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DY conceptualised and drafted the paper, recruited participants and collected and analysed data; LG contributed to the conceptualisation, drafting and editing of the paper, analysed data and contributed to study design; KG contributed to conceptualising and editing of the paper, and collected and analysed the data; KW, DR, JT & RC contributed to study design, drafting and editing of the paper; UT contributed to drafting and editing of the paper.

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Dr Jane Tracy holds a position as a member of Yooralla's Board of Directors. The remaining authors declare no conflicts of interest in the conduct of this study.

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Abstract

The delivery of family-centred practice (FCP) within Early Childhood Intervention Services (ECISs) for young children with a disability or development delay conceptualises that children's learning environments, parenting, family and community supports intersect to have the greatest impact on the developing child. The transdisciplinary key worker model is considered a best-practice approach with ECISs whereby staff work collaboratively across disciplinary boundaries to plan and implement services for children and their families. Research suggests families who have a key worker have better relationships with services, fewer unmet needs, better morale, more information about services, higher parental satisfaction and more parental involvement than those not receiving this service.

Using a phenomenological qualitative design this study sought to understand transdisciplinary key workers' perspectives regarding the strengths and challenges to undertaking their role in providing services to children and families accessing an ECIS at a major disability service organisation, in light of the changing policy reform during the roll out of the National Disability Insurance Scheme in Australia.

Purposive sampling was used to recruit key workers (n=13) to participate in semi-structured interviews during 2015. Data were analysed using an inductive, thematic approach. Results revealed four main themes that impact on the effectiveness of key workers' service provision. These are broadly categorised as (1) Engagement with the workplace, (2) Engagement with clients, (3) Professional capacity and (4) Staff Wellbeing. The findings aligned with previous studies identifying sources of support and stress for disability services staff. They also provided new insights into key workers' lack of confidence in addressing parental mental health issues, despite operating under a family-centred approach. These findings informed the development of an intervention trial and evaluation to improve support for parent and staff wellbeing within a Victorian Disability Service with the aim of building their capacity to support children with a disability.

Keywords: Health Services for Persons with Disabilities, Early Intervention Education, Psychological Distress, Self-Efficacy, Family Caregivers, Job-related Stress, Staff Workload

What is known about this topic?

- The birth and rearing of a child with a disability is generally associated with higher levels of parent psychological distress.
- Research suggests that families with key workers, who provide holistic care, have fewer unmet needs, higher parental satisfaction with services and more involvement in assisting their child with a disability, than those not receiving this service.

What does this paper add?

- This study highlighted key workers' lack of confidence in providing support to parents in relation to their mental health, grief and distress, despite this being a common issue for parents of children with a disability and relevant to the family-centred approach advocated in ECIS.
- The introduction of the NDIS compounded the difficulties for staff to deliver holistic care within a fee-based child therapy service model.
- Organisational commitment to family centred practice (FCP), training and resources are recommended to build key worker self-efficacy to support families holistically.

Introduction

The early childhood years are vitally important for laying the foundation for positive child development (1). They are particularly important for children who have a disability or developmental delay to not only understand their needs but to enhance their developmental possibilities (2). In Australia, early childhood intervention services (ECIS) support families of young children aged 0 – 6 years who have a disability or developmental delay to improve child learning and developmental outcomes and to build family capacity to support the child in achieving their desired goals.

The transdisciplinary key worker model is recognised as a best-practice approach within ECISs. It involves a team of health professionals working collaboratively across disciplinary boundaries to plan and implement services for children and their families, with a family-dedicated 'key worker' as their primary contact (3). The one-on-one nature of the key worker role allows for the development of relationships with families. The key worker not only identifies and addresses the therapy goals of the child, but provides information, coordinates access to external services, provides emotional support and advocates for additional support such as respite, financial or mental health services (4,5). Comparative research suggests that when this model is provided families with key workers have better relationships with services, fewer unmet needs, better morale, more information about services, higher parental satisfaction and more parental involvement in assisting their child with a disability, than those not receiving this service (6,7).

Theoretical framework

Family-centred practice (FCP) is a broadly defined philosophy which places families in central and pivotal roles in decisions and actions involving the child, parent, and family priorities and preferences (8–10). Dunst presented a model in 2000 for delivering family-centred practice within ECIS proposing that children's learning environments, parenting, family and community supports should all be addressed, with the intersection of each component likely to have the greatest impact on the developing child (8). Implicit in the philosophy of FCP is the need for services to be responsive to the family situation and to mobilise the appropriate supports that can produce optimal child, parent and family outcomes (11,12). It is common for FCP principles to be espoused rather than enacted in everyday practice (13–15). A recent review reported limited training or support for key workers in transdisciplinary teams to enable them to work confidently outside their disciplinary boundaries to provide holistic support to the family (16). For FCP to be successful, the professional competencies of the key worker need to extend beyond discipline-specific knowledge and include good interpersonal skills such as empathy, sensitivity and effective listening to be able to respond to additional support needs outside of the therapeutic work with the child (3).

Research exploring the views of allied health professionals who assume a key worker role identified many professional advantages in the role such as; having the opportunity to build good relationships with families, a focus on intervening early and feeling they could 'make a difference' for families, flexible service provision, learning new skills and developing effective frameworks for information exchange (17–20). In a study of the relationship between professionally provided care and parental wellbeing, structural equation modelling showed more family centred caregiving was a significant predictor of parents' emotional wellbeing, parental satisfaction with services and decreased stress experienced in dealing with the child's service (12). However, even though the family and workers may benefit from a FCP approach, the additional level of service provision beyond the role and capacity of the key worker can sometimes impact negatively on the staff member's wellbeing. Transdisciplinary key workers have reported workplace issues due to the complex and high family needs they encounter, including: having inadequate time to fully support each family; the lack of a clearly defined role and its boundaries; recognised gaps in knowledge and skills; and the systemic lack of information and accessibility to other support services for families (17,21), with a risk of burnout documented for disability support workers working closely with people with intellectual disabilities and mental health issues (22,23). Therefore, staff wellbeing needs to be effectively managed alongside the needs of the family.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) was introduced in Australia on the 1st July 2013 to address the 'underfunded', 'unfair', 'fragmented and inefficient' disability service system, according to the Productivity Commission inquiry into disability care and support (24). Disability services for children with a disability or developmental delay were previously 'block funded' by Australian state government departments. The NDIS provides funding directly to individuals with a disability once an approved plan has been developed with their National Disability Insurance Agency (NDIA) planner which involves identifying the supports and services they need to maximise their potential and participate fully in Australian society (25). The transdisciplinary key worker approach to early childhood intervention is eligible for inclusion in NDIS plans due to strong evidence of its benefits for children with a disability aged 0 – 6 years (26,27), with approximately 2,500 Australian children receiving this service in 2019 (28). Ideologically, participants of the NDIS have more choice of what supports they require to be funded than previously, with more control over how this funding is used. Disability services therefore are largely funded through their clients (24) although whether the current scheme reaches its aspirations is yet to be seen (29,30). An initial evaluation demonstrated improvements for the majority in levels of support received but unmet demand for others, with impacts on the workforce still emerging (29).

There is limited current research to understand the perspectives of key workers and the challenges they face in light of the fundamental shift in the way ECIS services are funded and delivered due to the NDIS roll out. In the case of ECIS, there is a risk that NDIS may cause a shift to a child-centred therapy model if the transdisciplinary key worker service is not included in funded NDIS plans, allied health staff in prior key worker roles may be enlisted to provide a therapy-only service to the child. Therefore, impacting therapist's capacity to holistically support the family needs. As studies have found parents, predominantly mothers, who have a child with a disability have unmet mental health needs, this potential shift away from FCP is a cause for concern (31,32). This shift could undermine the evidenced-based transdisciplinary key worker model that is grounded by FCP theory.

Context

This qualitative study forms part of a National Health and Medical Research Council (NHMRC) partnership project to develop and trial an intervention model to support the health and wellbeing of children with a disability and their families in the context of changes arising from the introduction of NDIS (33). The project was conducted in partnership with academics and a large non-government disability service provider which offers a wide range of therapeutic and social supports to people of all ages and backgrounds who are either born with or acquire a disability. This paper reports on the findings from interviews conducted prior to the development of the intervention to document the needs and challenges faced by key workers to support the health and wellbeing of children and their families attending the organisation's Children's Services. As part of the larger study, focus groups and interviews were also conducted with parents and carers of children with a disability. These results were reported separately (34).

Aim

The aim of this research was to identify the barriers and opportunities for the ECIS service that supports children with disabilities, and their carers, to optimise child and family health and well-being. Key workers' views were explored to determine their understanding of the issues that children and their families face, how they support family wellbeing, the support they receive to do their role, challenges they face and what they think could be done to overcome those challenges to directly inform the development of the intervention conducted within a Victorian disability service (33).

Methods

Setting

This research was conducted within Children's Services at Yooralla, one of Victoria's largest disability providers that delivers early childhood intervention services to families across Melbourne, Australia through six 'community hubs' that service families by geographical region. The key worker role is the single contact point for the family within the service as determined by the transdisciplinary ECIS framework and conducts one-hour home visits with families each fortnight. . Approximately 10 key workers are employed at each hub.

Recruitment

A purposive sampling method was used, and transdisciplinary key workers who work across each of the six community hubs were invited to participate in an interview to provide their experiences of supporting families at the service. Recruitment of key workers was facilitated by the executive management team distributing the plain language statement and consent form via email to all Children's Services staff, with at least 2 staff from each site encouraged to participate. Interested staff were requested to directly contact the researcher [DY] to ensure staff participation was anonymous to their employer. Written informed consent was obtained by the staff member returning the completed consent form to the researcher via email.

Data Collection

An interpretive phenomenological research method was selected to learn from the experiences of others through qualitative inquiry, a commonly used approach in health services research (35). Key workers participated in face-to-face or phone semi-structured individual interviews from October to November 2015. Interviews were conducted by two researchers [DY, KG] independent to the disability organisation and who had no prior relationship with the interviewees. Individual interviews were chosen due to the sensitive nature of the research to allow participants to freely discuss challenges they may face in their current role as a key worker. The researchers developed a semi-structured topic guide for the interviews with guidance and agreement from the broader researcher team. Participants were asked a range of questions regarding their role and how they support families; current supports they use to conduct their role; main issues for families they support; the strengths and challenges they face in supporting families' health and wellbeing; and ideas for changes to the service. Interviews were audio-recorded and transcribed verbatim. Immediate post interview discussions occurred between the two researchers [DY, KG]. This allowed for reflexivity via debriefing, note-taking and discussion of emerging themes to be explored further during subsequent interviews.

Analysis

Transcripts were analysed using inductive thematic analysis 'to identify, analyse and report patterns (themes) within the data' (36). Consistent with Braun & Clarke's (2006) approach two researchers [DY, KG] independently read the transcribed data and generated initial codes inductively from the data that captured the topics, experiences and feelings discussed during the interviews. The two researchers met to discuss the codes and agreed on the sub-themes that had emerged from the data. The interrelated sub-themes were then mapped and collated using a mind-map exercise [DY, LG] and 4 main themes emerged. NVivo10 was used to facilitate data management and analysis (37).

Ethics approval was obtained from The University of Melbourne Human Research Ethics Committee (HREC 1442828).

Findings

Participants

A total of 13 staff were interviewed from a potential sample of approximately 60 key workers employed within the Children Services, consisting of 2 key workers each from 5 hubs and 3 key workers from the remaining hub. Participants had a range of university obtained professional qualifications which included; Speech pathology (n=5), Occupational therapy (n=4), Physiotherapy (n=2) and Education (n=2). The experience of the key workers at the organisation ranged from 4 months to 15 years. Data saturation was reached on the main themes that emerged from the analysis with this sample and additional recruitment was not required.

The findings from this qualitative study document the lived experiences of key workers in their workplace and how they have made sense of their interactions with families they support and their workplace. Four main themes emerged that explore how key worker experiences are associated with their ability to support families who have accessed the ECIS. These are broadly categorised as (1) Engagement with the workplace, (2) Engagement with clients, (3) Professional capacity and (4) Staff Wellbeing.

1. Engagement with the workplace

The occupational structure, internal and external supports, culture and interactions with management and peers were influential on how effectively key workers were able to undertake their role.

The transdisciplinary model was reported as a major strength in providing the ECIS service, with a supportive team enabling staff to feel comfortable in the role. As participants had a range of disciplinary backgrounds (i.e. speech pathology, physiotherapy, occupational therapy, education and psychology), support from peers at each hub who have varying clinical and developmental expertise and experience in the key worker role was critical for continual learning about appropriate therapies, and to debrief about complex cases;

> *Everybody is just really encouraging, understanding and supportive. Even if it's just a debrief like 'I've had this client and this is what's happened', just being willing to listen and generally just check that you're okay and you're coping.* (KW 12)

Key workers noted, in most cases, they were well matched to the child's therapeutic needs. When this was not possible, their confidence to provide therapy was impacted due to the child's needs being outside of their disciplinary background. It was reported that the primary key worker sometimes had difficulty in accessing other team members for consultation, which resulted in some stress for the key worker. The team was considered a significant source of knowledge for helping new staff to understand referral pathways and funding options, both internally and externally. More formal processes were suggested to help convey this information (i.e. within induction days, training manuals or through external services providing information sessions).

Adequate access to professional development activities was also reported as a strength of the organization. Staff were positive about the provision of organizational wide professional development sessions which allowed them to discuss and reflect on common challenges they faced in their role, present these challenges to management and brainstorm ideas to address these;

> *[The organisation] are really good with professional development. There's a lot of internal PD available that's free. They're quite good at supporting external PD as well. I guess if anything it would be just more training in more that emotional counselling side. (KW 8)*

Some commented that greater flexibility in choice of the professional development activity would be appreciated to address individual gaps in knowledge or skills.

Key workers reported that they wanted organisational structures in place to better support their professional capacity to support parental wellbeing, in addition to training and resources. There was an identified need for access to a team-based psychologist or social worker to enable them to discuss issues as they arose. Those key workers who did not have access to a fellow key worker with a psychology or social work disciplinary background felt this need most acutely;

> *The multidisciplinary and transdisciplinary models I think are important…[but] we need social work and psych[ology] support. We're doing a lot of things that are outside our scope of practice and that is a source of anxiety for me. 'Should I be doing this stuff?' A lot of counselling and things like that. (KW 9)*

Many key workers observed it was not standard to have key workers from a psychology or social work background within each team, which in many cases is due to recruitment difficulties. However, it would be a useful resource for supporting family wellbeing as issues regarding mental wellbeing or the need for social work support frequently arose during home visits.

It was also suggested that it would be useful to have an internal committee to research, recommend or develop practical tools for use with families;

> *There's probably a mental health tool out there. That's the trouble. It's the people on the ground that are thinking 'we need this' and then responding to it, but it's not someone above looking at the whole picture of what sort of tool [the staff] might need…Everything's reactionary or comes from the bottom up. (KW 13)*

Key workers are a main source of support for families across a range of issues that extend beyond their therapy backgrounds, therefore it is imperative they have up-to-date information on external sources of mental wellbeing support for families to aid in their referral to, and recommendation of services.

2. Engagement with clients

The key worker is generally someone the family will see on a regular basis, which naturally lends itself to close relationships and trust strengthening over time.

Key workers reported they aim to encourage and empower parents to provide therapeutic activities between visits, to access other services recommended and to advocate for their child's ongoing needs;

> *I always think if I can get a relationship with the family, that they trust me, then that's great because then they will listen and come to me when there are issues. That can take a year sometimes and then they're really open to whatever you suggest with helping their child I find. (KW 11)*

In the majority of cases, key workers reported they were able to build positive relationships and develop partnerships with the families they supported which enabled them to achieve the specified goals for the child together.

Due to the nature of the key worker role and the strong relationships that can be built between the key worker and parent, it was common for the key worker to witness parent distress or evidence of a mental health issue, for which the parent was yet to seek professional support;

> *I think mental health is also a big thing for the parents that I work with because they're at home all the time with this child, that may be really hard work or really challenging. There's a lot of social isolation going on as well. I've got quite a few parents that would be suffering from some level of depression or anxiety. (KW 8)*

The limited session time with a family was reported as a barrier to providing adequate emotional support, particularly for parents identified as not coping. Many key workers did not feel confident to approach the subject of parental coping for fear of having inadequate time to support them within the 1-hour session;

> *Your days can be quite jam-packed at times and you know you've only got a limited amount of time to spend and you don't want to open a can of worms and then be like, 'Okay. Got to go, bye.' You need to have the time to know you have the time to support them and help them be okay by the time you leave. (KW 7)*

Key workers wanted strategies to be able to help parents prioritise their own wellbeing, acknowledging that many parents experienced distress but were very focused on obtaining services for their child so they often did not attend to their own health needs;

> *We are constantly having these talks about, 'To be able to support him, you need to be feeling well yourself,'. It's really hard to get parents to prioritise their own wellbeing. It becomes all about their child and their grief is so wrapped up in their child's diagnosis that they feel like if they can fix that, they will be fine. It's a really hard thing to try and get families to realise that they actually need to look after themselves as well. (KW 7)*

Key workers discussed the inclusion of group-based activities to support parent wellbeing, as it would be an opportunity for parents to connect with their peers, with the potential to promote ongoing peer support and friendships for families otherwise isolated;

> *Groups provide a really good opportunities for families to meet other families that are going through stuff. It gives parents a chance to network and to debrief and to feel like they're not alone. It helps the family isolation and it also means that you can see a lot more kids at once. (KW 7)*

It was reported that the number of groups provided had changed when the organisation shifted to an in-home visiting system to deliver individually tailored early intervention services to the child in their local community;

> *We used to do a lot of group programs and then when the key worker [model] came in we were pretty much told it doesn't fit in with the inclusive model where we support families in their local community. I find parents ask for [the provision of group programs]. (KW 11)*

Key workers considered that opportunities for peer support would provide parents with another source of emotional support.

3. *Professional capacity*

Key workers discussed the challenges they faced in balancing the support for the child versus support for the parent in their hourly visits to the home. It was common for families to require assistance outside the therapeutic work of the key worker and sometimes this created uncertainty around what level of support should be provided.

Key workers suggested they would be interested in additional training to increase their knowledge regarding when it was appropriate to support the mental health of the parent, how to provide appropriate support and when to seek further expertise;

> *Maybe having a bit more clarity in your role about parent support and knowing where that stops… I've got a family in my head at the moment that the child is doing really well and I only need to see her once a month. But the mother has so much anxiety and stress about her children that it's like, 'Who am I supporting?' (KW 2)*

> *It can be really hard as a key worker to balance that time…parents get stressed about that, they don't want to take up all your time with talking even though it's really important for them…because if the family is not working well together then it's going to be hard to do anything…*

> *you do have these tricky conversations but then you have to step back and put it in relation to the child and then try to say "I'm going to help you and refer you onto this."…It is a big role. (KW 6)*

Although many key workers were attuned to the FCP philosophy and their organisation supported this practice, many still felt the boundaries of their role were unclear and that their focus should be solely working with the child to achieve the desired developmental goals;

> *There's a lot more families now that probably exist in a poverty situation. We're dealing with those issues as well as trying to support them with a child with a disability. For staff as myself it's quite tricky to know are we just going in there to help the child or are we trying to sort out housing and helping them with the bills and finding food? There's a lot more of a social worker sort of role emerging I think and it's hard to find that boundary. But we know that if [social issues] aren't dealt with, there's no point us giving strategies for the child. I'm finding that quite challenging…where the families come from, there's some quite significant social and economic challenges. (KW 11)*

They felt that clarification of the description and boundaries associated with the key worker role and strong organisational support to provide FCP would assist in managing stressors or anxieties associated with providing a service outside of the goals set for the child. They acknowledged the importance of ensuring the parent felt mentally well, but needed the additional guidance and support to increase their confidence in broaching the subject with parents.

The organisation introduced a fee-for-service model in preparation for the shift from block funding to individual funding under the NDIS. Key workers commented that the fee-for-service model was difficult to implement within the parameters of FCP, given the extensive need for family support;

> *That is what concerns me a little bit when NDIS comes in, there are so many additional things that we do for our families outside of that one hour. It's resource development or making phone calls, sending emails, typing up notes…I don't feel that there's been enough consideration of how we actually operate because we don't operate like that in terms of the key worker model - just do an hour [and that's it]. (KW 12)*

Uncertainty around how the NDIS would impact on the holistic nature of the key worker service created not only worry for families, but for key workers in regard to their capacity to support family wellbeing and family needs outside of the therapeutic work with the child.

4. Staff wellbeing

Staff reported on the stress they experienced supporting complex and high needs families with limited time to adequately attend to their needs. There was also guilt associated with feeling they were not able to adequately support each family while also keeping on top of their administrative duties. Key workers reported their manager was their key source of support, but recognized the managers faced high workloads and were sometimes unavailable;

> *I rely on the relationships I build with my colleagues, and my manager's really supportive but she's thinly spread across a lot of people. I've got lots of friends in different healthcare areas and they would say, 'Where's the formalised debriefing?' (KW 9)*

Staff who accessed the Employee Assistance Program for debriefing and counselling support found it useful;

> *I felt like a lot was being put onto me and I was feeling really helpless and so I ended up using the Employee Assistance Program to have a chat about that and feel okay about what my role was and where the limitation of my role was and to be okay with that. I think that's really hard because you look at these kids and you think you're failing them. It was really important to be able to talk about that with somebody and realise that no, I'm not actually failing, I'm doing the best that I can within the scope of what we can do. (KW 7)*

Following a shift to in-home support, travel time to families' homes was often time consuming, particularly given the broad catchment area of the service;

> *Travel can be very tiring. You have to drive a lot because we cover quite a big area, so sometimes there's hours and hours in the car then having to jump out and be ready to go. (KW 5)*

The psychological impact of high role demands exacerbated by the complex family situations of their clients further highlighted the need for clearer role boundaries and accessible psychological supports for staff.

Discussion

New information gathered in this study about the roles and experiences of key workers in ECIS at a major disability support organization in Australia, in the context of significant changes in the national model for disability funding will inform improvements to care and strategies to reduce staff burnout. As key workers are often a family's first contact with a disability service, they are in an ideal position to assist families in a holistic manner, providing emotional support and referral information to parents, in addition to child therapy. This is framed within the FCP ECIS model which aims to build parent capacity to deliver the therapeutic activities for the child between key worker visits, and also mobilise supports to produce optimal outcomes for all members of the family (9,11,12).

This study endorsed a transdisciplinary approach to ECIS service delivery. However, it also highlighted key workers' lack of confidence in providing support to parents in relation to their mental health, grief and distress. Research has shown the birth and rearing of a child with a disability is generally associated with higher levels of parent and family psychological distress (32,38). Moreover, there is an association between the severity and complexity of a child's disability and negative impact on parent and family relationships and well-being (39), confounded by increased risk of economic hardship in this cohort (40). Parents of a child with a disability can grapple with acceptance and adjustment to the logistical challenges of raising and supporting a child with a disability (41,42). The key workers' lack of confidence in dealing with parent mental health needs was compounded by time constraints, limited training, high client needs and lack of role clarity, correlating with previous research highlighting factors that lead to job stress and burnout of staff working in the disability sector (17,21,43–45).

Organisational support, role clarity and ongoing professional development is important in the context of transdisciplinary care models and for the upskilling of key workers in different stages of their career. It is particularly important when there is a shift in service models and role responsibilities. Prior skills, knowledge, and peer and organisational support were all identified in this study as contributors to key worker wellbeing and capacity to deliver quality services, as has been identified in previous studies of key worker services for children with disabilities (6,17). This aligns with a previous evaluation of NDIS which advocated for "Improved training, career opportunities, and strategies to manage workplace stress and workloads" (29)pg.xvi).

This study was strengthened by the inclusion of key worker staff with varying levels of experience, based across multiple work sites in a major disability service organisation. Two different data collection methods (in person and by phone) were used for the convenience of the participants. While this has the potential to influence the degree of rapport and depth of discussion between the researcher and the participant, the findings show that both methods were successful in eliciting rich data. The findings have provided important guidance for internal organizational improvements including recommendations to:

- develop a clear structure of support and role boundaries

- provide an online manual of up to date support services and adequate provision of staff debriefing and counselling supports
- provide professional training to increase key workers' knowledge, skills and confidence to support parental mental health.

These recommendations were used by the organization to inform the development and implementation of an intervention to support parental and staff mental wellbeing within their ECIS (33). This intervention is being evaluated to contribute evidence to guide policy and practice more broadly in the sector.

Conclusion

Disability service delivery is strongly influenced by government funding models. In light of the introduction of a new National Disability Insurance Scheme (NDIS) in Australia which included a shift from block service funding to individual funding, a qualitative study was conducted with key workers in an Early Childhood Intervention Service (ECIS) at a major disability service organisation in Australia. The findings from this qualitative study provide key worker perspectives regarding the organisational support they receive; high client needs and the challenges they face in undertaking their role. Issues relating to job stress, time constraints, training needs and need for role clarity were consistent with the limited evidence available about key worker roles in the disability sector. An emerging issue identified lack of key worker confidence in dealing with parental mental health needs despite this being a common issue for parents of children with a disability and relevant to the family-centred approach advocated in ECIS. The introduction of the NDIS compounded the difficulties for staff because of uncertainty about the appropriateness of addressing parent issues when delivering a fee-based service for child therapy. Organisational support for family centred practice (FCP), training and resources were recommended to ensure staff can adequately provide holistic support for complex families accessing an ECIS, and to feel supported themselves as staff in providing this service. Future evaluations of these organizational changes will contribute to the evidence base to identify strategies that will support staff and parent needs, and in doing so achieve the early intervention goals for the child with a disability or developmental delay. Future evaluations of the NDIS and other disability service funding models would also benefit from considering the impact of the model on a family-centred approach.

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