

The Importance of the Educator as Lead Practitioner/Key Worker

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INTRODUCTION

This presentation examines Best Practice Early Childhood Intervention using the skills of the Early Childhood Teacher as the Lead Practitioner (Key Worker).

AIM

To show the importance of the Educator as the Lead Practitioner (Key Worker) and why their involvement supports the child and family in developing their strengths and positive inclusion outcomes within their community and the environments where a child "Lives, Learns and Plays".

METHOD

Our methodology is based on multiple ways of 'knowing', including current NDIS best practice, recent and relevant research, our current service delivery through Shaping Outcomes, and our own lived experience and observations as a father, a mother, a service delivery manager and ECEI practitioner

RESULTS

A Lead Practitioner (Key Worker) Educator holds the *Keys* to unlocking the full potential of a child and family ensuring the best team is built to deliver the right outcomes.

- 1) Parent Communication and Advocacy.
- 2) Development of Holistic and Individualized Strengths-Based Approach.
- 3) Support through Play-Based Activities.
- 4) Specific Knowledge around Developmental Stages and Expectations.
- 5) Understanding Emotions.
- 6) Social Engagement.
- 7) Child Communication.
- 8) Team Around the Child.

The Early Childhood Teacher

The Early Childhood Educator, as Lead Practitioner, plays a crucial role in the implementation and facilitation of practice across the "Live, Learn, and Play" environments.

Educators support and strengthen family capacity in the goal development, planning, and introduction of pedagogical strategies leading toward individual developmental child outcomes.

The Educator ensures the foundational milestones and stages are built in a child and family's life through 'the "right person, at the right time, for the right outcome" approach.

The Educator does not focus on a single discipline approach but rather looks at the skills and needs of the child and family holistically.

The Educator ensures targeted therapies are introduced at the right stages for maximum developmental outcomes and support – providing a greater use of funds with better outcomes for the child and family.

The Educator can support and implement other health strategies into the education environment supporting teachers and directors to create a stronger inclusive platform or positive learning outcomes for all students.

The Educator is trained around the ages and stages of childhood development and why these developmental stages are important, they are focused on achieving each milestone to ensure that learning, social, emotional and peer outcomes are maximized.

CONCLUSIONS

It is our opinion that the Early Childhood Teachers make the best Lead Practitioner (Key Worker). Early Childhood Teachers are trained to understand the ages and stages of early childhood development. It is one of the very few Degree level qualifications that have a focus on the importance of these developmental stages and how to engage a child in ways to achieve developmental success.

Early Childhood Teachers are focused on the holistic development of both the child and family and they are not focused on one particular discipline or skill development. They are taught and experienced in developing multiple layers of development across a broad spectrum, giving them a greater understanding of where, how, and what play-based therapies and routines to introduce at the right time for the maximum benefit and outcome.

We have drawn this information from global-based research, NDIS best practice guidelines, and lived experience and observations as a father and service leader and as a mother and ECEI practitioner. This is how we deliver our interventions through Shaping Outcomes,

ACKNOWLEDGMENTS & CONTACT INFORMATION

YOUNG, D., GIBBS, L., GILSON, K.-M., WILLIAMS, K., REDDIHOUGH, D., TRACY, J., TONMUKAYAKUL, U., & CARTER, R. (2021). UNDERSTANDING KEY WORKER EXPERIENCES AT AN AUSTRALIAN EARLY CHILDHOOD INTERVENTION SERVICE HEALTH & SOCIAL CARE IN THE COMMUNITY, 29(6), E269–E278. HTTPS://DOI.ORG/10.1111/HSC.13350

