

LEAD ARTICLE - NEW WRITING

Team Around the Child at work in Australia

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Sue Davies was the Manager of Kurrajong Early Intervention Service (KEIS) situated in the regional city of Wagga Wagga over a 14 year period from 1995 to early 2008. Under Sue's leadership, KEIS expanded its services significantly

and is now considered one of the leading-edge early childhood intervention services in both practice and research in Australia. Before commencing at KEIS, Sue was a lecturer at Charles Sturt university for 8 years working in the early childhood area and then in the research and design area. In 2003, Sue completed her Masters in Education focusing on the evaluation of early childhood intervention services. She is now working as an independent early childhood intervention consultant to support early intervention services, universities and government departments.

Summary

Kurrajong Early Intervention Service (KEIS) in Wagga Wagga, NSW, Australia was one of only 23 services that were successful in obtaining a grant over 4 years (2004-2008) under the Australian Government's Invest to Grow Program. One of the main aims of the Invest to Grow Program was to expand the evidence base of what works in early childhood intervention

and to develop resources to support other early childhood intervention services. The basis of the innovative, service delivery model developed by Kurrajong Early Intervention Service is the family-centred, transdisciplinary teamwork of the Team-Around-the-Child (TAC) approach developed in the UK. As there has been limited research into early childhood intervention models in Australia, the project, named the Rural Beginnings Project, has significant implications for future practice. This paper will outline the research base behind KEIS's early childhood intervention model and will show how an early intervention service in Australia has made the TAC approach work in both regional and smaller rural areas in Australia.

The background to the Rural Beginnings Project

The Rural Beginnings Project is a pilot project funded under the Australian Government's Early Childhood – Invest to Grow initiative over four years (2004-2008) to build the evidence base of what works in early childhood intervention in Australia. Kurrajong Early Intervention Service (KEIS) is situated in Wagga Wagga which is a large inland city of a population of 60,000. The 10 Local Government areas that KEIS now supports with an early childhood intervention service under the Rural Beginnings Project have a total population of 100,000.

The Rural Beginnings Project is based on our existing successful Wagga Wagga early intervention model of therapists, special educators and family support workers, all working together in a co-ordinated, transdisciplinary team to provide a comprehensive early intervention service for families who have a child with a disability or developmental delays. The Rural Beginnings Project expands this model to families who have a child with delays in two or more areas of their development living in the nine Local Government Areas around the regional city of Wagga Wagga. Over seventy families are provided with a service each year under the Rural Beginnings Project with over two hundred families receiving a service from KEIS as a whole.

Before the Rural Beginnings Project commenced, families with children with disabilities or delays in their development living in rural areas in the Riverina region had limited access to therapy and family support at the most crucial time of their child's and their own lives. Services were either not available to them locally, or were at best spasmodic, with one of the major difficulties being attracting and retaining therapists in rural areas. The Rural Beginnings Project has sought to develop a workable model to address this difficulty.

This Project, which has provided KEIS with an exciting opportunity to research our early childhood intervention model and to bridge the gap between practice and research, has been rigorously evaluated by Charles Sturt's University Centre for Rural Social Research under the leadership of Professor Margaret Alston. The Project is helping to provide evidence about what works in early childhood intervention service delivery, particularly in rural and isolated areas, and gave rise to the book, *'Team Around the Child: Working together in Early Childhood Intervention'* (Davies, S. 2007b).

Development of a model of service delivery based on best practice principles

The model of service delivery used by the Rural Beginnings Project aims to incorporate the principles of international best practice as defined by the Developmental Systems Approach (Guralnick, M. J. 2005). This approach includes a developmental framework that

focuses on families, inclusion, integration and co-ordination. Based on this approach, the main features of the Rural Beginnings Project are:

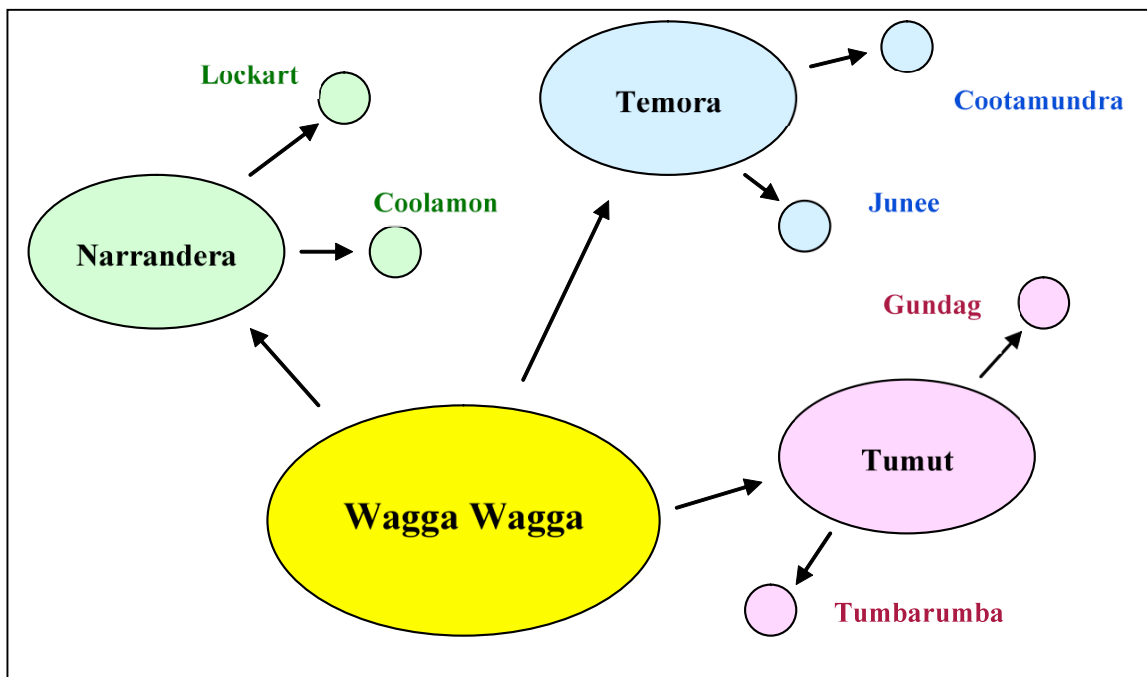
1. The hub and spoke structure – used to deliver co-ordinated and inclusive services to rural communities.
2. Family-centred practice – as the most important principle of service delivery using family empowerment and parent professional partnerships.
3. The transdisciplinary team approach – as the most effective model of integrated service delivery (Davies, S. 2007a).

Hub and spoke structure

The Rural Beginnings Project operates on a hub and spoke structure for service delivery to rural areas. The hub of the service is located in the major regional centre of Wagga Wagga and three early intervention teams travel out from this hub to the local rural towns or 'spokes'. Wagga Wagga is the resource centre for all the therapists, educators and family support workers and has the biggest central team. In addition, service centres have been established in two of the main outreach areas acting as smaller hubs with spokes into a number of Local Government Areas.

Each early intervention team consists of a Special Educator, a Speech Pathologist (a Speech Therapist in UK terms), a Physiotherapist, an Occupational Therapist and a Family Support Worker who work together with the family to form their TAC. A key worker plays a vitally important role by co-ordinating the individual program for the family which will consist of early learning groups and/or individual sessions – depending on the needs of the individual child and family. The TAC co-ordinates closely with other local early childhood settings.

The hub and spoke structure is designed to assist in the attraction and retention of therapists in rural areas – one of the greatest difficulties faced by early intervention service providers in pursuit of an equitable service for families. This is because therapists working in rural areas, seeing disability as a specialist area, lack the peer support and professional development opportunities that would support



Hub and spoke structure

them in their role. To address these difficulties, the Rural Beginnings Project employs qualified senior therapists across Speech Pathology,

Occupational Therapy and Physiotherapy disciplines at the hub. These senior therapists, apart from carrying a caseload, provide peer support, training and supervision for new graduates and other therapists. From the Wagga Wagga hub, staff are provided with general training in transdisciplinary work and family-centred practice as well as specific paediatric training in their individual discipline.

To address the issue of burnout – an all-too-common problem for allied health staff working in rural and remote areas, the manager of the Rural Beginnings Project arranges caseloads so that every team member has some centre-based and some outreach work. This means that staff members are required to travel a minimum of one day and a maximum of three days per week, thus effectively addressing the issue of burnout and promoting occupational health and safety – both critical factors in retaining therapy staff in rural areas.

In the hub and spoke structure, the community identifies with their local centre (i.e. one of the smaller hubs) and families are easily referred to

the hub. The hub acts as an information base for the area either taking on the referral or referring to other services as appropriate. Service providers such as early childhood settings and schools have links with Kurrajong Early Intervention Service and rely on the support from the Rural Beginnings team to promote successful transitions for children with disabilities into mainstream educational settings.

The hub and spoke structure is readily transferable to other rural and regional areas in New South Wales and other states of Australia (Davies, S. 2007b, page 185).

Family-centred practice

Family-centred practice underpins all the early intervention work at Kurrajong Early Intervention Service. Each individual program aims to enable and empower the family with knowledge and skills and sees the family as an equal and valued member of the Team Around the Child. Families are empowered to determine their own priorities and goals.

As part of the Rural Beginnings Project and to assist KEIS in becoming more family-centred, an outcome measurement toolkit was developed

to assess, from the *family* perspective, progress made against the goals and priorities agreed in the Individual Family Service Plan. It is a family-centred assessment of the whole Service's impact on the functioning of the child and the family. The toolkit includes a semi-structured interview process designed to assist the key worker and family to develop functional goals. This process includes setting a baseline statement about the child/family's level of functioning at the beginning of the Individual Family Service Plan for use as a comparison later. In effect, the Individual Family Service Plan sets the family's goals which then guide the therapeutic team's treatment strategies. The plan is reviewed at six months and again at one year. The family comment on the amount of progress they believe has been made with reference to the individual goals and the child's former level of functioning. Each review opens the way for discussion about how the family have been agents in their child's progress, and about ways in which KEIS can better assist the family (Harrison, J. M. D. 2006).

Transdisciplinary team practice as the preferred model in early childhood intervention

The transdisciplinary team model (TDM) is now widely recognised as best practice for early childhood intervention as it acknowledges the family as an integral part of the early intervention team. To quote Professor Barry Carpenter:

If the complex needs of families today are to be met, a co-ordinated and coherent approach is necessary. This approach requires new ways of working that are neither multidisciplinary nor interdisciplinary but are transdisciplinary' (Carpenter, B. 2005, p.31).

KEIS has been working for over a decade towards implementing the transdisciplinary model and has adopted the following aspects:

1. KEIS puts families at the centre of its practice, and values and respects them as equal members of the team.
2. Information and skills are shared across disciplines.
3. There is collaboration and partnership between all team members.

4. Key workers co-ordinate services and programs.
5. Service delivery is flexible and responsive to assist the family to meet their own needs.
6. Service delivery is designed to help the family develop both resilience and the capacity to be their child's most important early childhood intervention worker. (Davies, S. 2007b, p.44).

KEIS has used the Team-Around-the-Child (TAC) approach (Limbrick, P. 2005a) in the UK as a central tenet of our transdisciplinary practice. Limbrick developed the concept as a way of co-ordinating early interventions for young children who have complex needs and require interventions from a number of practitioners. TAC is seen as a powerful antidote to the fragmentation of service delivery that is often the experience of many families with children with complex needs. TAC has helped to explain and simplify best practice elements of the transdisciplinary team approach including the key worker role, the empowerment of the family as an equal member of the team and the importance of collaborative and co-ordinated teamwork. Kurrajong Early Intervention Service has been collaborating closely with Peter Limbrick in the further development of the TAC approach and he wrote about our book, *Team Around the Child: Working together in early childhood intervention*, the following:

Transdisciplinary teamwork, in my view, is characterised by whole-child and family-centred thinking....it is an antidote to too many people working with the child and too many separate and discipline-specific programmes. Any service or professional seeking assurance that transdisciplinary teamwork for children and families with complex needs is both effective and achievable will be inspired by this publication' (Limbrick, P. 2007b).

Conclusion

Kemp and Hayes, writing about early intervention in Australia (Kemp, C. & Hayes, A. 2005), state:

A national framework for early intervention incorporating the key elements of Guralnick's Developmental Systems Model,

with strong connections between research, policy, and practice, is a vital next step for the further development of early intervention in Australia. This step would seem entirely consistent with international best practice.

The Rural Beginnings Project has been working on developing a best practice model based on research and practice for delivering equitable access to early intervention services for rural and remote families. Our team, our families, and other early intervention services have all embraced the Team-Around-the-Child approach as very user-friendly and appropriate for working in early childhood intervention in Australia. The independent evaluation of the Project concluded:

Throughout the course of this project, the evaluation indicates that the Rural Beginnings Project is having a positive impact upon the wellbeing of the children and their families who receive services within their own communities. The service model is highly effective and contributes significantly toward this outcome. In the context of extended drought and rising fuel costs, as well as declining access to services in smaller regional centres, the Rural Beginnings Project is highlighting a significant strategy for service delivery in rural communities that can be adapted elsewhere and with other target groups. Importantly, it is identifying an approach to service delivery that is enabling families to help themselves and their children.

(Alston, M. et al, 2008, p.15).

Through the Team-Around-the-Child approach, we have developed a model of service delivery that is workable and could be adapted to other areas throughout Australia. The next step is to use the evidence gained from the Rural Beginnings Project to implement a system for early childhood intervention across Australia that can deliver equitable early intervention services for families who have children with disabilities and developmental delays.

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