# Telepractice in Early Childhood Intervention

Evidence Brief

## Key points

- Telepractice can provide effective, flexible and accessible ECI support, with evidence suggesting child and family outcomes can be broadly comparable to face-to-face intervention.
- Hybrid models are particularly promising, combining the relational, observational and hands-on strengths of face-to-face practice with the flexibility, accessibility and coaching potential of telepractice.
- Principles of National Best Practice Framework for Early Childhood Intervention are central to the implementation of telepractice efforts.
- Telepractice can support ECI best practice, including family-centred practice, parent coaching, capability building, and intervention embedded in everyday routines and natural environments.
- Effective telepractice requires intentional implementation, where workforce capability, service infrastructure, appropriate adaptation of assessment, interventions and supports, sustainable funding, quality standards and digital inclusion are all essential elements of a functional telepractice system.
- Australia has an opportunity to develop a coherent national approach to hybrid ECI as an integrated modality that can strengthen access, quality, equity, and sustainability.

## Introduction

Telepractice has emerged as a significant modality for delivering educational and health services, particularly accelerated by service disruptions during the COVID-19 pandemic (World Health Organization; WHO, 2022) and the rapid development of digital technologies. Telepractice (often termed *telehealth* or *tele-intervention*) refers to the delivery of services using digital communication technologies (e.g., videoconferencing) enabling real-time, interactive engagement between practitioners and families (Shin et al., 2025). For the purpose of the present paper, the term *telepractice* will be used.

In the Australian context, telepractice and its diverse models can provide a complementary or standalone option for delivering Early Childhood Intervention (ECI) supports for children with developmental concerns, delay or disability and their families. Of particular interest is the focus on hybrid telepractice models given its prominence, and the growing practical attention paid to this approach. Consultations conducted in the Australian ECI sector have revealed practitioners' interest in implementing telepractice models of service provision, particularly in rural, remote and regional areas (PRECI, 2025).

The aim of this paper is threefold: 1) to present the evidence behind telepractice models, and their impact on child, family and practitioner outcomes; 2) to describe the key elements and evidence of hybrid telepractice models; and 3) to discuss practice, service, policy, and equity considerations for the implementation of hybrid telepractice supports. Lastly, a set of recommendations are made followed by questions to generate reflection and discussion in the context of telepractice hybrid models.

## Telepractice models of service delivery in ECI

The literature identifies three dominant service delivery models in the provision of telepractice supports.

1. ***Fully remote telepractice***, where ECI services and supports are delivered entirely online. Supports rely heavily on caregiver

implementation, including the use of parent-mediated intervention, coaching-focused sessions, and use of home-based routines. A recent systematic review by Shin and colleagues (2025) examined telepractice-delivered early intervention for children aged 0–3 years with developmental disabilities or developmental risk. The authors found that telepractice interventions produced positive outcomes for both children and caregivers, including improvements in children's targeted developmental skills and enhanced caregiver fidelity in implementing intervention strategies. Importantly, outcomes were generally comparable to those achieved through face-to-face approaches.

Similarly, a systematic review by Ferguson et al. (2018) concluded that telepractice can effectively support behaviour analytic and parent-mediated interventions for children with autism spectrum disorder. Telepractice was associated with improvements in caregiver competence, treatment fidelity and child outcomes, particularly when interventions included active coaching and ongoing feedback.

In addition, several strengths of fully remote telepractice models have been identified, including increased availability of and access for rural and remote families; reduced travel burden; flexibility in scheduling appointments; and enhanced opportunities to deliver ECI supports and strategies within natural home environments. However, Shin et al. (2025) in their systematic review of 18 studies of telepractice early intervention with children 0-3 years, described limitations of this model; namely, variability in digital access and connectivity; challenges maintaining child engagement in partnership with the parent/caregiver online; practitioner confidence and competence in telepractice; and concerns regarding suitability for children with more complex support needs.

2. ***Hybrid models (telepractice plus face-to-face).*** These models combine in-person and remote sessions. Hybrid models aim to retain the relational and assessment strengths of in-person support and leverage the accessibility and coaching strengths of telepractice. Common configurations in the literature include initial face-to-face assessment, ongoing telepractice coaching, alternating sessions (e.g.,

monthly in-person plus weekly telepractice), telepractice for parent coaching, and workshops plus in-person working with children and their families (Krasovsky, et al., 2024).

While fewer systematic reviews explicitly isolate hybrid models, emerging findings suggest hybrid approaches optimise engagement and flexibility; may improve family satisfaction compared to telepractice-only in some cases; are useful for building rapport early; and can address complex assessments or hands-on therapy needs. Hybrid models are increasingly considered the ‘best of both worlds’ (Chen et al., 2024), especially post-COVID. However, rigorous comparative trials remain limited, with great variability in the use of outcome measures (Krasovsky et al., 2024).

3. ***Telepractice as a supplement (adjunct model*)**. This modality of telepractice support is used alongside primarily face-to-face services. Some examples include between-session coaching/check-ins, remote monitoring and feedback, emergency support and professional consultations such as those used in collaborative teams. Telepractice as a supplement is reported to enhance continuity of care, support dose/intensity of intervention, and facilitate interdisciplinary collaboration (Orel & Licardo, 2025). The evidence behind the adjunct approach appears to be limited or not clear, as not many studies have been conducted to test its effectiveness.

## Child, family and professional outcomes associated with the use of telepractice in ECI

Studies of the outcomes of telepractice implementation indicate that child, family and professional outcomes are at least generally comparable to face-to-face intervention. Shin et al. (2025) found improvements in children’s communication, social interaction, behaviour and overall development. Another study focussing on the effectiveness of telepractice parent training indicated a significant positive effect on parent report of reduction of challenging behaviours in children with developmental disability (Adedipe & Walton, 2025).

Impacts on family outcomes (parental well-being, increased confidence, competence, engagement and satisfaction) have also been revealed (Adedipe & Walton, 2025; Arberas, et al., 2024), including specific interventions to address caregivers' mental health concerns (Kelson & Dorstyn, 2025). In a systematic review of the acceptability of telepractice among families and nurse practitioners working in Australian well-child clinics, Howland et al. (2025) reported parental satisfaction with telehealth support in addition to standard care. Specifically, parental satisfaction was related to decreased travel and associated costs, and time spent accessing services.

Evidence underlying the effectiveness of telepractice for professionals is mixed. Howland et al. (2025)'s systematic review revealed that while some studies reported practitioners' high acceptability of telehealth, evidence of telepractice effectiveness was weak in terms of limited outcome measurement. The authors concluded that telepractice training remains a major barrier for service providers and clients- an issue amplified by the lack of literature regarding the skills and knowledge required for effective implementation.

## Does telepractice align with ECI best practice?

Telepractice appears to strongly integrate key aspects of ECI best practice, as depicted in the National Best Practice Framework for Early Childhood Intervention (the Framework; Department of Health, Disability and Ageing, 2025), focussing on specific core practice components.

*Parent Coaching* is one central element, whereby the main practice shift is towards family centred-practice and capability building of parents, who become the primary intervention agents (Jimenez-Arberas et al., 2024; McCarthy et al., 2022). An observational study by Yllades et al. (2022) with bilingual children with autism and their parents found that parent coaching through telepractice is not only associated with improved child outcomes (e.g., use of independent communication) but also parent outcomes (e.g., arranging environments, using praise).

Another core element of telepractice effectiveness is *embedding interventions in everyday contexts*, which supports the implementation of

naturalistic, routine-based strategies, increasing children's meaningful participation in daily life. Evidence behind the use of naturally occurring routines and embedding interventions in everyday activities is pivotal to ECI best practice (Dunst et al., 2006). Hinton et al. (2023) discussed emerging evidence for the use of telepractice within a routine-based model of intervention, alerting us to rigorously test technologies, develop best practice guidelines and checklists for the use of telepractice in natural environments, and promote equitable access to technologies.

## Considerations in the implementation of telepractice supports

While the evidence supporting telepractice models in ECI continues to grow, successful implementation depends on a range of practice, service, policy, and equity factors. The literature consistently emphasises that telepractice is not simply a technological solution; rather, it is a complex service delivery model requiring deliberate investment in service infrastructure, workforce capability and system support (Harniess et al., 2025; Krasovsky et al., 2024).

At the *practice level*, telepractice requires the development of practitioners' competencies that extend beyond those typically associated with face-to-face intervention. Effective telepractice relies on skills in caregiver coaching, virtual engagement, digital communication and adapting intervention strategies to remote environments, as well as adapting their strategies to be delivered remotely. In a qualitative systematic review of engagement of families in telepractice, Retamal-Walter et al. (2023) reported that family-centred practice (strong relationships between the practitioner and the family, family capacity building, clear structure and preparation, tailored coaching strategies, technology support and flexibility in scheduling) were fundamental to engagement in telepractice. The authors concluded that workforce preparation, ongoing professional development and reflective supervision that strengthen these practice components are recognised as essential in the delivery of quality telepractice implementation.

The adaptation of practitioners' use of assessment resources presents an additional challenge. Many developmental assessment tools were designed and standardised for in-person administration, raising

questions about validity, reliability and interpretation when used remotely. Although practitioners have developed innovative approaches to conducting assessments via telepractice, further research and guidance are needed to establish best-practice approaches and ensure consistency across settings.

Another consideration is practitioners' attitudes towards the use of telepractice where the evidence is mixed. Some resistance and anxiety among allied health practitioners mainly due to the barriers (e.g., changing roles, adaptation of resources) experienced in implementing telehealth efforts have been reported in the literature (Campbell et al., 2021; Campbell et al., 2024; Grant et al., 2022; Knott et al., 2020). Conversely, practitioners have also reported on the perceived, positive impact of telehealth on service quality. In a study of 353 ECI practitioners in the United States, Childress et al. (2025) found that practitioners supported the continued use of telepractice, notwithstanding some of the challenges indicated earlier. Overall, these findings highlight the need to conduct further research at the practitioner level to identify the factors affecting perceptions and attitudes towards the implementation of ECI telehealth.

*At the service level*, organisations require reliable technological infrastructure to support high-quality telepractice delivery. This includes secure digital platforms, adequate internet connectivity, privacy and data security protocols, and technical support for both practitioners and families. Although the rapid expansion of telepractice during the COVID-19 pandemic demonstrated that many services could adapt quickly to remote delivery, variation in infrastructure capacity and equity in access remain significant challenges (WHO, 2022). Further investigation of facilitators and barriers influencing the use of telepractice is essential to determine how organisations, particularly in rural areas, can successfully implement telehealth efforts (Campbell et al., 2020).

*Policy* and funding environments influence the use and sustainability of telepractice models (Tang et al., 2022). The COVID-19 pandemic acted as a catalyst for the widespread adoption of telepractice, prompting rapid changes to service delivery models and demonstrating the feasibility of remote intervention across a range of contexts. However, maintaining

telepractice as a routine component of ECI systems would require supportive policy settings beyond the emergency conditions that drove its initial uptake. In particular, sustainable implementation depends on reimbursement and funding arrangements that recognise telepractice as a legitimate mode of service delivery and support flexibility in how services are provided. Regulatory frameworks also play an important role in establishing standards for privacy, quality, professional accountability and cross-sector collaboration. Without ongoing policy and funding support, there is a risk that telepractice remains an ad hoc innovation rather than becoming an integrated component of contemporary ECI systems.

*Equity considerations* are central to discussions about telepractice-enabled service delivery (Retamal-Walter, 2023). One of the most compelling arguments for telepractice is its potential to increase access to services, particularly for families living in rural and remote areas, those facing transport barriers and communities with limited access to specialist expertise. However, telepractice also risks reinforcing existing inequities when families experience challenges related to internet access, device availability, digital literacy, financial hardship, language barriers or limited capacity to engage in virtual sessions. As a result, telepractice has the potential to both reduce and exacerbate inequities, depending on the extent to which digital inclusion is addressed within implementation efforts. Ensuring equitable access therefore requires more than simply offering telepractice as an option; it necessitates targeted strategies to support participation among families who may otherwise be excluded.

Successful implementation of telepractice models requires a systems approach. Investment in digital infrastructure, workforce capability, equitable access, and enabling policy frameworks will be critical if telepractice is to realise its potential as a mechanism for improving the accessibility, quality and sustainability of ECI services. Moreover, despite promising findings presented in the ECI telepractice literature, significant gaps remain in the evidence base (Campbell et al., 2019). There is a lack of high-quality comparative studies examining the relative effectiveness of telepractice hybrid and face-to-face models, particularly over the long term. Differential outcomes across diverse populations,

especially in relation to socio-economic status, cultural context and digital access remain underexplored. Implementation challenges, including workforce capability, fidelity measurement, and system-level integration also require further investigation (Hurtubise et al., 2026).

Overall, the literature suggests that telepractice should not be conceptualised solely as an alternative to in-person services, but rather as a modality that can strengthen the alignment of ECI practice with its foundational principles, such as those described in the Framework. It is argued that ECI services must move away from viewing telepractice as an emergency practice, an optional add-on, or a lower-value substitute for face-to-face intervention. A national hybrid ECI ecosystem whereby telepractice and face-to-face modalities are intentionally integrated according to child and family needs seems a positive move towards strengthening ECI service delivery.

## A focus on hybrid ECI models

Hybrid models represent a promising telepractice modality for future service design, offering the potential to integrate the strengths of both telepractice and face-to-face approaches. The evidence for hybrid telepractice systems is particularly strong where face-to-face engagement for relational, observational, or physical support is required, and where telepractice's flexibility, accessibility and caregiver coaching are advantageous for children and families (Williams et al., 2025). The hybrid approach reflects both the evidence base and the realities of contemporary family life (Orel & Licardo, 2025).

Several implications arise from a focus on hybrid telepractice models in the current Australian ECI climate, particularly with the implementation of the Framework and the Thriving Kids system supports for children with developmental concerns, delay or disability. First, the introduction of a hybrid telepractice model can prevent the over-reliance on clinic-based face to face intervention, on one hand, and the over-digitised, transactional care disconnected from relationships and community context on the other, as in the fully remote telepractice modality. In many ways, the evidence suggests the opposite of these two extremes for embedding good ECI practice; that is, effective hybrid telepractice

often requires more intentional family-centred practice than traditional service models. Needless to say, this would require investment in workforce capability with an emphasis on specific elements of high-quality ECI practice, including guidance for coaching, routines-based intervention, telepractice competencies, and hybrid service delivery (e.g., hybrid service pathways, digital inclusion, quality standards and implementation principles, and cultural responsivity).

Second, policies and funding models considering the implementation of hybrid telehealth need to prioritise support for flexible hybrid delivery that incentivises collaboration and continuity and avoids privileging volume-based, clinic-centred service models. In the same vein, commissioning approaches should prioritise local partnerships in the community that promote relational continuity and family-centred outcomes.

Third, in the absence of an evidence-base for the implementation of ECI hybrid models, investment in Australian research can only strengthen the ECI service system. The examination of the comparative effectiveness of hybrid models in the context of implementation science, associated long-term child and family outcomes and equity impacts deserves further attention.

## Conclusion

While it is acknowledged that the evidence base is evolving and implementation is complex, Australia has an opportunity to move beyond debates about whether telepractice 'works' and instead ask a more important question: How can a telepractice-enabled framework help Australia build the family-centred, equitable and sustainable ECI system children and families require?

The evidence increasingly suggests that hybrid ECI models, in particular, enable services to retain the strengths of in-person support while leveraging the flexibility, accessibility, and coaching potential of telepractice. Furthermore, the ECI hybrid approach provides a structural reform opportunity which, with the right policy and practice settings, offers several advantages regarding fidelity to best practice, expansion

of equitable access, and workforce sustainability. The approach can be especially effective in the current Australian ECI policy environment, where there is uncertainty around the implementation of the Thriving Kids system, NDIS reform, thin markets, and implementation of ECI best practice.

However, despite the promise of hybrid telepractice models, Australia currently lacks a coherent national framework for ECI telepractice. Existing policies, funding arrangements, workforce preparation, and commissioning mechanisms remain largely designed around traditional face-to-face service delivery. Moreover, without deliberate research and reform, telepractice risks being inconsistently implemented, inequitable in access to supports, and disconnected from broader system transformation efforts.

## Recommendations for the implementation of telepractice models in ECI

Based on available evidence, the following recommendations are made for the introduction and implementation of telepractice, particularly, hybrid telepractice models of support:

- Position telepractice as a legitimate service delivery model within the National Best Practice Framework for Early Childhood Intervention.
- Develop national implementation guidance for hybrid service delivery.
- Strengthen workforce capability in hybrid telehealth practice.
- Embed flexibility within funding and commissioning arrangements that support telepractice.
- Promote locally coordinated hybrid telehealth service systems.
- Promote digital equity as a core implementation principle.
- Establish quality standards and outcome measures for telepractice.
- Invest in implementation research and ongoing evaluation.

## Decision-making questions about the use of telehealth practice

The Framework's decision-making guide plays a central role in determining which service options are available to families, including telepractice modalities that best suit them and their children. To this end, the following questions can be useful in guiding the parent/practitioner partnership's decisions in the provision of ECI supports:

- What are we trying to achieve? What are the priorities, preferences and goals for the child, parent/caregiver and family?
- Who benefits from being present in the child's natural environment in assessing and determining evidence-informed supports? The child, parent/caregiver, and/or practitioner?
- What are the child's strengths, needs and developmental profile?
- Has sufficient rapport and trust been established to support effective telepractice?
- Which telepractice modality best supports the child and parent/caregiver goals? (face-to-face, hybrid, or adjunct telehealth modalities)
- Can meaningful participation occur through caregiver-mediated intervention or coaching?
- What practical factors (work schedules, transport, other children, travel time) affect participation?
- How confident and comfortable are caregivers with technology and participating in telepractice?
- Is the current mix of service modalities helping the child and family achieve their goals?
- Does the family feel supported and engaged?

## Discussion questions

The following questions are intended to provide further reflection for practitioners, researchers, families, and policy leaders on the use of telepractice in ECI:

1. What should high-quality hybrid ECI telepractice look like in practice?

- How should telepractice and face-to-face supports be integrated across different stages of support and service provision?
- How can we ensure hybrid telehealth models align with the principles and practices of the National Best Practice Framework for Early Childhood Intervention?

2. In your community, which children, families, and supports would benefit the most from different telepractice delivery models?
   - Are some approaches more effective for particular developmental profiles, ages, or family contexts?
   - How do we ensure telepractice does not unintentionally increase inequity?
   - What additional supports are needed for families experiencing digital exclusion?

3. How do we ensure telepractice strengthens, not dilutes, best ECI practice?
   - How can telepractice reinforce relation-based, coaching, participation-based, and routines-focused practice?
   - What safeguards are needed to avoid overly transactional or compliance-driven service models?
   - How should quality and fidelity be evaluated in hybrid systems?

4. What workforce capabilities are required for telepractice in ECI?
   - What competencies should practitioners develop for effective delivery of telepractice?
   - How should universities, professional bodies, and employers prepare the workforce?
   - What forms of supervision and reflective practice are needed?

## Recommended citation

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## References


Adedipe, D. T., & Walton, K. M. (2025). Telehealth parent training for challenging behavior in children with developmental disabilities: A systematic review and meta-analysis. *Review Journal of Autism and Developmental Disorders*, 1-21. https://doi.org/10.1007/s40489-025-00501-5

Campbell, J., Theodoros, D., Russell, T., Hartley, N., & Gillespie, N. (2024). Speech-language pathologist practice changes in telehealth speech-language therapy for rural children. *Journal of Clinical Practice in Speech-Language Pathology*, *23*(1), 2-9. https://doi.org/10.1080/22087168.2021.12370304

Campbell, J., Theodoros, D., Russell, T., Hartley, N., & Gillespie, N. (2021). Role and process change and satisfaction with an educational and developmental psychologist telehealth service for rural children. *The Educational and Developmental Psychologist*, *38*(1), 143-157. https://doi.org/10.1080/20590776.2021.1915097

Campbell, J., Theodoros, D., Hartley, N., Russell, T., & Gillespie, N. (2020). Implementation factors are neglected in research investigating telehealth delivery of allied health services to rural children: A scoping review. *Journal of telemedicine and telecare*, *26*(10), 590-606. https://doi.org/10.1177/1357633X19856472

Chen, K., Huang, J. J., & Torous, J. (2024). Hybrid care in mental health: a framework for understanding care, research, and future opportunities. *NPP—Digital Psychiatry and Neuroscience*, *2*(1), 16. https://doi.org/10.1038/s44277-024-00016-7

Childress, D. C., & Schumaker-Murphy, M. (2025). Tele-intervention during the COVID-19 pandemic: lessons learned from early intervention practitioners. *Journal of Early Intervention*, *47*(2), 165-182. https://doi.org/10.1177/10538151241238007

Department of Health, Disability and Ageing. (2025). *National Best Practice Framework for Early Childhood Intervention*. Australian Government. https://www.health.gov.au/resources/publications/national-best-practice-framework-for-early-childhood-intervention?language=en

Dunst, C. J., Bruder, M. B., Trivette, C. M., & Hamby, D. W. (2006). Everyday activity settings, natural learning environments, and early intervention practices. *Journal of Policy and practice in Intellectual Disabilities*, *3*(1), 3-10.

Ferguson, Jenny, Emma A. Craig, and Katerina Dounavi (2019). Telehealth as a model for providing behaviour analytic interventions to individuals with autism spectrum disorder: A systematic review. *Journal of autism and developmental disorders* 49.2 (2019): 582-616. https://doi.org/10.1007/s10803-018-3724-5

Grant, C., Jones, A., & Land, H. (2022). What are the perspectives of speech pathologists, occupational therapists and physiotherapists on using telehealth videoconferencing for service delivery to children with developmental delays? A systematic review of the literature. *Australian Journal of Rural Health*, *30*(3), 321-336. https://doi.org/10.1111/ajr.12843

Harniess, P., Basu, A. P., Gibbs, D., & Bezemer, J. (2025). The Interactive Work of Implementing Synchronous Video‐Conference Calls—A Qualitative Study Within Early Intervention for Infants With Childhood‐Onset Neurodisability. *Health Expectations*, *28*(2), e70215. https://doi.org/10.1111/hex.70215

Hinton, V., Akemoğlu, Y., Tomeny, K., & McWilliam, R. A. (2024). Supporting families from a distance: Implementing routines-based home visits via telepractice. *Early Childhood Education Journal*, *52*(3), 629-636. https://doi.org/10.1007/s10643-023-01464-0

Howland, K., Edvardsson, K., Lees, H., & Hooker, L. (2025). Telehealth use in the well-child health setting. A systematic review of acceptability and effectiveness for families and practitioners. *International journal of nursing studies advances*, *8*, 100277.https://doi.org/10.1016/j.ijnsa.2024.100277

Hurtubise, K., Gaboury, I., Phoenix, M., Baillargeon, J. P., Couture, M., Morin, M., ... & Camden, C. (2026). Outcome evaluation of the Web-based early intervention for children with motor difficulties aged 3–8 years old using multimodal rehabilitation: results of a family-centered pragmatic randomized controlled study. *Disability and Rehabilitation*, 1-15. https://doi.org/10.1080/09638288.2026.2651725

Jimenez-Arberas, E., Casais-Suarez, Y., Fernandez-Mendez, A., Menendez-Espina, S., Rodriguez-Menendez, S., Llosa, J. A., & Prieto-Saborit, J. A. (2024). Evidence-based implementation of the family-centered model and the use of tele-intervention in early childhood services: A systematic review. In *Healthcare* (Vol. 12, No. 1, p. 112). MDPI. https://doi.org/10.3390/healthcare12010112

Kelson, E., & Dorstyn, D. (2025). Telehealth as a psychological intervention for caregivers of children with neurodevelopmental disorders: A systematic review with effect sizes. *Journal of Autism and Developmental Disorders*, *55*(1), 43-58. https://doi.org/10.1007/s10803-023-06185-2

Knott, V., Habota, T., & Mallan, K. (2020). Attitudes of Australian psychologists towards the delivery of therapy via video conferencing technology. *Australian Psychologist*, *55*(6), 606-617. https://doi.org/10.1111/ap.12464

Krasovsky, T., Weiss, P. L., Gafni-Lachter, L., Kizony, R., & Gefen, N. (2024). Hybrid approaches to allied health services for children and young people: a scoping review. *Journal of neuroengineering and rehabilitation*, *21*(1), 122.on https://doi.org/10.1186/s12984-024-01401-1

McCarthy, M., Leigh, G., & Arthur-Kelly, M. (2022). Comparison of participants' behaviors during telepractice and in-person family-centered early intervention: An exploratory study. *Infants & Young Children*, *35*(3), 222-247. *DOI:* 10.1097/IYC.0000000000000218

Orel, M., & Licardo, M. (2025). Systematic review of telepractice for early intervention with families of children with autism spectrum disorder. *Advances in Autism*, *11*(1), 19-37.

PRECI (2025). *Review of best practice in early childhood intervention: PRECI round 4 consultation report*. https://www.preci.org.au/wp-content/uploads/2025/03/Review-of-Best-Practice-in-ECI-PRECI-Round-4-Consultation-Report_Mar_2025_Final.pdf?v=b870c45f9584

Retamal-Walter, F., Waite, M., & Scarinci, N. (2025). Development and validation of an observational tool to measure engagement in telepractice early intervention. *Disability and Rehabilitation*, *47*(14), 3721-3732.https://doi.org/10.1080/17483107.2022.2048098

Tang, M., Chernew, M. E., & Mehrotra, A. (2022). How emerging telehealth models challenge policymaking. *The Milbank Quarterly*, *100*(3), 650. PMID: 36169169

Shin, Y., Park, E. J., & Lee, A. (2025). Early intervention for children with developmental disabilities and their families via telehealth: Systematic review. *Journal of medical Internet research*, *27*. https://www.jmir.org/2025/1/e66442

WHO (2022). *ITU global standard for accessibility of telepractice services*. Geneva: World Health Organization and International Telecommunication Union. Licence: CC BY-NC-SA 3.0 I. https://iris.who.int/server/api/core/bitstreams/5c212450-b17a-4f2b-85c6-d7bd541bf279/content

Williams, C. S., Ostrosky, M. M., & Khatiwada, M. (2025). Coaching Via Telepractice in Early Intervention: Providers' Preferences and Perspectives. *Topics in Early Childhood Special Education*. https://doi.org/10.1177/02711214251404988

Yllades, V. A., Ganz, J. B., Wattanawongwan, S., Dunn, C., & Pierson, L. M. (2022). Parent coaching via telepractice for children from Latinx backgrounds with autism spectrum disorder. *Journal of Special Education Technology*, *37*(4), 469-481. https://doi.org/10.1177/01626434211033604