

# Key Workers Information Sheet

At KEO Care, children aged 0-8 years of age are allocated a Key Worker.

## What is a Key Worker?

Your Key Worker will be a therapist (Speech Pathologist, Occupational Therapist or Physiotherapist) who will be the main person working with you and your child and support you in all areas of development as needed.

## What are the benefits of having a Key Worker?

Having one main person working with you and your child means that they will get to know your child and family well and work with you in the way that best suits you and your child on what is most important to you. Research tells us that families benefit from one main therapist whom they trust (Drennan et al 2005).



## What will therapy look like?

### ➤ Goals Focused

Your Key Worker will spend time finding out what a day looks like, what things are working well and what aspects are challenging for your child and you. With this information as a starting point, your Key Worker will work with you to identify meaningful goals to work on.

### ➤ Coaching Approach

You and the other people that your child spends the most time with are the ones that know your child best. Using a coaching approach means that we will work together with you, recognising that you have a lot of knowledge and ideas about how to support your child to come up with a plan together about how to achieve your goals.

### ➤ A team around your child

Your KEO Care Key Worker will work closely with you - as you are the most important member of your child's team and know your child the best. You know your

child the best. You will have access to specialised knowledge and support from the rest of the therapy team as required. In your first session, you will meet your Key Worker, as well as a second member of the therapy team. Input from the therapy team will look different for each child and is dependent on your child's needs.

Some examples of what this could look like are:

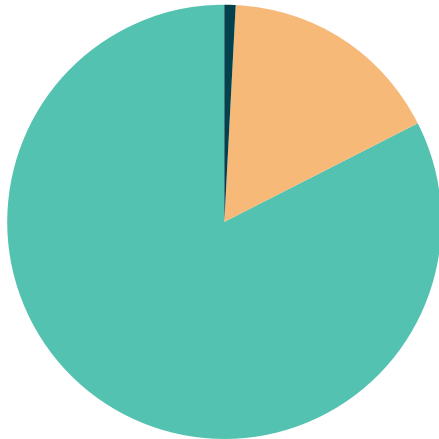
- You and your Key Worker may have a quick question for another therapist.
- A joint visit with your Key Worker and a consulting therapist to assess a specific skill. Your Key Worker will then support you to continue to work on this.
- A consulting therapist may do a 'block of therapy' with you and your child to work on a specialised area. Your Key Worker will be at the first and last sessions in the block to ensure continuity moving forward.

Your Key Worker will also work together with other members of your child's team, such as educators, medical professionals or other therapists, as directed by you.

## Capacity Building & Routines based (Family Centered Practice)

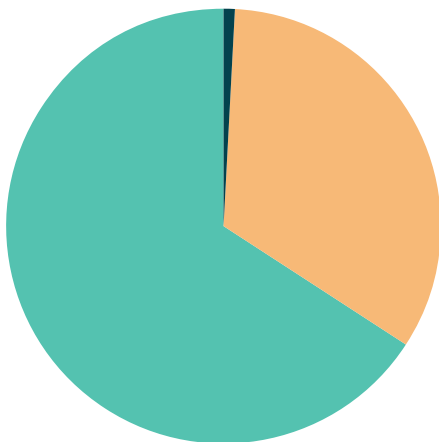
Your Key Worker will work closely with you and other important people with whom your child spends time (such as early education staff) so that you can build therapy strategies into daily activities. **Research tells us that when a parent uses a strategy with their own child it is 3 times more effective than when used by a practitioner** (Dunst 2007). As the charts below illustrate, 1 hour of therapy per week is a very small part of your child’s waking hours. That is why change does not happen in therapy sessions, but in the natural learning opportunities that happen as part of your child’s routine each and every day. Daily routines such as tooth brushing, mealtimes or car trips are all learning opportunities. Your Key Worker can support you to identify how to use these opportunities to work on your child’s goals.

4 year old



■ Therapy (1hr/week) ■ Kinder (15hrs/week) ■ Family (75hrs/week)

6 year old



■ Therapy (1hr/week) ■ School (32.5hrs/week) ■ Family (64.5hrs/week)

## Natural Environments

Your Key Worker will meet you at home or discuss with you where the best place will be to work with you and your child on their goals. We know that working in your child’s natural environments, the places where your child spends their time, is where sessions are most effective. Telehealth is often a very effective way to support you and your child also.

**‘A program implemented once a week (or even more often) by an early intervention professional in a clinical setting will not be as powerful as the practice of skills through the routines and activities in which the child is engaged on a regular basis within the family unit or early childhood center (distributed, functional practice)’** (Kemp, 2020, pp. 164-165).

## References

Dunst, C. J. (2007). Early intervention for infants and toddlers with developmental disabilities. In S.L. Odom, R. H. Horner, M. Snell, & J. Blacher (Eds.), *Handbook of Developmental Disabilities* (pp. 161-180). New York, NY: Guilford Press.

Kemp, C. (2020). Research informing practice in early childhood intervention. *Infants & Young Children*, 33(3), 163-172. [0] <https://doi.org/10.1097/IYC.000000000000168>

Waking hours are calculated on 11 hours of sleep per night for a 4-year-old and 10 hours for a 6-year-old based on the Raising Children’s Network recommendations that children aged 3-5 years of age require 10-13 hours of sleep per night and children aged 5-11 years of age require 9-11 hours per night. [<https://raisingchildren.net.au/newborns/sleep/understanding-sleep/about-sleep#:~:text=Toddlers%20need%2011%2D14%20hours,going%20to%20bed%20at%20night.>]