interest

- Applying a one-size-fits-all approach to behaviour management without considering the potential impact of trauma; overlooking the importance of creating a supportive and healing environment for children and families who have experienced trauma

- Applying assessments or measures that are standardised for use, however that are not culturally validated

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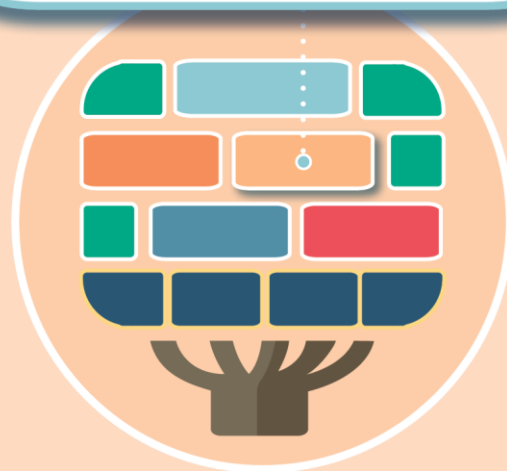
Diversity-affirming Practice guidance

What is the diversity affirming key principle?

Diversity affirming practice recognises, values and respects the identities and strengths of children, parents, carers, families and communities. This includes their abilities, race, ethnicity, religion, gender, sexual orientation and socio-economic status. Diversity affirming practice also respects and centres the culture of families, including their attitudes and beliefs, child-raising style and family and community traditions.

Diversity affirming practice understands the ways in which power and privilege generate inequities. It challenges racism and other conscious and unconscious biases and recognises the compounding discrimination or stigma for those who live with intersecting identities. It embraces everyone's unique understanding of other people and the world around them and is always affirming of all disabilities including neurodiversity.

Diversity affirming principle



Why is this principle important?

Responsive interactions and respectful relationships that affirm the culture, language, identity and strengths of children and their parents, carers and families are essential to building a sense of safety, belonging and wellbeing.

Parents, carers and families are more likely to engage with services when their individual circumstances, cultural background and abilities are respected and understood.

Diversity-affirming practices are embedded in rights conventions and are also a key feature of [*Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*](#), the [*Early Years Learning Framework, V2.0 \(2022\)*](#) and the [*National Early Years Strategy 2024-2034 \(2024\)*](#).

This principle relates to all other universal and key Framework principles, and they should all be applied together in practice.

What are diversity affirming practices?

Practitioners

- develop cultural knowledge, responsiveness, and competency in providing diversity affirming support
- acknowledge and respect the values, knowledge, preferences, and cultural perspectives of children, families, and their communities
- work with families respectfully to understand their culture while ensuring practices uphold the dignity, rights, and full participation of children
- provide families with accessible information on disability and evidence-based practices to support their child's development and meaningful participation in their community
- understand the barriers to children from diverse backgrounds can experience in accessing universal child and family services (e.g., Early Childhood Education Care, school, Maternal Child Health) and support access where needed
- support parents, carers and families in navigating any stigma from within their family and/or community
- work with parents, carers and families to understand and value children's individual circumstances, background and abilities, including race, ethnicity, culture, gender, sexual orientation, socio-economic status and abilities, and neurodiversity
- engage with children and families in ways that recognise commonalities, embrace differences, create connections with others, and cultivate mutual respect
- provide intentional learning and support for children who are multilingual to continue to develop skills using their home language and assist them in developing other language and communication skills
- actively seek to involve trusted community organisations/members in conversations with families to ensure mutual understanding
- access translation services with the consent of the parents, carers and family

We know it's working well when...

Children

- build strong identities and connections to their culture and community
- have a positive sense of belonging to their family and community

Parents, carers and families

- are provided with information in ways that respect their language and culture
- have a positive social support network providing emotional, cultural, and practical support
- are participating in the social, cultural, and economic life of the community

- feel respected, heard, and valued as active partners in their child's development
- engage with services, and decision-making processes
- deem services to be diversity affirming and safe

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National Best Practice Framework for Early Childhood Intervention

Diversity affirming

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Diversity affirming



Looks like

- Identifying activities the child, parent, carer and family like to do together which builds on their individual strengths, interests, culture and identity
- Making decisions that uphold children's rights to have their individual circumstances, culture, background and abilities acknowledged and valued
- Recognising and valuing neurodiversity by understanding the unique ways children, parents, carers and families experience and interact with the world and adapting practices to support their individual needs and preferences



Doesn't look like

- Designing activities that focus on, either implicitly or explicitly, practitioners' interests, culture and identity
- Feeling uncomfortable or too afraid to ask for information, or training, or neglecting to understand the diversity of families and children
- Prioritising neuro-normativity by assuming all children, parents, carers and families will respond to interventions in the same way, without considering their unique perspectives and need

 Looks like	 Doesn't look like
Exploring and celebrating family's culture, including their language, customs, religion and practices, including child-raising practices	Assuming that families from a specific culture will all share the same language, customs and parenting practices
Offering bilingual support, Auslan, interpreters, and communication tools for children, parents, carers and families where appropriate and needed	Relying on the family's extended family members to interpret and translate information
Using plain language in all communications and providing readily accessible easy-to-read versions of all resources so that families with varying English literacy are not excluded	Using jargon and medical language that is not easy to understand or too technical, leaving the parents, carers and families unclear about communications
Learning about each individual's language preferences such as person-first or identity-first, his/her/they and declaring own preferences if comfortable	Using generic terms for everyone or making assumptions about language and terminology preferences. Failing to use person's name and calling people by role like mum, grandpa
Creating a welcoming space where everyone feels safe to express their various identities (e.g., gender, culture, neuro-divergence) or differences without fear of judgment or discrimination	Making assumptions about gender, race, or culture, based on appearance or name and using language or behaviour that invalidates or disrespects their diversity
Listening and learning from the lived experience of neurodivergent people and participating in relevant professional development activities	Assuming own experience with a few neurodivergent children and families can be generalised to all others
Learning about intersectionality - the overlapping systems of inequality and discrimination for individuals (e.g. a parent with a disability who identifies as LGBTIQ+)	Not learning about intersectionality and potential impacts on children, parents, carers and families

 Looks like	 Doesn't look like
• Recognising the impact of stressors caused by socio-economic status and providing referral to local resources and services where appropriate	• Making assumptions about family involvement or capabilities based on socio-economic status
• Ensuring that everyone welcomes LGBTIQ+ parents, carers, and children	• Using heteronormative language and making assumptions about gender identity
• Exploring, celebrating and learning about and respecting Deaf culture, including their language (such as Auslan), customs, and practices and incorporating them into interactions and activities	• Assuming that all Deaf individuals will share the same experiences, language preferences, or cultural practices with no understanding and respect for the diversity within the Deaf community

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National Best Practice Framework for Early Childhood Intervention

Participation Practice guidance

What is the participation key principle?

Participation and inclusion are closely related ideas – but they are not exactly the same. Inclusion means having access to the same opportunities and resources as others. Participation means **attending and being fully, meaningfully and actively involved** in all activities and situations where children live, learn, play, and relax.

- *Attending* means being present at an activity or place - as children grow and develop, they attend a wider range of activities and settings. However, attending on its own is not enough - being involved is what leads to children's learning, experiencing, and understanding their world
- *Involvement* is the experience of meaningful participation when attending - for young children this means being involved in play, and with the activities and people around them. Learning and a sense of belonging are only possible with full involvement
- To ensure involvement, adaptations, equipment and supports may be needed to strengthen the participation of children, parents, carers and families. Key issues to be addressed include: can they get there? can they play? and can they stay?

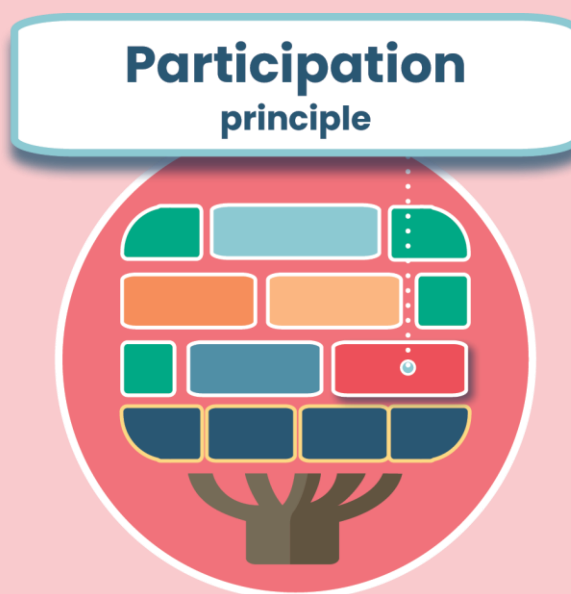
To achieve the benefits of participation for children, genuine inclusion and meaningful participation extend to the whole family, including parents, carers and siblings.

In Aboriginal and Torres Strait Islander communities, culture is inclusion – children growing up immersed in culture brings acceptance of each child.

How much a child can participate depends on the people, place, activities, equipment and time involved – as well as attributes, development, safety, and well-being of the child.

What drives participation experiences and outcomes is how well we adapt the environment to support and match the needs of the child. To attend an activity, it must be available, and accessible in terms of time, effort, energy and cost. To be involved, the setting must accommodate the child's and family's needs.

Promoting participation and inclusion is everyone's responsibility.



Why is this principle important?

The principle of participation is based on the following rights, values and evidence:

- Every child has a right to equal access to environments, opportunities and resources to thrive, participate in and benefit from all aspects of life, including education, healthcare, and community activities
- Being truly included and able to participate fully are key for the wellbeing and development of children with developmental concerns, delay or disability, their parents, carers and the whole family
- Participation-attendance and involvement- in home, early childhood education and care (ECEC), school settings, and the wider community provide essential opportunities for children to learn, belong, develop autonomy, and explore their interests
- Participation of all children is also vital to developing understanding, skills, knowledge and positive attitudes in peers, families and community

This principle relates to all other universal and key Framework principles, and they should be applied together in practice.

What are participation practices?

Practitioners

- ensure children have access to equitable opportunities and resources as others
- work with parents, carers, families, and children to identify and understand the activities and settings where child and family want to participate
- co-design solutions to participation, considering changes to activity, place, objects/equipment, and time frames
- understand the importance of children attending and being actively involved in all home, ECEC, school and wider community settings
- develop competency in trauma-informed practice to understand and respond to the impact of trauma on children's meaningful participation
- work with parents, carers, families and other service providers to provide children with opportunities to practice functional skills in the course of everyday environments and activities
- use routines-based approaches that embed teaching and learning opportunities for children at home, ECEC, school and in wider community settings
- use interest- and strengths-based approaches to support the child's wellbeing, engagement, learning and playing alongside their peers
- provide specialist equipment the child needs to access, interact and be involved in activities and environments where they live, learn and play
- promote universal design for learning and tiered systems of support to help ECEC, school, services and wider community settings meet the diverse needs of all children more effectively
- ensure meaningful participation through the use of culturally affirming practices

- build trusted relationships and work in partnership with local Aboriginal and Torres Strait Islander community-controlled organisations as providers of culturally safe and inclusive services for Aboriginal and Torres Strait Islander children and families

We know it's working well when...

Children

- enjoy access to experiences, interactions, opportunities and resources to participate effectively
- attend and are meaningfully involved in all activities and situations where they live, learn and play
- have opportunities to learn, use and practice new knowledge and skills
- follow their interests and enjoy play opportunities with peers
- participate and maintain engagement in everyday home, community, ECEC and school environments

Families

- enjoy access to experiences, interactions, opportunities and resources to participate effectively
- experience welcoming environments where young children and their families usually spend time

Early childhood settings

- are welcoming and accommodating of children with developmental concerns, delay or disability

Essential resources

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[Resources for practitioners](#) including the

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National Best Practice Framework for Early Childhood Intervention

Participation

Looks like, doesn't look like guide

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Participation



Looks like

- Knowing how to engage with children and families to set explicit participation-focused goals (attendance and involvement in key life situations) for children and their families

- Ensuring that children, parents, carers, and families feel welcome and comfortable to participate in all their usual everyday settings

- Ensuring children have access to equitable opportunities and resources

- Providing specialist equipment that the child needs to access, interact and be involved in activities and environments where they live, learn and play



Doesn't look like

- Disregarding interactions with children and families and instead focusing on the skill deficits of children

- Overlooking or neglecting to explore the full range of settings in which children and families participate, thereby limiting awareness to only one or two environments

- Not addressing discrimination based on children's developmental concerns, delay or disability

- Avoiding or delaying the provision of equipment that enables participation



Looks like

- Partnering with parents, carers, families and others (e.g., early childhood education and care (ECEC) or school staff) to address attitudinal, social and environmental barriers to participation to create safe and welcoming learning opportunities for all children

- Scaffolding skill building where children spend time to ensure participation

- Using routines-based approaches that embed teaching and learning opportunities to increase participation

- Understanding and using strategies to support children's social, emotional and behavioural development

- Co-designing practical strategies (such as adapting activities, environments, equipment, time frames) with parents, carers and families to support children's meaningful participation

- Promoting universal design to support ECEC, schools and wider community settings to meet the diverse needs of all children

- Building trusted relationships and working in partnership with local Aboriginal and Torres Strait Islander community-controlled organisations as providers of culturally safe and inclusive services for Aboriginal and Torres Strait Islander children and families



Doesn't look like

- Using one professional's understanding of barriers to participation as the basis for the introduction of strategies without consulting parents, carers, families and other professionals

- Providing individual skill building activities that exclude children's interaction with peers and others

- Using one-off support strategies in activities unrelated to children's everyday experience in different environments

- Ignoring the function of child behaviours of concern as a form of communication; seeking to eliminate behaviours of concern using exclusion and restraint strategies

- Making individualised changes in the setting that act to discriminate against children, such as providing specific strategies in a classroom that highlight the child's difference or separate them from peers

- Failing to address diverse needs by making appropriate adaptations to support all children in ECEC, schools and community settings

- Devaluing the role of local Aboriginal and Torres Strait Islander community-controlled organisations, leading to limited participation of children, parents, carers and families in environments that meet their needs

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National Best Practice Framework for Early Childhood Intervention

Everyday settings Practice guidance

What is the everyday settings key principle?

Everyday settings (also known as 'natural learning environments') are the places and spaces where it is usual for children and their families to spend time. They are the places where children live, learn, play, and relax. These include children's homes, early childhood education and care (ECEC) settings, schools, neighbourhoods and community settings - places where children and families take part in spiritual, educational, cultural, recreational, play, social activities, or undertake activities of daily life.

The everyday settings principle highlights that, to the maximum extent possible, children are supported to learn and participate in those settings. This means using everyday routines, experiences, events and places as sources of learning opportunities for children, families and communities.

Everyday settings principle



Why is this principle important?

The principle of everyday settings is based on the following rights, values and evidence:

- Every child has a right to be in the same settings as other children and families
- Children learn best in the everyday settings in which they spend time, so support should be provided in those settings
- Using opportunities provided by everyday activities and routines as sources of learning is more beneficial than practitioners introducing strategies and practices that do not blend into and support engagement in those activities
- A capability-building approach, which enhances the skills and confidence of parents, carers and families to provide development-enhancing opportunities for children in their everyday settings, can improve children's learning and development

This principle relates to all other universal and key Framework principles, and they should be applied together in practice.

What are everyday settings practices?

Practitioners

- support capability building of parents, carers, families and other service providers to strengthen children's engagement, participation, learning, development, wellbeing, and safety in everyday settings
- scaffold learning within everyday settings in the least intrusive and intensive manner
- support children in play and interest-based activities when participating in a range of different settings
- work with parents, carers, families and others (e.g., ECEC staff, school teachers, sport coaches) and make necessary adjustments that address barriers impacting the child's access to and involvement in everyday settings
- provide timely support within the everyday settings and activities where children, parents, carers, and families participate as part of a range of formal and informal services
- develop competency in trauma-informed practice to understand and respond to the impact of trauma on children's participation, learning and well-being within everyday settings
- build trusted relationships with cultural leaders and community-controlled organisations in order to build community understanding and knowledge of child development journeys and the importance of learning and participating meaningfully in everyday settings.
- understand that Aboriginal and Torres Strait Islander families require safe places and opportunities for family-led activities
 - where families are in control and make decisions that suit them;
 - where they are supported to fully understand what is being said and can raise concerns without feelings of shame and fear of child removal; and
 - where there are opportunities for multigenerational support from other family members

We know it's working well when...

Children

- participate in everyday home, community, ECEC and school environments
- have opportunities to enjoy, learn, use, and practice emerging knowledge and skills in everyday life
- follow their interests and enjoy play opportunities with peers

Families

- are building confidence about taking part in activities with their child and family in everyday settings
- feel welcomed and meaningfully included in everyday community settings

Other providers

- are building confidence and competence in including children with developmental concerns, delay or disability in the settings young children spend time

Essential resources

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

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National Best Practice Framework for Early Childhood Intervention

Everyday settings

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Everyday settings



Looks like

- Building the capabilities of the people in everyday settings such as homes, early childhood settings, schools, gyms, libraries, sports venues to support children with developmental concerns, delay or disability and their families
- Providing services in settings like parks, shops, family gatherings, playgroups or sporting events that align with family goals and child interests
- Working with families, early childhood education and care, schools and other everyday settings to identify children's strengths, interests, preferences and adapt activities accordingly



Doesn't look like

- Working with the child exclusively (i.e. withdrawing or working alone) while visiting everyday settings and failing, or not knowing how, to discuss practices and strategies with others working in those settings e.g. educators, teachers, coaches
- Conducting learning activities, practitioner-led sessions in settings that isolate the child from their peers, family members or naturally occurring activities with no transfer to everyday settings
- Using toys, materials and other equipment in practitioner-led sessions that are not available, and cannot be made available, in the child's everyday life outside of sessions

 Looks like	 Doesn't look like
Collaborating with parents, carers, families and community members to identify and address participation barriers, to enable children to attend and be meaningfully involved in everyday settings	Ignoring the perspectives of parents, carers and families and adopting one-size-fits-all solutions which limit child participation in everyday settings
Scaffolding skill learning within everyday settings in the least intrusive manner	Conducting one-to-one skill building sessions using strategies that are inconsistent with the settings, routines and activities of the child and family
Collaborating and planning with parents, carers, families and other community members to create accessible spaces	Providing spaces that are not designed or modified to suit the specific needs of children, parents, carers and families
Ensuring Aboriginal and Torres Strait Islander children and families have access to culturally safe spaces where they lead decisions, feel empowered to raise concerns, and are supported by multigenerational family networks	Not providing culturally safe environments and services for Aboriginal and Torres Strait Islander children and families, leaving them feeling disempowered, fearful or shamed; discouraging or excluding wider family from participating
Recognising and valuing neurodiversity and the unique experiences of LGBTQI+ families in everyday settings like early childhood centres, schools, shops, parks, and libraries, adapting practices to support their individual needs and preferences, and creating an inclusive environment where everyone feels welcome, respected and valued	Ignoring or too afraid to ask about neurodiversity and the unique experiences of LGBTQI+ families; assuming all children and families will respond to interventions and environments in the same way, or assuming that understanding and engaging with diversity is outside the scope of practice
Holding pop-up events such as playgroups and providing other supports within walking distance of where people live and/or with free transport provided	Assuming that families have ready access to transport and/or that they can easily walk to local events

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National Best Practice Framework for Early Childhood Intervention

Teamwork Practice guidance

What is the Teamwork key principle?

The teamwork principle recognises the importance of forming strong, trusted relationships and collaborative partnerships between parents, carers, families and practitioners and professionals.

Building strong trusted relationships with children, parents, carers and families as well as between all practitioners and professionals involved is therefore essential to ensure positive developmental outcomes and improved wellbeing.

The team shares expertise and perspectives, to develop and support the goals of the child, parents, carers and families, and facilitate informed decision-making.

Team composition and size is individualised to the needs of the child and family. The team may include friends, relatives, representatives from community agencies, health/education sectors, as well as practitioners from a variety of disciplines and service provider models (e.g., sole practitioners or organisations).

Teamwork allows specialists from various disciplines, such as educators, therapists, and other universal and specialist service providers, to collaborate and integrate their knowledge, ensuring a consistent and coordinated approach to working with the child, parent, carer and family.

Parents, carers and families are essential members of the team and the final decision-makers.

Teamwork principle



Why is this principle important?

This principle recognises that teamwork is essential in providing comprehensive and effective supports and services for children, parents, carers and their families. This approach helps build strong relationships and partnerships to support positive outcomes.

- Parents, carers and families of children with developmental concerns, delay or disability often need and use a variety of professional services to address the diverse and often complex needs of their children. Good collaboration among all these services is necessary to provide consistent and holistic support, and to ensure best outcomes

- Effective teamwork enables service provision that is seamless and tailored to the unique needs, context, strengths, and cultural background of each child and all individual family members
- Building trusted relationships and sharing decision making also empowers parents, carers and families, leading to better developmental outcomes for their children
- Good collaborations and effective partnerships maximise resources, reduces service duplication, and fosters integrated and consistent support systems, leading to better developmental outcomes and empowering families to be informed decision-makers
- Teams with members with a variety of expertise and knowledge, have been a consistent and vital component of international practice in early childhood intervention since the 1980s

Teamwork is one of the principles of the Early Years Learning Framework (EYLF), highlighting the importance of shared responsibility and professional accountability. The Early Years Strategy 2024-2034 emphasises the importance of collaboration and partnerships among various stakeholders, including families, practitioners, and professionals, to support positive outcomes for children and families.

This principle relates to all other universal and key Framework principles, and they should be applied together in practice.

What are teamwork related practices?

Practitioners

- acknowledge parents, carers and families as experts on their child, their daily life and culture and engage families as essential members of the team
- partner with parents, carers and families in planning and implementing strategies, respecting their insights, cultural values, priorities and preferences, and recognising them as final decision makers
- foster positive, respectful team dynamics where members feel valued, supported, and open to sharing diverse perspectives
- use clear, concise, jargon-free language appropriate for all team members including parents, carers, families, children and service providers in both universal and specialist services
- ensure that knowledge and expertise is shared among team members in ways that are respectful, supportive, enhance capacity and are culturally sensitive
- work with families and other service providers to address the child's and family's goals and implementation of strategies holistically
- work with other practitioners and service providers to foster integrated and collaborative service delivery based on the outcomes identified by parents, carers and families regardless of programmatic and service boundaries

We know it's working well when...

- Parents, carers and families navigate and access services easily
- Parents, carers and families are expert contributors to the team in the planning, goal development and implementation of strategies
- Practitioners and services support children, parents, carers and families through collaborative and coordinated teams and ECI services are integrated with a wider network of community-based and specialist services.
- Team members have a shared understanding of the ways they will communicate together (e.g., email, text updates, frequency of team meetings)

Essential resources

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Teamwork

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Teamwork



Looks like

- Acknowledging parents, carers and families as experts on their child and family and partnering with them to build a team to work together
- Respecting the family's traditions, beliefs, and cultural values, and recognising them as final decision-makers when planning with the team and when implementing strategies
- Working with families and other practitioners and service providers to foster integrated and collaborative service delivery regardless of programmatic and service boundaries



Doesn't look like

- Not including families as team partners in a shared process in matters relating to their child
- Disregarding or ignoring cultural values, beliefs, and traditions, and not recognising families as the final decision makers; making decisions on behalf of the child and/or family
- Working in silos and attributing service delivery challenges to systemic issues without seeking collaborative solutions

 Looks like	 Doesn't look like
Encouraging open and respectful communication among parents, carers and families and all other team members	Providing limited or one-way communication that excludes parents, carers and families from discussions
Working collaboratively with other team members and other local agencies to ensure that there is a clear understanding of roles, shared pathways and resources for supporting children and families	Working in isolation from other team members with focus on discipline-specific goals only
Enabling families to determine who they want as part of the team, and then making it happen - this should include people important to and trusted by the family and people from community services and supports, as well as practitioners from relevant disciplines to meet child and family goals	Defining the team based only on the professional disciplines involved with a focus on only the child's deficits or child's goals only, disregarding needs of parents, carers and other family members
Understanding that a team can consist of just two adults, such as a parent and a professional, and can apply a team approach	Utilising a team approach only when three or more adults are involved
Respecting each team member's expertise and contributions	Disregarding or undervaluing other disciplines or family or community insights and providing services outside one's scope of expertise
Meeting regularly to plan, review, and adjust ideas and strategies at a time and place convenient for family	Meeting sporadically or not at all causing misalignment in goals and review processes
Prioritising and proactively coordinating meetings with other team members, including family members and other service providers	Expecting the parent to coordinate between team members and other service providers

 Looks like	 Doesn't look like
Supporting families to identify a practitioner from the team who will be the primary contact between the family and other team members	Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues; expecting families to manage integration across services/supports
Coaching or supporting the family and others to incorporate strategies using relevant expertise in the team	Providing services outside one's scope of expertise without input from relevant team members
Convening regular meetings across services to understand what each is able to do and for whom	Providing inflexible services that add pressure on parents, carers and families to alter their everyday routines to suit various practitioners
Sharing resources for providers and families across organisations (e.g., a communication device or library holding resources about effective communication that are made available to students and families)	Prioritising the importance of one's own practice area with little respect or regard for team members or family strengths
Building strong relationships with people in other services, so that they can be called on to collaboratively support families and children as circumstances change	Creating dependency on a single practitioner by working in isolation and disempowering other team members and the family around the child
Make time for regular interagency catch-ups to identify and apply local workarounds to barriers to implementing best practice	Avoiding regular interagency meetings by attributing the challenges to service systems and policies, thereby not supporting child and family outcomes effectively
Working with families and other agencies to provide timely and flexible support through transition phases (such as school transition) when families may be at risk of losing or changing familiar supports	Overlooking one's own role in the transition processes and failing to support the future needs of children (e.g., transition to school); waiting for families to ask for support when transitioning into new systems

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National Best Practice Framework for Early Childhood Intervention

Community-focused Practice guidance

What is the community-focused key principle?

This principle recognises the importance of creating welcoming and inclusive communities where children and their families feel valued and accepted. Supporting children with developmental concerns, delay or disability and their parents, carers and families requires a community-wide approach. Individuals, families, community organisations, local government and service agencies all need to work together to meet the needs of children and their families.

Community-focused practice recognises that everyone shares responsibility for ensuring that all children and their families can meaningfully participate in cultural, recreational, educational and social activities as well as engage with their peers and other families, for example at local parks, playgrounds and libraries.

Connected communities bring resources, knowledge and expertise, which lead to integrated systems of support to strengthen children's development, family well-being, and meaningful participation in the community.

Community-focused principle



Why is this principle important?

Collaboration between the community and early childhood intervention (ECI) services is an essential element of supporting children with developmental concerns, delay or disability and their families because of the interconnected nature of their needs.

- When families, service providers and communities work together, they can eliminate service silos; identify and reduce service gaps and duplication; and ensure support is collaborative, holistic, effective and tailored to each family's needs
- Building strong and trusted partnerships between families, services, organisations and the wider community creates a unified system of support and helps to build more inclusive, responsive and equitable communities where every child and their family can thrive
- By combining family, practitioner and community expertise, resources, and strategies, the community can be more responsive in the services and supports available to children and families

- Community connection is built on shared decision-making, mutual respect, and a capacity-building approach that empowers and enables communities to address their unique challenges
- Families and practitioners can work together with the community to identify strengths, mobilise local resources, and co-create solutions that reflect cultural and social diversity
- Promoting meaningful community participation and fostering trust among key stakeholders ensures that community activities and services become more responsive and equitable, ensuring all children and families receive the support they need

This principle relates to all other universal and key Framework principles, and they should be applied together in practice.

What are community-focused practices?

Practitioners

- know the resources and settings in the local community and service ecosystem, actively foster service integration, and tailor responses to recognise and fit the diversity and circumstances of communities
- support families in advocating for their needs within their community
- work with the local community to identify, understand and break down the barriers that prevent the meaningful participation of children, parents, carers, and families
- work together with community to build understanding and knowledge of child development and of the needs of children with developmental concerns, delay or disability
- work together with community to build knowledge about what best practice early childhood intervention means
- provide information to parents, carers and families on accessible community resources, such as playgroups or parent workshops
- promote and advocate for inclusive community spaces where all children can participate
- advocate for community policies that support children with developmental concerns, delay or disability and their families
- work in partnership with cultural leaders and organisations to support diverse families
- understand that parents and carers from diverse cultural backgrounds can rely on their family members (including extended family) to support their children
- ensure community materials and resources are available in multiple languages including Auslan
- encourage peer-to-peer support among families with similar experiences
- connect with or facilitate parent/family mentoring programs, and support groups
- understand that in Aboriginal and Torres Strait Islander cultures, extended family, community members and Elders contribute to child raising and seek to build relationships with local Aboriginal and Torres Strait Islander community-controlled organisations and community leaders to support shared knowledge of early childhood developmental journeys as well as supporting families and children

We know it's working well when...

Children, parents, carers, and families

- have ready access to family-friendly, inclusive, and culturally safe community facilities
- feel a sense of belonging in their community

Parents, carers and families

- are informed and have access to relevant parenting support, mentoring or peer-support groups that meet their needs

Communities

- have services that communicate and collaborate to meet the needs of children with developmental concerns, delay or disability and their families
- are connected and integrated
- are knowledgeable about best practice in early childhood intervention

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Community-focused

Looks like, doesn't look like guide

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Community-focused



Looks like

- Creating welcoming and inclusive community spaces where all children and families feel valued and accepted
- Ensuring all children can participate in community activities like recreation, education, and social and cultural events
- Providing information on accessible community resources, such as playgroups and libraries to all families
- Developing high-quality, inclusive, and sustainable programs that reflect community knowledge and support children and families



Doesn't look like

- Working in segregated settings and assuming it is not their role to make children and families feel included
- Failing to focus on child and family participation in community activities, thus, limiting access and involvement due to lack of accommodations or awareness
- Not informing families about available community resources, leading to missed opportunities for engagement and inclusion
- Ignoring community strengths, resources, expertise and knowledge in designing programs and services

 Looks like	 Doesn't look like
Using a variety of services like telepractice and fly-in-fly-out programs to bridge geographical gaps	Not utilising or advocating for alternative forms of services, leaving families without necessary support
Supporting families in advocating for their needs within the community	Advocating at individual level or not at all, assuming it is not part of their work
Combining the resources of, and using settings in, the local community and service ecosystem to actively foster service integration and community responsiveness	Using funded time to design resources that already exist in the community leaving families segregated and depleted of funding
Engaging in shared decision-making, mutual respect, and capacity-building approaches to empower communities	Making top-down decisions that exclude community voices
Respecting family culture and practices and co-creating solutions that reflect cultural and social diversity	Ignoring cultural and social diversity in program planning and implementation
Connecting parents, carers and family members to existing peer groups and parent support programs in the local community	Assuming existing community programs will not be useful, or that the family is not ready, and withholding them from such community supports
Embedding Aboriginal and Torres Strait Islander cultural knowledge, traditions, and practices in community programs and decision-making	Ignoring or failing to acknowledge Aboriginal and Torres Strait Islander perspectives and ways of knowing, being and doing
Partnering with Aboriginal and Torres Strait Islander Elders, leaders, and community-controlled organisations to co-design and deliver services	Implementing services without consulting or collaborating with Aboriginal and Torres Strait Islander communities

 Looks like	 Doesn't look like
• Providing tailored resources in the community such as access to Auslan and interpreters to ensure full participation	• Expecting children and families to navigate community spaces without appropriate communication support or accommodation
• Sharing knowledge and understanding of early childhood developmental journeys (especially the first 2000 days), providing information to community members about where to ask for help (including parents, partners, families, extended family, Elders and others) to build everyone's capacity to support children and families to thrive	• Assuming it is not their responsibility to share this knowledge, feeling uncomfortable or too afraid to ask for help, or neglecting to engage with community members, thereby missing opportunities to build collective capacity to support children
• Providing flexible, place-based support that is adapted to recognise and fit the diversity of cultures and circumstances of local communities	• Believing that adapting support to fit diverse cultures and circumstances is too challenging or failing to acknowledge the importance of cultural and situational differences, resulting in rigid, one-size-fits-all support

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National Best Practice Framework for Early Childhood Intervention

Outcomes-focused Practice guidance

What is the outcomes-focused key principle?

Being outcomes-focused means making decisions about services and strategies based on the outcomes that children, parents, carers and families want for themselves.

Outcomes are the benefits and changes experienced by children and families after agreed services, supports and strategies are implemented.

The outcomes-focused principle recognises the involvement of children, parents, carers and families in decision-making and goal setting, and makes sure that services and supports are designed to achieve desired outcomes.

The outcomes-focused principle means that children and families are actively involved in monitoring progress, and that services deliberately collect data, which is observed and reported by children and families.

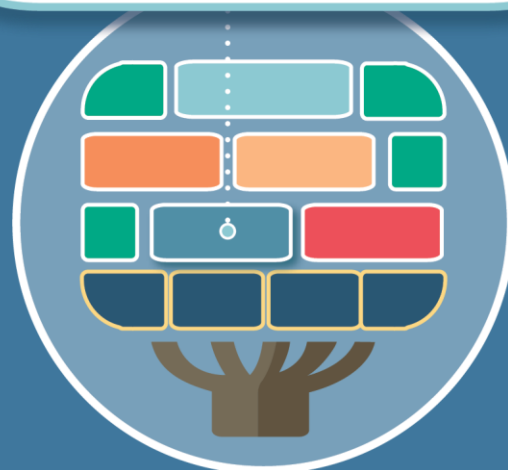
Outcomes integrate a series of meaningful behaviours, skills or indicators aligned with goals that mirror the concerns, priorities and aspirations of children and families.

The outcomes-focused principle requires that we assess the extent to which services have been effective in achieving timely child and family outcomes. Assessment can involve outcome measures, observation and other means of documenting outcomes.

A central element of the outcome-focused principle is authentic assessment which is designed to evaluate functional outcomes on children's learning, development, participation and wellbeing.

Outcomes must be differentiated from goals: Goals are what one aims to achieve, while outcomes are the actual results or changes that happen after efforts are made toward a goal.

Outcomes-focused principle



Why is this principle important?

- The outcomes-focused principle highlights what matters to children, parents, carers and families
- Starting with the outcome in mind ensures that the decisions that are made about the services to be offered are guided by what the child, parents, carers, and families want, not what the practitioners and others think will be best for them
- The outcomes-focused principle is fundamental in tailoring timely assessments, supports, interventions and strategies designed to meet the specific priorities and goals of children and families in the context of their daily lives
- Using an outcomes-focused approach makes it easier to measure whether the strategies used are being effective
- This principle supports the shared decision-making process involved in goal setting, planning, choosing and evaluating interventions, strategies and monitoring of services, programs, and plans

This principle relates to all other universal and key Framework principles, and they should be applied together in practice.

What are outcomes-focused practices?

Practitioners

- help professionals working in universal settings (e.g., maternal and child health, school, ECEC, community programs) and specialist services (e.g., child and family services) to be able to recognise, identify and respond to developmental concerns and delays on a timely manner
- work with children, parents, carers and families to identify and agree on meaningful child and family outcomes. These are based on the goals, priorities and aspirations, strengths and circumstances of children and families
- ensure that goals for children, parents, carers, and families are identified and drive the planning of supports and services
- are aware of their own values and biases and provide complete and unbiased information, and help select strategies that directly address the outcomes agreed with the children, parents, carers and family
- use authentic assessment procedures (e.g., play-based, naturalistic, performance-based) focusing on children's functional outcomes that meet children's learning, development, wellbeing and participation goals
- work with parents, carers, families and children to monitor outcomes for children and families using culturally appropriate and validated assessment tools
- recognise that children and families will 'progress' at their own pace and ensure measures and assessments are conducted with appropriate flexibility
- use agreed and validated tools and measures to assess community outcomes, including partnerships/collaborations with other service providers

We know it's working well when...

- the goals, priorities, aspirations and circumstances of children, parents, carers, and families lead the planning, selection of strategies, evaluation, and monitoring of services, programs, and plans
- children, parents, carers, and families have access to validated assessment tools to identify and monitor meaningful and functional outcomes
- practitioners are skilled and confident in the use of authentic assessment
- validated and culturally safe tools are used to measure outcomes for children, parents, carers, families, communities, and practitioners/service organisations.
- intervention approaches are revised based on regular review of outcomes

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Outcomes-focused

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Outcomes-focused

 Looks like	 Doesn't look like
Assisting universal settings (e.g., maternal and child health, early childhood education and care) and families in the identification and monitoring of developmental concerns and delays in a timely manner	Being unprepared and unaware of when, how, and what data needs to be gathered to identify child and family concerns at the right time
Taking an authentic, strengths-based, safe, and sensitive approach in the use of assessment practices and tools	Only identifying and focusing on what children and families cannot do in documentation and reporting
Using validated and relevant outcome measures appropriately when measuring outcomes	Choosing descriptive assessments and information gathering tools for measuring change over time
Using culturally appropriate and valid assessment tools in association with local cultural groups	Employing mainstream developmental assessment instruments which are not culturally and linguistically adapted

 Looks like	 Doesn't look like
Identifying how a child participates in everyday activities and what types of abilities the child uses in interactions with toys, materials, and people	Assessing child learning and development in unfamiliar situations with materials that are unfamiliar to the child
Working collaboratively towards meaningful, functional and participation-focused outcomes with children and families based on their goals, priorities and aspirations	Using a one-size-fits-all approach, such as the same tools for all children and families without considering their unique needs, goals, outcomes and circumstances
Collaborating and agreeing with the family about specific child, family and community outcomes	Including only child focused outcomes in the planning of supports
Using relevant services, supports, contexts and strategies to address the agreed/identified outcomes	Ignoring children's learning and development contexts as outcomes, focusing on addressing the child's deficits only
Fostering service pathways and outcomes that are locally appropriate and locally determined and which adapt systems to meet family and community needs and outcomes	Insisting families fit a standardised service system that does not readily meet their needs or achieve the outcomes they are seeking

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National Best Practice Framework for Early Childhood Intervention

Evidence-informed Practice guidance

What is the evidence-informed key principle?

The evidence-informed principle draws from:

- research on evidence-based early childhood intervention strategies and/or programs, including those that are discipline- or diagnostic-specific
- practitioner expertise and knowledge of what works well in real life settings, and
- family values, knowledge, and priorities

The evidence-informed principle requires the integration of these three sources of evidence as the base for organising and delivering services.

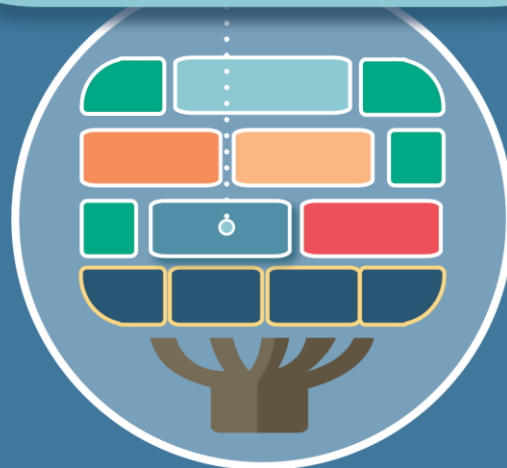
It involves using a decision-making process that brings together the knowledge and expertise of parents, carers, families, and practitioners.

The evidence-informed principle involves ongoing quality evaluation using data and indicators to create a continuous feedback loop between research and practice.

The availability of a competent and confident workforce is pivotal to ensuring that the evidence-informed principle is effectively in place.

Effective leaders are key to the application of the practices related to this principle to ensure high-quality service provision, continuous improvement and accountability.

Evidence-informed principle



Why is this principle important?

- When practitioners are familiar with and able to implement the most effective strategies, parents, carers, and families can be confident that this will give their child the best chance of achieving positive outcomes
- When parents, carers, families, and practitioners use an evidence-informed decision-making process, they are more likely to choose strategies and adaptations that are acceptable to families, able to be implemented by them, and have positive outcomes
- The evidence-informed principle is crucial in determining what goals are important for children and families, and what strategies and programs are acceptable and effective

- This principle underpins all aspects of ECI service provision, and is central to ensuring quality improvement, accountability, and transparency
- The evidence-informed principle allows for the identification and implementation of innovative practices to address specific needs and circumstances of children and families
- The combination of the three sources of evidence and knowledge reduces the potential for bias, ensuring the delivery of quality practices
- Evidence-informed practice is a central feature of both international ECI frameworks and national policies and frameworks for young children and children with developmental concerns, delay or disability
- This principle relates to all other universal and key Framework principles, and they should be applied together in practice

What are evidence-informed practices?

Practitioners

- facilitate bringing together the rights and perspectives of children, parents, carers, and their families and communities with the best available research evidence and professional expertise
- work with children, parents, carers, and families to use an evidence- and trauma-informed decision-making framework for determining supports and strategies to use and how to adapt them
- stay up to date and are informed by the best available evidence on child development, engagement, learning, participation, and wellbeing
- are familiar with evidence-based early childhood intervention strategies and/or programs, including those that are discipline- or diagnostic-specific
- use culturally safe and effective tools for monitoring program and process fidelity
- regularly seek feedback from children, parents, carers, families, and others using validated assessment tools and approaches that provide both qualitative and quantitative outcomes information
- apply the principles and practices of [Indigenous Data Sovereignty and Governance](#) when working with Aboriginal and Torres Strait Islander children, families, communities and organisations consistent with the [National Agreement on Closing the Gap](#). Indigenous Data Sovereignty is the right of Aboriginal and Torres Strait Islander peoples to own, control, access and possess data that pertains to them

We know it's working well when...

- parents, carers, families, and practitioners use evidence- and trauma-informed decision-making processes to select strategies and adaptations that are acceptable, implementable and that lead to positive outcomes
- families report that they are in control of what, how and where information is shared about them

- practitioners report that they understand and apply culturally validated measurement tools
- Practitioners have the capacity (e.g., skills, readiness, time) and resources to keep up to date with current research on evidence-based practices
- Practitioners are confident in their use of shared decision-making processes to guide evidence-and trauma-informed practice

Essential resources

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National Best Practice Framework for Early Childhood Intervention

Evidence-informed

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Evidence-informed



Looks like

- Integrating the rights and perspectives of children with developmental concerns, delay or disability, their families and communities with best available research evidence and professional expertise

- Keeping abreast of, and informed by, the best available evidence on child development, learning, participation, and wellbeing

- Engaging in a shared decision-making process with parents, carers, families and any other relevant service providers to determine and apply evidence-based practices



Doesn't look like

- Offering families intervention strategies inconsistent with contemporary evidence, family values and priorities

- Implementing programs and strategies that have not been tested to effectively achieve child developmental, learning and participation outcomes

- Disregarding evidence and family values and designing support plans and strategies solely based on own experiences, and/or discussions with other service providers

 Looks like	 Doesn't look like
Knowing how to promote and deliver evidence-informed practices which are selected and developed in partnership with families	Implementing manualised programs or strategies in isolation from families' values, beliefs and priorities
Evaluating and monitoring practice through seeking ongoing, regular and intentional feedback from parents, carers and families	Recording parent satisfaction with the service yearly or not at all and without considering individualised child and family outcomes
Monitoring own practice through seeking evidence from peer reviewed literature, mentors or joining evidence-based communities of practice	Trusting own practice without prioritising time to review new evidence or enhance skills in contemporary and emerging practice areas, such as intersectionality, trauma-informed care, and neurodiversity-affirming practice
Using tools for monitoring fidelity of implementation (practice and process)	Relying solely on anecdotal reports of progress towards child and family outcomes, without consideration and use of other performance indicators
Using reflective practice for continuous improvement	Failing to engage in self-assessment and feedback from peers and supervisors about their own practice, or doing so in a limited or cursory manner
Preferencing local Aboriginal and Torres Strait Islander cultures and practice to adapt and validate assessment and other tools, taking soft approaches even for culturally modified tools, resources and assessments, while recognising need for 'fidelity'	Using tools with Aboriginal and Torres Strait Islander children and families that have not been culturally validated or adapted for local cultural settings, or which worry or shame participants
Work with local Aboriginal and Torres Strait Islander community-controlled organisations providing services for children and families to learn about and apply the principles and practices of Indigenous Data Sovereignty	Assuming that learning about and applying Indigenous Data Sovereignty and Governance principles and practices is someone else's responsibility

	Looks like		Doesn't look like
	Being transparent about data sharing about families and children between services and gaining clear consent from the family about what data could be shared, with who and why, going back for new or additional consent if there are any changes		Assuming it is not their responsibility, feeling uncomfortable or too afraid to ask for help, or neglecting to ask about consent about data sharing before every review or meeting

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