Department of Social Services

Early Childhood Targeted Action Plan 2.4

Stakeholder workshop report

Prepared by
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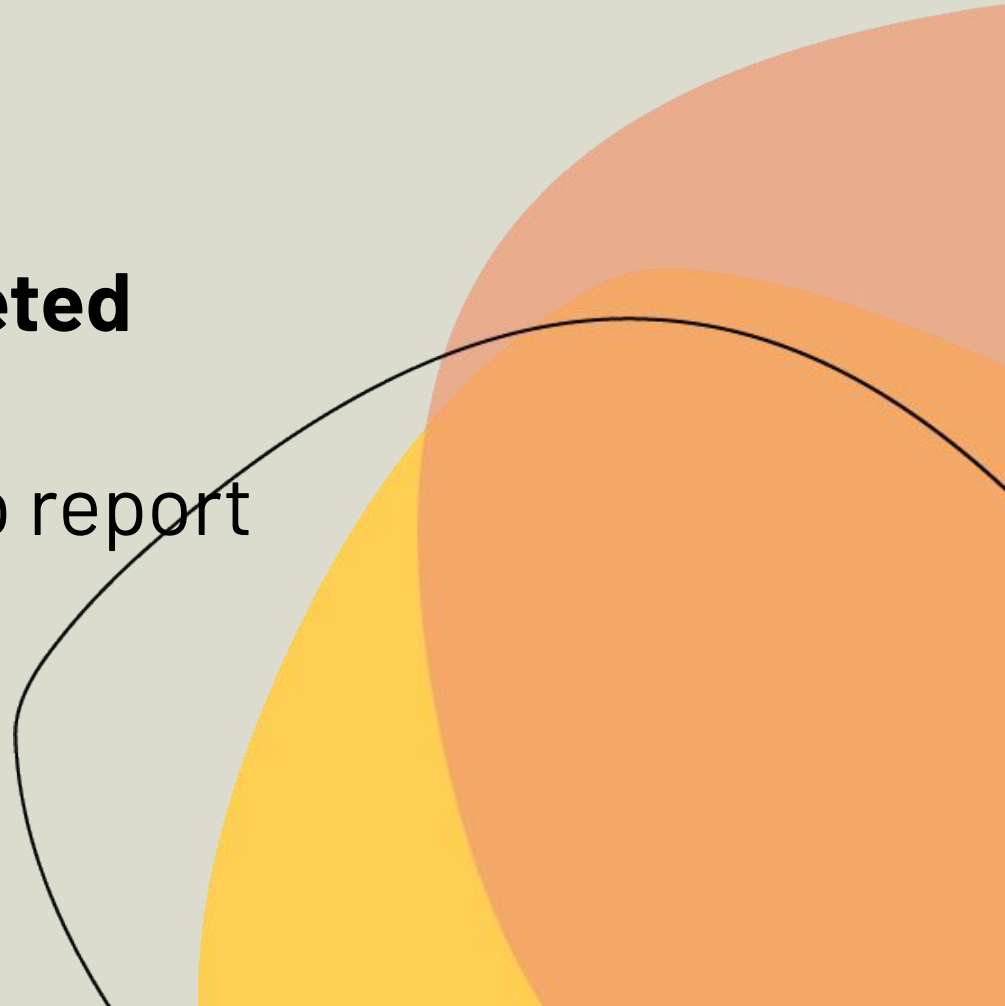

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Contents

Summary report

Background

The Early Childhood Targeted Action Plan (EC TAP)
The Department of Social Services (the department) is leading the implementation of the Australian Government actions in the EC TAP under Australia's Disability Strategy 2021-2031. The EC TAP was developed in collaboration with Commonwealth, state and territory counterparts, and sets out key objectives and actions governments will undertake over the period of 2021-2024, to strengthen early identification, information, supports and pathways, for children with disability or developmental concerns, and their families.

State and territory governments will be responsible for implementing their jurisdictions' actions. Relevant Commonwealth departments will work together to ensure a coordinated approach for actions that span across portfolios, such as Action 2.4, which involves collaboration with the National Disability Insurance Agency (NDIA).

Australian Government EC TAP Action 2.4 - Review guidance for best practice early intervention
Evidence demonstrates that best practice early childhood supports are particularly effective for very young children with disability or developmental concerns, if instigated as early as possible, from birth to the early years of schooling. However, since the introduction of the National Disability Insurance Scheme (NDIS), current practices in early childhood intervention in Australia vary across and within states and territories.

The department has developed a work plan to implement Action 2.4 through undertaking an independent review of current best practice guidance in early childhood intervention to inform updating or developing new nationally consistent guidance for best practice early childhood interventions.

A supplier procured from a procurement process will independently review the current best practice guidance, and produce an up to date framework that can be applied consistently across Australia to support young children with disability or developmental concerns, their parents and carers.

Stakeholder workshop
On 14 June 2023 the department jointly co-convened a stakeholder workshop with the NDIA and Reimagine Australia, to help inform the scope of activities to be undertaken through the procurement process. Participants at the workshop included advocates and peak bodies, service providers, health professionals, research specialists, educators, people and families with lived experience, and government officials.

Meld Studios was engaged as an independent facilitator to support the stakeholder workshop, and has prepared this report as a summary of the day and a synthesis of key themes from the workshop.

Next steps: procurement process
A procurement process will be conducted to select a supplier to undertake key components that are likely to include:

- Review current best practice guidance, research and evidence identified
- Undertake consultations with key stakeholders
- Develop updated guidance
- Publish guidance (including multiple adaptations such as, easy speak for parents, key professionals, translation into several languages) and promoted.

Workshop details

Purpose

The purpose of this workshop was to set the scene for EC TAP, and to inform activities that will be undertaken as part of a separate procurement process. Our goal was a shared understanding of progress to date, current position and future aspirations/intention.

The workshop ran from 11.45am to 3.30pm on 14 June, 2023 and was preceded by an *Early Years disability and developmental delay roundtable* with a considerable crossover of participants.

Structure

Part 1: morning

Five speakers provided an overview of their perspective and then being part of a panel responding to questions from participants.

Sarah Guise, Branch Manager, Disability Support Branch, DSS
-Overview of the EC TAP and broader policy context

Loretta Kingston-Brown, Branch Manager, Children's Taskforce and **Peter de Natris** Strategic Adviser, NDIA
-Early childhood context from an NDIS perspective

Yvonne Keane AM,CEO, Reimagine Australia
-Insights from families

Professor Bruce Bonyhady AM, Co-Chair, NDIS Independent Review
-Early childhood intervention landscape

Part 2: afternoon

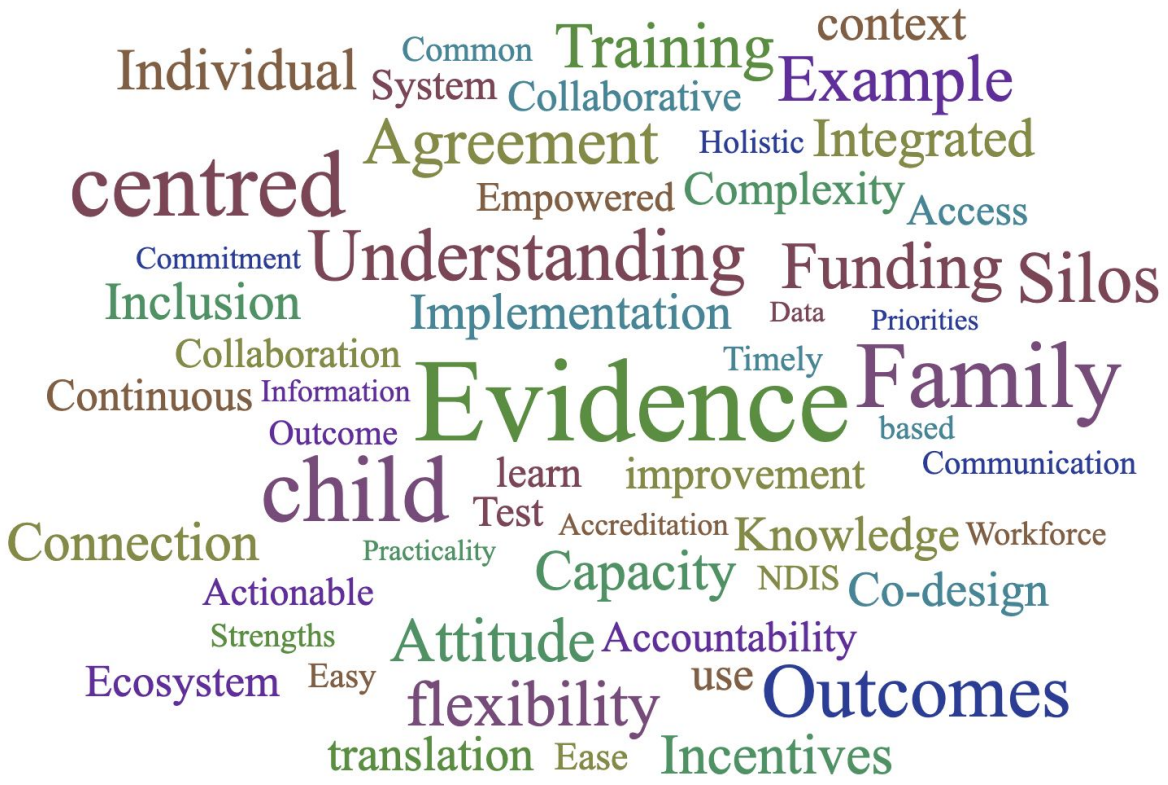
In the afternoon we broke into small groups to explore:

- Best practice and assumptions about it
- Barriers and implementation challenges
- Opportunities (and examples of effective best practice)
- What "good" looks like (or what needs to be true for best practice to work).

Participants in each group contributed their own answers to each of the questions first on post-it notes, and then the group discussed the topic together, led by a facilitator. We spent about 15-20 minutes on each question and then shared back to the broader group at the end.

Key words from the day

Participants contributed in small group sessions by writing their own thoughts on post-it notes. This word cloud visualises the key words from those post-its; the bigger and bolder the word, the more often it appeared.



Summary of key themes

Evidence

There was consensus at the workshop that best practice needs to be evidence-based, but it is important that this includes a triangulation of evidence: science, clinical, and lived experience. There is a sense that we currently value research over and above lived experience, for example, and that cultural practice and knowledge systems are ignored.

This is relevant not just to the documentation of best practice, but how it is understood and implemented. More work needs to be done to ensure there is shared understanding across all parties involved that evidence comes from many different sources.

Understanding / Agreement

While most people in the room broadly agreed on what best practice looked like, they believed there were still differing perspectives across communities, families, health professionals, educators, government, and researchers.

People told stories about schools investing in segregated spaces believing that to be best practice; and others told of family experiences and preferences being discounted by educators or medical professionals.

The lack of success stories and case studies was mentioned several times, and identified as a way of bridging this gap. Co-designing with all parties involved is another way to reach consensus, which will be necessary for best practice guidance to be implemented successfully.

Child and family outcomes

There was a strong focus about putting children and families at the centre, with an emphasis on family inclusion and the role of family in navigating the system on behalf of the child.

The difficulty of navigating the system came up a lot; another key theme was how important it is for support to be dynamic and responsive to individual needs.

The goal is empowered families, with children included in their community and can fulfil their potential as equal members of the community.

Ecosystem / Silos / Capacity

There is a significant challenge with implementation of best practice. Current guidance for best practice in early childhood intervention do not help change how things are done.

This is in part because of capacity; there just are not enough trained and skilled people to meet the need. But it is also about systemic barriers to delivery, such as fragmented systems and departments that do not talk to each other, and funding incentives that support the medical model and a transactional approach rather than a holistic view.

> “What's the point of knowing what best practice is if you can't implement it?”

Quotes throughout this document are drawn from post-it notes written by participants during the breakout sessions.

Summary of small group discussions

Best practice

We asked groups what they thought best practice was, and what assumptions we were making about it. There was a level of agreement on the definition of best practice, paired with some frustration about the systemic barriers to actually delivering it.

Agreement
While most people in the room broadly agreed on what best practice looked like, they believed there were still differing perspectives across communities, families, health professionals, educators, government, and researchers. We need to reach agreement for best practice guidelines to be implemented successfully.

Evidence
There was consensus that best practice needs to be evidence-based, but it is important that includes a triangulation of evidence: science, clinical, and lived experience. There is a sense that the sector currently values research over and above lived experience, for example, and that cultural practice and knowledge systems are ignored.

Implementation
There is a significant challenge with implementation. The current guidelines do not assist in reform. Participants felt there was a need for better implementation to support take-up of current best practice.

Best practice is generally agreed to be:

- Evidence-based (and not just research)
- Implementable
- Contextual, supporting the child and family in their environment
- Continuously evolving
- Not one-size-fits-all, but tailored to the specific need of the child and family
- Family and child centred
- Outcomes-focused
- Timely
- Strengths-based
- Inclusive (of neurodiversity, of culture, of disability).

Best practice is collaborative, a team of people supporting a child's development.

There's a tension between evidence and lived experience - we can't seem to agree between the two.

It should be appropriate and responsive to the diversity of Australian families.

We assume that best practice will thrive, even when it sits on a service system that sets it up to fail.

Barriers

We asked what the key barriers were to us achieving best practice, including implementation challenges. Many of the barriers identified relate to systemic challenges that are less about identifying best practice, and more about putting that into operation.

Systemic barriers to implementing best practice:

- Policies and systems that create barriers to implementation
- Capacity: not enough people, services, funding
- Silos: fragmented systems not talking to each other, departments and authorities not working together, mixed messaging, lack of collaboration
- Funding and incentives:
  - Transactional model
  - Mismatched priorities
  - Support the medical model
  - Siloed, not encouraging collaboration
  - Perverse incentives against best practice
  - Insufficient funding.

Other barriers:

- Attitudes: prejudice and ignorance, ableism, belief in the medical model
- Agreement: getting a shared understanding of what constitutes best practice
- Workforce training and skills
- Complexity to navigate the system
- Accountability, or lack of it
- Practice leadership: a lack of shared purpose and commitment.

It's not lack of will <that stops us doing this> it's overwhelm.

Bowls of spaghetti - it's a maze to navigate.

Pricing incentives that encourage providers to "fix the child" in a clinical setting.

Silos, buck passing and active blocking e.g. NDIS stops at the school gates.

Opportunities

We asked groups what they thought the key opportunities were, and to identify any examples of where best practice guidance had worked well. There were a huge range of opportunities identified, some quick and easy and others requiring more wholesale change.

Common opportunities:

These themes were reflected across most of the groups:

- Co-design so we have a shared language and vision
- Connect and collaborate better
- Leverage existing structures and supports
- Change the ecosystem
- Test and learn (pilots)
- Training and workforce, accreditation
- Address funding and incentives issues
- Make it easier to use
- Multi-pronged approach (not a silver bullet)
- Develop case studies and examples.

Some examples of where best practice has worked well:

- Smoking: legislative, tax incentives, guidelines, disincentives, public awareness
- Australia's Disability Strategy: positions early childhood development as everyone's business
- Pre NDIS state/territory systems had transdisciplinary Early Childhood Intervention (ECI) services that did not need "medical" referrals
- Advocacy on vaping: making legislative change happen
- Maternal health home visiting services
- In the autism guidelines, the voice of the child
- Australian Research Alliance for Children and Youth (ARACY): increasing wellbeing literacy
- Sweden: family support worker model
- Canada: family centred service
- Autism CRC Autism's guidelines reference group: found there was not a vast body of scientific research but there was lived experience that supported it.

We can reimagine the entire ecosystem so that best practice can flourish.

Implement what already works or is in reach.

Use existing community structures and build connected communities around families, schools, childcare, aged care, health, shopping.

We need a vast number of case studies and examples of what best practice looks like.

What “good” looks like

We asked what “good” would look like, if we did this well, and what would need to be true for that to happen. Stakeholders were able to articulate the outcomes they wanted to see; empowered families, with children included in their community, fulfilling their potential as equal members of the community.

Better outcomes for child and family

- Empowered families
- Children included, and not assimilated, in their community
- Support provided in context in the community.

Accessible to all

- Supports are available and accessible regardless of geography, disadvantage etc.
- A system that is easy to navigate and find what you need.

All on the same page

- Strengths-based attitude, no more ableism
- Understanding that one-size does not fit all
- Universally adopted, accepted by all.

A responsive system

- Support is tailored to individual needs and responsive to intersectional realities and the voices of lived experience
- Guidance evolves to include new knowledge and standards
- A live document not a static one.

Structural conditions for best practice to thrive

- Have a commitment to translate into action, with systems that support and facilitate implementation
- Child-centred approaches supported by inter-agency collaboration
- Funding rethink
- Holistic approach rather than a transactional one
- A skilled and capable workforce.

The right service in the right place at the right time.

No more roundtables.

Services wrap around the child and family not vice versa.

Policy and practice passes the common sense test.

“Families can focus on parenting rather than fighting a system.”

Next steps

The next step is a procurement process to select a supplier to:

- Review current best practice guidance, research and evidence identified
- Undertake consultations with key stakeholders
- Develop updated guidance
- Publish guidance (including multiple adaptations such as, easy read for parents, key professionals, translation into several languages) and promoted.

This report, capturing and synthesising key themes from the workshop, will help inform the activities to be undertaken as part of the procurement process. The report will be published on the department's website to share with stakeholders.

Workshop detail

Speaker notes summary

Sarah Guise

Branch Manager, Disability Support Branch, DSS

Context

Started the concept of reviewing best practice guidance back in 2021 when ministers signed off on the Disability Strategy and the Targeted Action Plans. Early childhood was one of those priorities.

Some things have changed since then. One important piece of recent context coming out of Australia's Disability Strategy is the social model of disability, so not to treat this as a therapeutic practice but to ground it firmly in a social model of disability and to be a lot more holistic by what we mean by all of that.

We do not want to look at this from disability pushing out, but we are seeing children as people wherever they are in their lives. It is about early childhood intervention and best practice, and it needs to push out into all the systems where it is needed.

Connection

DSS is co-leading this action item with the NDIA, and we are working to join dots both across government and in the sector, which is one of the reasons why you are here today.

We are keen to explore a range of perspectives and have representation from a wide range of people here. Families, peak bodies, practitioners, providers, different government agencies and all different part of the system.

We are also aware of everything else that is going on right now, and our goal is not just to deliver on the EC TAP but to support the Early Years Strategy, the National Autism Strategy, and the NDIS Review. Practice guidance has the ability to be foundational across all these processes and help join some of these things up.

Scope

We are quite ambitious with what we want to achieve. We have kept the action item deliberately broad around best practice guidance, so it can encompass the existing guidelines, as well as other forms of best practice i.e. Early Childhood Autism CRC.

We need to look at best practice guidance not just as a set of guidelines but what else goes around that? What needs to be true for it to be implemented and experienced by children and families?

Part of best practice is knowing what it is, but that is just one part. There are challenges in promulgating best practice, knowing what has worked and what has not, why we have not had take-up, what can we do differently, what are the barriers and challenges. These are all things we want to get into today. Not going straight to solutions but we do want a wide range of perspectives and get us all on the same page, and consider this in the broader context that exists today.

We do not want to just create or update best practice guidelines, we want to embed best practice in the system in a way that leads to better outcomes for children and families.

Process

This is the start of a process. At the request of the Government we are working with Reimagine, in recognition of their role in creating the current guidelines.

We are running a procurement process after this, and there are probity advisors involved to ensure it is a fair process.

We are aiming to share the results of this workshop so anyone who wants to participate in the procurement process is not disadvantaged if they could not be in the room today.

Loretta Kingston-Brown
Children's Taskforce, NDIA

Context

There is a big change agenda at the NDIA (see slide on next page):

- Established a children's task force with dedicated senior leadership, looking at supports for children and families 0-14 (previously looking 0-7 as a branch) so taking a bigger picture view
- NDIS Review is an important piece of work
- Budget initiatives.

NDIA recognition

We recognise this is not always working the way we would like it to, but there is drive and passion at the NDIA to make a difference.

We are taking this opportunity to collaborate and join up our system. We are invested in making sure we get better outcomes.

We are aware that outcomes don't align with the investment currently and we want to do that a lot better.

The NDIA have not been able to achieve the greater inclusion we expected, and in fact the early years system might be even more segregated than it was before. We are committed to ensure we turn that around.

Peter de Natris
Strategic Adviser, NDIA

Context

Not all is bad in the world. Ten years ago would never have imagined the National Disability Strategy would recognise children within a TAP, it has previously been very adult centric. Recognition that you need to think about children differently is a huge step forward.

We still had a segregated model for early childhood right up until the 2000s when the states started to focus more on inclusion, and federally we have been playing policy catch up ever since.

There has never been a concerted policy approach at the national level around what good early childhood intervention and inclusion mean.

Today's policy context is changing how children are supported to grow and develop. There is significant focus and funding at a state level on child development and child care outside the home.

The idea that children will live grow and play in the community, not just at home, ups the ante for early childhood intervention.

What needs to change?

Previously it has been very much the professional voice. Need to elevate the voice of the family and child, and speaking to multiple audiences.

Current guidelines also talk to professionals, but not to other systems or players in the system, or to parents or the community.

Guidelines need to talk to the market that delivers the services. The NDIS does not deliver any services, it funds people with disabilities and their families. So the guidelines need to be taken up and adopted by the marketplace.

NDIS Early childhood approach

Current context

Children's Taskforce

- Dedicated Senior leadership
- Increased focus on pathways outside the NDIS
- Working in coordinated progression with the NDIS review and budget initiatives

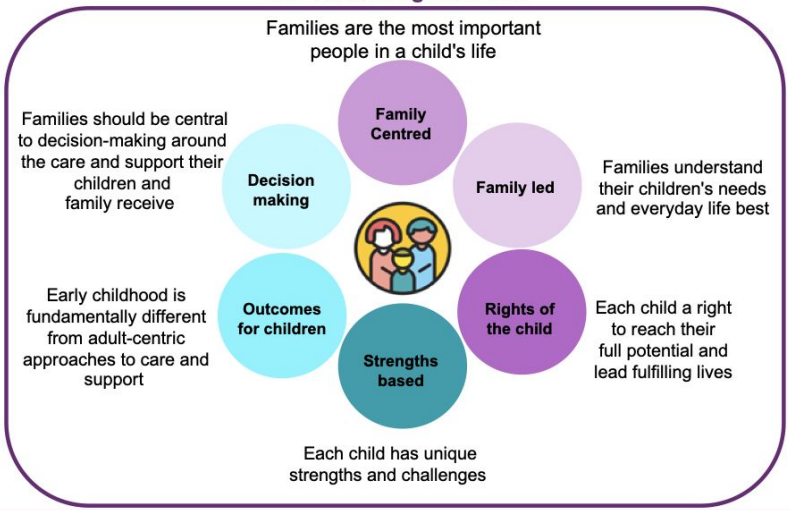
NDIS Review

- Strong early childhood sector engagement with the review
- Early findings being published on the NDIS review website for consultation

Budget Initiatives

- Evidence informed
- Capability uplift
- Stabilising in readiness for review recommendations

The NDIA recognises that:



The NDIA is committed to:

- supporting families and caregivers in a timely and **responsive** manner in meeting the developmental and other needs of their children and family
- fostering **collaboration** and coordination between the NDIS, families, professionals and key mainstream and community stakeholders to ensure that the child and family experiences inclusive and seamless comprehensive support and care
- advocating for **evidence-informed** practices in the field of early childhood intervention
- supporting the delivery of life-changing **outcomes** for children with developmental concerns, delays, or disability and their families
- catering to the **diverse** needs of all children and their families from all communities and backgrounds
- funding supports that will be, or are likely to be, **effective** and beneficial, having regard to current good practice

Yvonne Keane AM

CEO, Reimagine Australia

Context

How we might through best practice, better support and enable families of young children with developmental delay, difference, divergence and disability.

Reimagine research

We know that families want:

- Care for their kids
- Feel connected
- Access to info and opportunities
- High quality universal service access
- Receive support in a responsive way when it is needed.

We conducted deep dives with families from Culturally and Linguistically Diverse (CALD), LGBTQI+ and Aboriginal and Torres Strait Islander backgrounds, to explore what was preventing optimised outcomes for their kids. There were commonality around barriers, including two that were universal:

- Systems are overly complex and leads to abandonment
- Finding and accessing resources is time consuming and can be relationship based.

(see following slide for detail)

The Early Childhood National Action Plan to 2030 has a diagram that shows what families feel they need to be present in all their circles of support *(diagram in following slide).* One thing that highlights is the government ecosystem needs to be:

- Easy to navigate
- Collaborative not siloed
- Democratising and easy language
- Strong feedback loops and flexibility
- Culturally safe
- Responsive.

Conclusion

See page 24 for commentary from @neurowild on facebook, about priorities.

We find ourselves at a moment in time. As advocates we have been saying the same thing for a long time, and we finally have a crack in the door. There is an opportunity to be heard, and to achieve wholesale reform around early childhood.

If this reform process is to succeed, its imperative they are based on a strong and universal foundation of best practice.

Generations to come every child has every opportunity to reach their full potential in life in an inclusive responsive and equitable way.

Key Insights

We spoke to families and practitioners about what they felt was preventing optimised outcomes (best practice).

In particular, we conducted deep dives with families from CALD, LGBTQUI+ and ATSI backgrounds

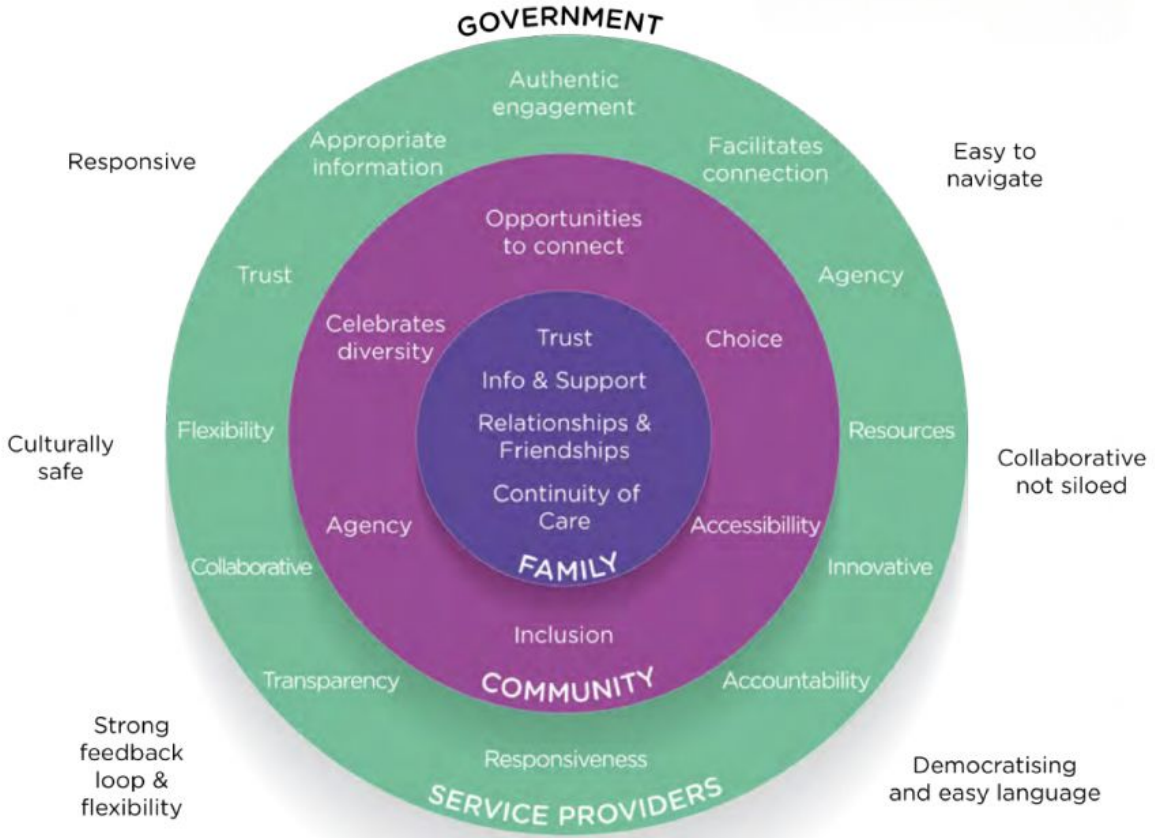
Many common insights emerged. Two insights were universal to all cohorts we spoke to.

Insights	ECD Practitioners	Families	CALD	LGBTQI+	ATSI	Healthcare	Educators
Pursuing medical services leads to tunnel vision	x	x					
Frustration at the medical system	x	x					
There is no one way to obtain knowledge	x	x					
Families can feel isolated and alone at critical times	x	x					
Communication between and from service providers	x	x				x	x
Eurocentric approaches to CALD engagment	x	x	x				
Resources are difficult to understand and awareness and access is assumed	x	x	x				
Fragmented services	x	x	x				
Raising a 'rainbow family' can be an isolating experience				x			
Diversity and education	x	x	x	x	x		
Lack of cultural awareness can lead to distrust			x		x		
Systems are overly complex and lead to abandonment	x	x	x	x	x	x	x
Healthcare systems have high demand and low supply	x	x	x	x	x	x	
Families fall through the gaps in the NDIS	x	x	x	x	x	x	x
Providing healthcare support is emotionally draining						x	
Delivering healthcare intervention is non-liner and not time based	x					x	
Experiences of healthcare intervention is people dependent		x	x	x	x	x	
Pursuing early education is a non-linear process but time based	x	x					x
Educators are not set up for success							x
Culture barriers for familes and educators	x	x	x	x	x		x
Education, disability and health work in silos	x	x	x		x	x	x
Finding and accessing resources is time consuming and can be relationship based	x	x	x	x	x	x	x

Source: Reimagine/GHD Insights Reports 2022

REIMAGINE AUSTRALIA

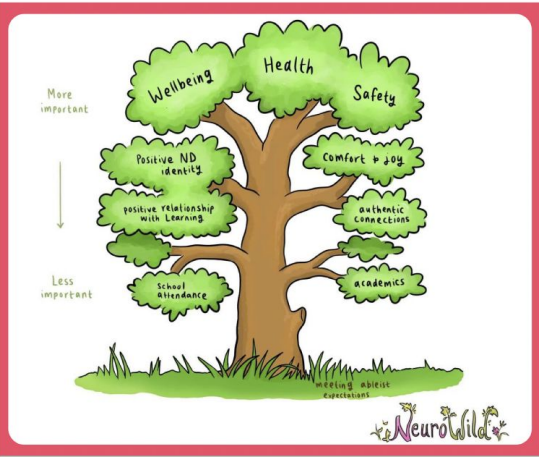
What families tell us they need best practice to support



Source: Reimagine Early Childhood National Action Plan to 2030

REIMAGINE AUSTRALIA

Priorities



@Neurowild - otherwise known as Em, an Autistic and ADHD speech pathologist, illustrator, advocate, and Mum to 3 ND kiddos.

Source: Facebook

NeuroWild
10 June ·

Here are my priorities for neurodivergent kids.

The top branches are the most important. They are top priorities. Non-negotiable.

The next branches down are still very important and we won't be neglecting those either.

The bottom branches are school attendance and academics.
Many neurodivergent kids and parents have these branches on their priority tree, which is fine. Many parents choose to remove those branches and do home learning. Also fine.

If 'school attendance' and 'academics' are branches on your kid's tree, that's not a problem in and of itself. These branches become a problem when they start rotting away branches that are higher up.

If regular school attendance and academic pressure starts to rot away my kid's identity, self perception, and wellbeing- those lower branches will be removed. I will not be trading those higher branches for the lower ones.

I am not saying that those bottom branches are unimportant. For many people they are seen as extremely important. I'm saying that they will always be less important to me than the wellbeing, health, and safety of my kids.

I feel like this should be an obvious thing, but parents are really fed a lot of information about how school attendance is one of the highest priorities. Parents are told that attendance belongs on those top branches. In my mind it does not. It's welcome to be on the tree. But it will not ever be as important as these other top branches.

Also, you'll notice that 'meeting ableist expectations' has been pruned off the tree entirely. It was rotting every other branch and needed to go.

What do you think?

Em 😊🌈🌻
AuDHD SLP

Professor Bruce Bonyhady AM
Co-Chair, NDIS Independent Review

Snapshot of where the NDIS review is at:

Early childhood is a major area of focus consistent with terms of reference. We will be publishing a paper on the key issues we are grappling with, that will reflect the many consultations and workshops and submissions we've received so far. It will hopefully be the catalyst for further conversations about where the review needs to go.

There has been an extraordinary level of engagement with over 1000 submissions, and we have talked to many thousands of people, mostly with lived experience.

Themes for early childhood:

There has been a significant drift away from best practice.

A failure to implement best practice lies in the Better Start programs. We thought by giving funding to families they would find best practice, but in order to do that there needs to be a lot of other parts of the ecosystem in place. Reliable, timely and independent information can help parents in their control and choice.

There has not been enough focus on supporting children and families in their everyday environments, in their homes, early childhood education and services, and the community. Most supports are being delivered in clinical settings.

There are few incentives and no mechanisms to make sure providers deliver evidence-based supports or adopt best practice. Questions extend to the workforce and training of the workforce.

There is clear evidence that the needs of children and families are not being considered holistically. There is a lack of family centred practice and as a result families do not feel supported.

There is little evidence of key workers working with the family and providing a guide to the family and working with a group of therapists. It is very much a case of individual therapists.

The Scheme has focused almost exclusively on children, not on families. Families also struggle to find the right information and to understand all the jargon.

Families want their lived experience and their child to be deeply understood.

What needs to happen?

Revision to best practice guidelines is important, it is an essential foundation.

It needs to not just be professionals looking at this, but families and children need to believe these are best practice guidelines as well. Have to take families on a journey from where they are today (clinically focused therapeutic intervention) to best practice. It is not a case of dictating to them but bringing them along the journey.

On their own the guidelines are not sufficient. We need also to:

- Rework the system so it focuses on family not just child
- Have better information so parents can make informed choices
- Make sure that supports are evidence-based (we have allowed control and choice to become the dominant mantra)
- Better integrate the NDIS into mainstream systems
- Have culturally appropriate guidelines, that are developed and implemented in culturally appropriate ways, so they are for ALL Australian children, not just white well-educated families in well-to-do suburbs.

Q&A session details

Questions answered on the day

Early Years Strategy includes antenatal and prenatal period, but the TAP seems to be from birth. Does this mean antenatal and prenatal is not covered in in? If so is it too late to include it?

It is not too late, it is a good question. We are doing some work in that area and recognise it is one space we really need to investigate further.

Bruce spoke about incentives to deliver evidence-based practice… but how do we address the structural disincentives that push supports to clinics due to pricing models?

You address the pricing scheme. There is currently a number of perverse incentives, and a lack of incentives for some of the supports we'd like to see, and a lack of outcomes measurement. We need a much more sophisticated approach to market stewardship. The other side is the question of standards and minimum qualifications.

Allied peak bodies want to be involved in the co-design but are often blocked. They can communicate with their members and make changes as needed. Please use us, we do care about best practice.

We are always happy to work with peak bodies! We work with a lot of them already and we are so grateful. We know who we know, but we are open to suggesting other people who should be in the room and people we should be listening to. Including people we are not going to agree with, we need all of those voices.

There have been several claims that we know [what] good, best or evidence based practice is, but that is not my experience at all. How can this issue be resolved?

It is definitely something we will tackle as part of this process. We need the collective wisdom on this. There are bits that everyone agrees, and bits where we won't agree, but we have to take it all on board and there are ways to deal with that. We will be running a procurement process to bring on expertise to help us deal with exactly that. The process that the Autism CRC went through shows you can tackle that challenge, and come up with an evidence-based process for evidence to reconcile differences.

If all the therapists are leaving the sector as they are vilified for price gouging and not being skilled enough, who is going to help families?

You cannot have service delivery without a workforce. We need a much more balanced discussion about workforce and the role of pricing. The review has put out a paper on this topic and it is open for feedback.

One thing that is missing is the funding, and the plans to implement. While we're talking about workforce, and tools for parents to understand, we need a commitment to funding that. We have existed for so long in a funding vacuum, and where funding has been aligned to the medical model, and that has had a detrimental impact on best practice. It is another piece of the puzzle that needs to be joined up. For example Medicare reforms and the pricing that goes with allied health. And the care economy taskforce in the Department of Prime Minister and Cabinet now includes early childhood.

We can link it back to the guidelines: if we don't want to be accused of price gouging, let us codify into the guidelines what the ethical practice standards are, and make them demonstrable.

Political will to stop investing in segregation: new buildings and "special" programs and places are used to gain votes. [People in politics need] to hear that they are wasting money.

This is a concern and something we are aware of and still hear stories about; many parents still think segregation is best practice.

Where should our key focus be?

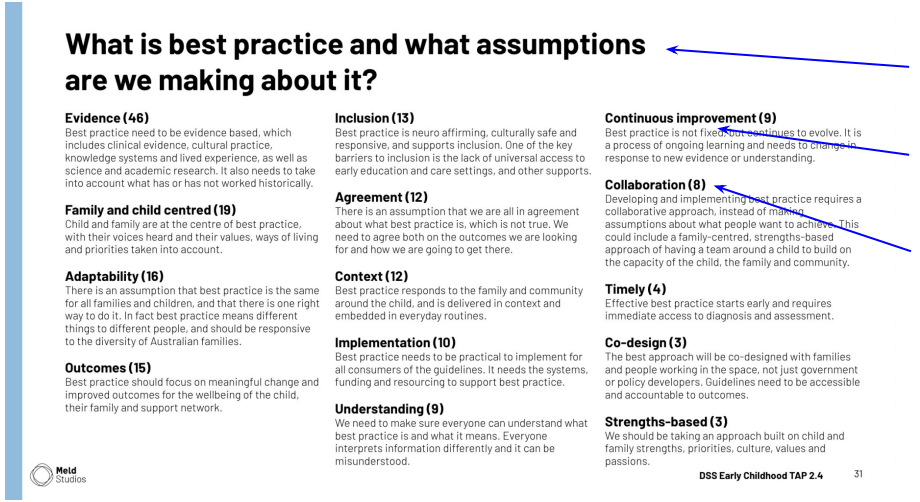
We asked participants on the day where our key fo be. This word cloud their responses; the bolder the word app more often it was su

Detailed notes from breakouts

Explanation of the following pages

The following pages contain a summary of key themes drawn from the raw data.

Participants were asked to write their response to a question on post-it notes, then share back with the group and discuss. After the workshop, the post-its were themed into broad categories as shown here.



What is best practice and what assumptions are we making about it?

Evidence (46)
Best practice need to be evidence based, which includes clinical evidence, cultural practice, knowledge systems and lived experience, as well as science and academic research. It also needs to take into account what has or has not worked historically.

Family and child centred (19)
Child and family are at the centre of best practice, with their voices heard and their values, ways of living and priorities taken into account.

Adaptability (16)
There is an assumption that best practice is the same for all families and children, and that there is one right way to do it. In fact best practice means different things to different people, and should be responsive to the diversity of Australian families.

Outcomes (15)
Best practice should focus on meaningful change and improved outcomes for the wellbeing of the child, their family and support network.

Inclusion (13)
Best practice is neuro affirming, culturally safe and responsive, and supports inclusion. One of the key barriers to inclusion is the lack of universal access to early education and care settings, and other supports.

Agreement (12)
There is an assumption that we are all in agreement about what best practice is, which is not true. We need to agree both on the outcomes we are looking for and how we are going to get there.

Context (12)
Best practice responds to the family and community around the child, and is delivered in context and embedded in everyday routines.

Implementation (10)
Best practice needs to be practical to implement for all consumers of the guidelines. It needs the systems, funding and resourcing to support best practice.

Understanding (9)
We need to make sure everyone can understand what best practice is and what it means. Everyone interprets information differently and it can be misunderstood.

Continuous improvement (9)
Best practice is not fixed, but continues to evolve. It is a process of ongoing learning and needs to change in response to new evidence or understanding.

Collaboration (8)
Developing and implementing best practice requires a collaborative approach, instead of making assumptions about what people want to achieve. This could include a family-centred, strengths-based approach of having a team around a child to build on the capacity of the child, the family and community.

Timely (4)
Effective best practice starts early and requires immediate access to diagnosis and assessment.

Co-design (3)
The best approach will be co-designed with families and people working in the space, not just government or policy developers. Guidelines need to be accessible and accountable to outcomes.

Strengths-based (3)
We should be taking an approach built on child and family strengths, priorities, culture, values and passions.

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DSS Early Childhood TAP 2.4 31

Question that was asked

Category (applied during post-workshop synthesis)

Number of individual post-it notes in this category

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What are the key barriers to us doing this well, including implementation challenges?

Silos (23)
There are multiple fragmented systems that do not talk to each other, making for a siloed approach to service delivery.

Capacity (15)
There are structural and systemic workforce limitations which need to be addressed through capacity building. Understanding the capacity of consumers and practitioners is essential to implementation of best practice.

Incentives (15)
Pricing incentives reward poor practice rather than best practice. The system encourages the medical model, with providers incentivised to "fix the child" in a clinical setting.

Funding (14)
States and territories largely de-funded supports with the introduction of the NDIS, and now the siloed NDIS funding model is a barrier to best practice.

Knowledge translation (12)
It is not easy for families to understand what best practice is and the implications for them. Communications are disparate and do not translate academic findings to practical applications.

Workforce and training (11)
There are not enough skilled workers in the system to train and support new workers. There is an impact on the workforce and impact on the child by having staff join without qualifications and relevant expertise.

Understanding (11)
Best practice is not well understood by families, and there is a lack of information to support them. The sector is not necessarily aware there is best practice guidance available so there is no expectation to use or implement them.

Attitude (11)
There are poor attitudes prevailing in the sector including ableism, deficit focused thinking, stereotyping and rhetoric that experts know best. These attitudes prevent best practice being implemented effectively.

Complexity (10)
It is a complex space that families find difficult to navigate, with misinformation and complicated systems and processes. This sometimes leads to abandonment or a suboptimal outcome for best practice.

Agreement (9)
We need to get consensus on what constitutes best practice, including a shared understanding of the outcomes we are looking for.

Accountability (8)
There is no accountability for delivering best practice. We need monitoring, evaluation, regulation and quality controls.

System (7)
The current structure and system does not support implementation of best practice.

Collaboration (7)
The competitive marketplace and the siloed NDIS funding model precludes community collaboration and shared problem solving in relation to best practice.

Commitment (2)
There is a lack of commitment from government to invest in and support best practice properly.

What are the key opportunities?

Connection (14)
Collaborate and connect across all stakeholders, and maximise the use of community structures that already exist.

Ecosystem (9)
Create an integrated service system that supports collaboration and reduces silos. This may include initiatives like place-based delivering meaningful wrap-around services and a new shared approach to service navigation.

Co-design (8)
Always co-design with stakeholders including families and communities, including a diverse range of views, knowledge and lived experience.

Training (8)
Increase requirements for disability-specific training for all health and education professionals and invest in workforce education and training frameworks.

Test and learn (8)
Learn from the past, and try things out in pilots to evaluate them in practice.

Ease of use (7)
Make communications and processes around best practice more modern and user friendly so that organisations can easily embed these in practice.

Funding (6)
Eventually reviewing the NDIS funding model to remove perverse incentives and barriers to collaboration.

NDIS (4)
Refocus the NDIS to support best practice for children and families and embed best practice in NDIS plans.

Outcomes (4)
Focus on outcomes measures related to participation and inclusion rather than funding a certain number of hours for services.

Communication (3)
Make sure best practice is easy to understand, and demonstrate what it looks like in practice (i.e. case studies).

Flexibility (3)
Build flexibility into how best practice is implemented, recognising that best practices can be different for everyone.

Workforce (3)
Develop a workforce plan, with a strategy to build the overall workforce not just compete with others.

Accreditation (2)
A stricter and more accountable service registration process will promote implementation of best practice.

Implementation (2)
Invest in implementation resources and transition tools for organisations to implement best practice into their service delivery.

Information (2)
Provide accessible information for families on what is meant by best practice and what it means for them.

Examples of where this has worked well.

- Smoking (legislative, tax incentives, guidelines, disincentives, public awareness)
- Australia's Disability Strategy that positions early childhood development as everyone's business
- Pre NDIS state/territory systems that had transdisciplinary ECI services that did not need "medical" referrals
- Autism CRC guidelines reference group found there was not vast body of research but there was lived experience that supported it
- Advocacy on vaping, making legislative change happen
- Maternal health home visiting services
- Australian Research Alliance for Children and Youth (ARACY) increasing wellbeing literacy
- Sweden - family support worker model
- Canada - family centred service
- Co-designed services in the UK and Australia.

What does “good” look like, if we did this well?

Child and family centred (15)
Services wrap around the child and family (not the other way around) and there is respect for diversity of needs and experience.

Integrated (14)
The system is “joined up” so all those involved work collaboratively for the benefit of the child, and there is a seamless pathway for children who have developmental concerns to access required supports.

Outcomes (10)
Children with developmental concerns, and their families and caregivers, feel supported to reach their full potential as equal members of their community. The system account for outcomes being revised overtime, and that outcomes are not uniform for all individuals and families.

Access (8)
Equitable support is available at the right time, regardless of geographic location or disadvantage.

Empowered (7)
Families that feel supported and empowered to make choices in the best interest of their child.

Attitude (7)
Re-enforce that ECI are not there to promote assimilation. All members of society know what inclusion looks like through consistent, strength-based messaging.

Easy to use (4)
A well organised, responsive and equitable system that is easy to navigate.

Common understanding (4)
Families, professionals and systems have a shared understanding of what best practice is and how to implement it.

Holistic (3)
A "whole person" approach to children and young people's wellbeing, which is responsive to cultural sensitivities and intersectionality of families.

Actionable (3)
The system adequately supports the delivery and implementation of a new best practice framework. This may look like a well-resourced and funded early childhood sector, supported by a capable workforce.

What needs to be true for this to work?

- Have a commitment to translate best practice into action
- Systems need to support and facilitate implementation and action
- Government ecosystem rebuilt to support implementation
- NDIS funding rethink
- Skilled and capable workforce
- Understanding that one-size does not fit all
- Comprehension and a shared understanding of what best practice means and its intended outcomes
- Clearly defined, individualised outcomes of the data to capture if these were achieved
- Universally adopted, accepted by all.

Reference material

Reference materials

National Guidelines for Best Practice in Early Childhood Intervention
https://www.eciavic.org.au/documents/item/1419

YouTube video titled "*Your child, your family and early childhood intervention: Family Perspectives*" - https://youtu.be/DbuV4isNLDI

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Thank you.

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