



## Early childhood intervention – transdisciplinary approach to service provision

### Information for NDIA staff, service providers participant families

The National Disability Insurance Agency (NDIA) has been informed by experts in early childhood services that evidence based practice requires a transdisciplinary, family centred, key worker approach to services to children with disability under 6 and their families.

Transdisciplinary teamwork\* involves a team of professionals who work collaboratively, and share the responsibilities of evaluating, planning and implementing services to children and their families. Families are valued members of the team, and are involved in all aspects of intervention. One professional is chosen as the primary service provider for the family, and acts as the conduit for the expertise of the team. The full team remains involved, and the primary provider reports back to the team constantly.

A particular feature of this model is what is known as role transfer or role release: the primary provider uses some direct intervention strategies from outside their discipline with supervision and support from relevant team members. This sharing of roles across disciplinary boundaries is the most challenging aspect of transdisciplinary practice and the most controversial among practitioners who have been trained in traditional forms of service delivery.

The main reason for adopting this approach is that there is good evidence that parents prefer and do better with a single case worker. The more health or development problems a child has, the more services they receive and the more service locations they have to access. Under these circumstances, services are less family-centred. What parents want is a single point of contact with services and an effective, trusted person to support them to get what they need.

This is one of the main reasons why transdisciplinary practice is regarded as best practice in early intervention services. The advantages of this way of working are that it greatly simplifies family relationships with the specialist team, ensures a family receives coordinated advice, involves the family in all decisions, enables the family to manage the demands upon their time, and reduces family stress. There is good evidence that this results in greater family satisfaction with services, more family-centred service delivery, and better outcomes for children and families.

To assist this process and to reduce the administrative burden on service providers and Agency staff, the NDIA is requesting providers to cost a “typical” service offer for a child and their family for a 6 or 12 month period and to provide this to the Agency.

Provision of a mix of therapies and a key worker for the family are expected to fall into one of the three categories;

- a. Level 1 – **low needs** – up to \$6 000 to \$8 000 per annum,
- b. Level 2 – **medium needs** - \$8 001 to \$12 000 per annum, or
- c. Level 3 - **high needs** - \$12 001 to \$16 000 per annum.

Level 1 (**low needs**) is generally appropriate for a child with a developmental delay, or mild disability, who is developing slower than their peers.

Level 2 (**medium needs**) is generally appropriate for a child with a disability or developmental delay who either has moderate single and/or multiple areas of needs/concern that require specific intervention, or behavioural concerns or some family complexities that require referral to other agencies.

Level 3 (**high needs**) is generally appropriate for a child with a disability and/or severe developmental delay, multiple disabilities, severe behavioural difficulties, rapid deterioration and/or complex health/medical needs who has severe and/or needs that require specific intervention.

It is expected that the NDIS will fund necessary and reasonable early childhood interventions that are intensive where the intervention is able to deliver significant improvements within a period of approximately 6 months. Up to four periods of early intervention may be funded.

Service providers are asked to estimate the cost of delivering a “typical” suite of interventions for the nominated period for a

child. The costing is to include the availability of a range of disciplines required for a child, given their functional needs, the allocation of one of the therapists as a key worker to the family, the delivery of services in the child’s usual setting (home, childcare centre, play group, the transition to school) and the provision of educational/information materials to inform the family on how they can best guide the child’s development.

Once the Agency has this information, planners can advise the family which providers operate in their region, what the estimated cost of the program is and what information they can access to assist their selection of a preferred service provider.

On selection of the service provider by the family, the provider should proceed with the assessment of the child and develop the service plan for the child and family. As a minimum, this should outline the expected goals and milestones that are to be achieved in the time frame, communication with the family, the staff to be involved in service delivery and the allocation of the key worker. A copy of this plan should be provided to the NDIA when agreed with the family. The NDIA will utilise this as part of the discussion with the child’s family at the scheduled review of the Agency plan. A template for an individual child’s plan is available from the NDIA.

The planner working with the family will enter the estimated amount for the service offer on the child’s plan and attach the individual plan when it is received.

Providers can claim for the cost of providing the program from the Agency at regular intervals associated with plan reviews with the family or at pre-agreed intervals.

\*adapted from a paper by Tim Moore.