

Early Childhood Intervention Practitioner Competencies



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Early Childhood Intervention Practitioner Competencies

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Early Childhood Intervention Practitioner Competencies

Introduction

PURPOSE of these competencies

These competency statements describe the skills, knowledge, values and belief sets of capable early childhood intervention (ECI) practitioners. The Australian National Training Authority defines competency as, “the ability to perform tasks and duties to the standard expected in employment”.

The Department of Education and Early Childhood Development (DEECD) funded Early Childhood Intervention Association Victorian Chapter (ECIA (VIC)) to develop competencies for ECI practitioners, to underpin high quality service provision for young children with a disability or developmental delay and their families and link with professional development opportunities for the ECI workforce.

The Workforce Steering Committee of ECIA (VIC) engaged Workwell Consulting Pty Ltd during 2009 to develop these competencies for ECI practitioners for the purposes of:

1. Effective sector-wide workforce planning;
2. Targetted recruitment and selection of staff;
3. Clear learning and development pathways for practitioners;

leading to:

4. Enhanced client outcomes.

SCOPE and APPLICABILITY of these competencies

These competencies are designed to cover the estimated 650 ECI practitioners in Victoria, occupying approximately 340 equivalent full-time (EFT) positions. Their job titles¹ are, typically, ECI practitioner or less commonly, ECI professional.

Such practitioners:

- Are **tertiary qualified** in teaching, social work or a therapeutic discipline such as physiotherapy, speech therapy, psychology etc;
- Offer a **mix of 1:1 and group interventions**, both **centre- and community-based**, within government- and non-government programs;
- Are **active change agents**, offering services through a consulting model within two sets of boundary conditions:
 - (i) The practitioner’s **scope of expertise**; and,
 - (ii) The **mission, protocols and resources** of their employing agency.
- **Do not function alone**: they operate within a system of colleagues / service providers and community supports which encourage multi- / trans-disciplinary approaches.

¹ Throughout this document all such roles as referred to as ‘ECI practitioners’ or, simply, ‘practitioners’.

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These competencies do not presume to describe:

- discipline specific skills and knowledge² (i.e., those pertaining to the practitioner's qualifying field of study);
- leadership or management skills or knowledge.

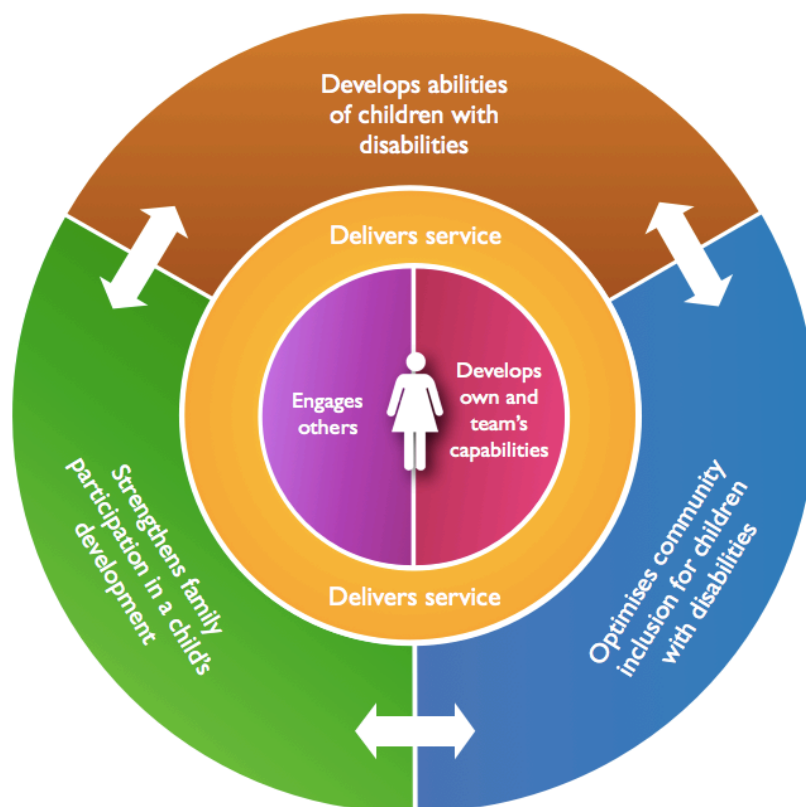
OVERVIEW of the competencies

The capable ECI practitioner demonstrates six competencies. She³ can:

- Engage others;
- Develop her own capabilities;
- Deliver services;

In order to:

- Develop the abilities of children
- Strengthen participation of families;
- Optimise community inclusion.



² Most human service / allied health areas have competency statements (Spencer, B (2005) Competency Standards for Health and Allied Health Professionals in Australia. Victorian Department of Human Services). even if, at the same time, higher education institutions which train the teachers and therapists who become ECI practitioners do so *outside a competency model*.

³ The feminine singular pronoun is used throughout this document but is to be taken to signify practitioners of both genders.

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The diagram on the previous page illustrates the *relationship between the competencies*. In the centre are the inherent characteristics borne by the individual: the ability to use self-awareness to develop and learn, along with her ability to engage others. These are ‘do not pass go’ core capabilities. Using these, she can apply the competencies of delivering service, within the paradigms and protocols of her employing agency. These three inner competencies enable the practitioner to bring about positive change for each of the three target audiences of her work: children, families and communities.

SERVICE SYSTEM CONTEXT for these competencies

Of the estimated 650 Victorian ECI practitioners, some 435⁴ (172 EFT) are employed by agencies which are:

- Broad disability service providers (e.g., Scope, Yooralla);
- Specialist community-based childrens’ services (e.g., Noah’s Ark);
- Community health providers (e.g., Inner South Community Health);
- Affiliated with acute health providers (e.g., Uncle Bobs’ CDC at the Royal Children’s Hospital);
- Church-based human service agencies (e.g., UnitingCare);
- Special schools (e.g., Verney Road SDS).

The largest single employer of ECI practitioners is the Victorian Department of Education and Early Childhood Development (DEECD) which, alone, employs some 200 practitioners (~170 EFT) as Specialist Children’s Services and Intake workers.

In interpreting these competencies, it is vital to note that the above agencies *do not deliver a standard model of service*. Considerable agreement on service philosophies (e.g., family-centredness) and some procedures (e.g., use of inclusive settings) has evolved. Reference to evidence-based practice is increasing, serving to move agencies “from:

- Professionally-directed to **family-centred** practice,
- A child-focused to a **family-focused** approach,
- An isolationist model of family functioning to a **systemic ecological** model,
- Simple linear causal models to **complex transactional** models,
- Multidisciplinary to **interdisciplinary** teamwork,
- Segregated centre-based services to **inclusive community-based** services, and
- Norm-referenced assessment methods to **functional assessment** approaches”⁵.

⁴ ECIA (VC) (2008), “Workforce Staff Profile Survey - Preliminary Snapshot, May 2008”.

⁵ Moore, T.G. (2008), “Early childhood intervention services in Victoria: Where they have come from, where they are now and where they are heading”. Background paper prepared for DEECD ECIS Reform Project Advisory Committee.

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Such a dynamic ECIS sector necessarily generates a wide range of emerging practices. These competencies reference some obvious recent “shifts from:

- A clinical approach to a **natural learning environments** approach,
- A direct service delivery model to **indirect and consultative** forms of service delivery,
- Fragmented services to **seamless service integration**,
- Interdisciplinary to **transdisciplinary teamwork** and **key worker** models,
- A service-based to an **outcomes-based** approach,
- A tradition-based approach to an **evidence-based** approach to service delivery,
- A deficit-based to a **strength-based** approach,
- A focus on parental grief and adaptation to a recognition of the **positive aspects of having a child with a developmental disability**,
- A professional skill-based approach to a **relationship-based** approach,
- A focus on differences between children with and without disabilities to a **recognition of the commonalities** between them,
- An authoritative expert stance to **reflective practice**, and
- A deficit-based approach to eligibility assessment to a **response-to-intervention** approach”⁶.

The competencies presented here, therefore, do not describe practice within a highly regulated, static service paradigm, but reflect the place of the practitioner within a constantly evolving ECI service system.

UNDERPINNING Practitioner BELIEFS and VALUES

A set of competencies can only be an approximate description of the rich system of values and beliefs which underpin the behaviours of a capable practitioner.

Specifically, the following competencies must be read presuming practitioners believe:

- A child with a disability is a child first and foremost;
- Every child is rich in possibilities and potential;
- A child is an agent within his / her own life;
- Play and social learning are the primary ways in which a child learns and interacts with his or her surroundings.

⁶ Moore, T.G. (2008), As above.

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Furthermore, the competencies also presume the following about the roles of families and communities in the lives of children with disabilities:

- Each family is unique;
- Families are the chief experts on their children's lives;
- A key role for family is to act as capable advocates and supporters of their child;
- Communities and families are obliged to include children of all abilities.

In order to enact the competencies described here in accordance with the beliefs above, it is expected that the capable practitioner will perform their work in ways which are:

- Approachable rather than formal;
- Open rather than authoritative;
- Creative rather than procedural;
- Tactful rather than directive;
- Flexible rather than highly structured;
- Enthusiastic rather than measured.

while displaying a balance of:

- Empathy with professional objectivity;
- Optimism with realism;
- Humility with confidence.

ALIGNMENT with other frameworks

The competencies here are designed to align conceptually and in principle with:

- The National Early Years Learning Framework⁷;
- ECIA Service Outcomes⁸;
- Essential Principles of quality provision for children birth to 8 years⁹;
- Victorian Early Years Learning and Development Framework¹⁰.

Within these documents we find:

- High expectations regarding equity and social inclusion at the broadest levels;
- A view of highly conscious pedagogy which emphasises 'intentional teaching' and the 'active role of the teacher';
- Inclusive over-arching outcomes, for example, "All children have the best start in life to create a better future for themselves and for the nation"¹¹.

⁷ DEEWR (2009), "Belonging, Being and Becoming: The Early Years Learning Framework for Australia".

⁸ ECIA(VIC) (2005), "Starting With the End in Mind: Outcome Statements for Early Childhood Intervention Services".

⁹ DEECD (2008) "Analysis of Curriculum / Learning Frameworks for the Early Years (Birth to Age 8)".

¹⁰ DEECD (2009) "Victorian Early Years Learning and Development Framework, For Children from Birth to Eight Years: A draft for trial and validation".

¹¹ Council of Australian Governments (2009), "Investing in the Early Years-A National Early Childhood Development Strategy".

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Specifically, in the National Early Learning Framework, children’s lives are characterised as a journey towards belonging, being and becoming; these are operationalised into five outcomes:

1. Children have a strong sense of identity;
2. Children are connected with and contribute to their world;
3. Children have a strong sense of wellbeing;
4. Children are confident and involved learners;
5. Children are effective communicators.

These have been foreshadowed specifically for children with additional needs / disabilities by ECIA(VIC) in its formulation of service outcomes¹²:

“CHILDREN HAVE

- Functional, developmental and coping skills that are appropriate to their ability and circumstances;
- Confidence and enjoyment in their everyday life;
- Meaningful participation in home and local community activities;
- Experience and enjoyment from family life and community activities that are preferred by the family.

FAMILIES

- Nurture and support their child according to their preferences and values;
- Identify and address the needs of their child(ren) and family;
- Advocate for themselves and their family to the degree they choose;
- Participate in social and community activities to the degree they choose;
- Feel supported by personal and community networks.

COMMUNITIES

- Are inclusive, providing for diversity, access and quality service for all families;
- Value all of its members.”

¹² ECIA(VIC) (2005), “Starting With the End in Mind: Outcome Statements for Early Childhood Intervention Services”.

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STRUCTURE of the competencies

The competencies describe a complex whole

Early childhood working environments are complex, multi-faceted and demanding. Consequently, in interpreting these competencies, the reader is invited to note that they are intended to be:

- **Transdisciplinary:** they operate ‘above and across’ specific disciplines;
- **Holistic:** the individual parts are an interconnected system, i.e., competence in one area affects a practitioner’s competence in several others;
- **Generalisable:** they are applicable to multiple contexts and service models;
- **Developmental:** they are distinctly not entry-level competencies but presume that “competence-building is a life-long developmental process”¹³;
- **Emergent:** they are future-oriented capability-builders, rather than closed, end-state descriptors, thereby providing signposts for significant post-tertiary and post-orientation professional development.

The competencies are ordered hierarchically

There are three levels to the competencies presented here. Each of six *competencies* contains a number of *elements*, which are defined by a handful of observable *behaviours*. Within each competency, the elements are additive; within each element, behaviours are additive. That is, descriptions at each level “add up” to create the ‘headline’ competency or element. In principle, it should be possible to observe a practitioner at work over time and easily discern whether each of the 98 behaviours within the 23 competency elements are present. The competencies are hierarchically nested as follows:

¹³ Bennett, T & Watson, A. L. (1993) “A new perspective on training: competence-building”. *Journal of Early Intervention*, 17, 309-321.

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Competency	Competency Elements
1. Develop abilities of children with disabilities	1.1 Apply knowledge of typical childhood development to recognise characteristic developmental achievements. 1.2 Apply knowledge of atypical childhood development and awareness of its many causes. 1.3 Apply knowledge of environmental influences on a child and recommend appropriate interventions. 1.4 Foster relationships with the child to support their learning, development and skills.
2. Strengthen family participation in a child's development	2.1 Recognise features of family systems. 2.2 Enable families to develop their strengths. 2.3 Work in partnership with families to ensure their needs are addressed. 2.4 Create conditions which enable a family to advocate for their child to the degree they choose
3. Optimise community inclusion for children with disabilities	3.1 Promote inclusive environments 3.2 Within a child's community, encourage the capacity of individuals who can support inclusion.
4. Deliver Service	4.1 Assess a child's ability to participate confidently at home and in a local community 4.2 Design service based on objectives agreed by carers / family 4.3 Deliver and evaluate specific interventions 4.4 Work effectively within own service 4.5 Collaborate with other practitioners 4.6 Empower and enable others while managing realistic expectations 4.7 Frame and solve problems collaboratively 4.8 Articulate how one's consultancy facilitates improved outcomes for a child, family and community.
5. Engage others	5.1 Engage others
6. Develop own capabilities	6.1 Actively seek feedback 6.2 Reflect on own and team-members' practice 6.3 Develop professional skills 6.4 Apply learning to achieve better outcomes

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The competencies describe a wide range of processes

Competence requires a wide array of cognitive, judgement, social and communication processes. The verb list below summarises all of the active verbs used within the competency statements presented here.

General	Creative Behaviours	Complex Logical Judgements	Discriminative Behaviours	Social Behaviours	Conceptual Tasks
Achieve	Adjust	Analyse	Challenge	Advocate	Describe
Act	Create	Consider	Define	Assist	Document
Adhere	Design	Discern	Determine	Attend	Educate
Apply	Develop	Evaluate	Frame	Collaborate	Model
Appreciate	Envision	Formulate	Identify	Communicate	Reflect
Build	Incorporate	Generate	Promote	Contribute	Solve
Deliver	Integrate	Interpret	Recognise	Convey	Summarise
Demonstrate	Propose	Quantify	Refer	Discuss	
Ensure		Test	Reinforce	Elicit	
Increase			Suggest	Empower	
Manage				Encourage	
Observe				Engage	
Provide				Explain	
Seek				Foster	
Show				Guide	
Understand				Inform	
Use				Interact	
Utilise				Lead	
View				Negotiate	
Work				Offer	
				Participate	
				Recommend	
				Solicit	
				Support	

Competency Statements

1. Develop abilities of children with disabilities

COMPETENCIES AND BEHAVIOURS

1.1 Apply knowledge of **typical childhood development** to recognise characteristic developmental achievements.

- 1.1.1 *Describe the **core needs** of all children*
- 1.1.2 *State **critical development pathways and milestones** for all children and discern a child's readiness to undertake each*
- 1.1.3 *Recognise all children as learners and describe **different ways of learning***
- 1.1.4 *Recognise the role of **play and a child's daily activities***
- 1.1.5 *Describe typical **socialisation** patterns and peer group formation*

Such needs can include shelter, nutrition, protection, nurturing, stimulation, socialisation, attachment etc.

Developmental pathways can be physical, emotional, cognitive, linguistic or social; these overlap and interact within a child

1.2 Apply knowledge of **atypical childhood development** and awareness of its many causes.

- 1.2.1 *Identify **indicators / signals** which show that a child's development is compromised*
- 1.2.2 *Find and interpret information which indicates the **interplay of complex / multiple conditions***
- 1.2.3 *Propose ways that a child may **access** critical development pathways and have **core needs** met*

Such causes may be an interplay of genetic, prenatal, environmental, organic and behavioural conditions.

1.3 Apply knowledge of **environmental influences** on a child and recommend appropriate interventions.

- 1.3.1 *Recognise **environmental factors** and how these may positively and/or negatively affect a child*
- 1.3.2 *Identify the **cumulative effects** of environmental conditions on the child's development*
- 1.3.3 *Propose means of **increasing positive effects** (protective & supportive factors) and, where feasible, **minimising negative effects** (risk factors) within the environment*

Environmental influences / conditions include social, emotional, socioeconomic, mental health, cultural factors etc.

1.4 Foster **relationships** with the child to support their learning, development and skills.

- 1.4.1 *Use knowledge of a child's disposition, personality, learning styles, interests and strengths to understand their **motivations and capabilities***
- 1.4.2 *Support others to guide the child to master key **developmental tasks** where possible*
- 1.4.3 *Contribute to the child's learning through **play***
- 1.4.4 *Encourage stimulating and engaging **environments** and positive, responsive **relationships** which are safe for a child*

Competency Statements

2. Strengthen family participation in a child's development

COMPETENCIES AND BEHAVIOURS

2.1 Recognise features of family systems.

- 2.1.1 *Define family as it relates to the child and his/her circumstances and identify the role of the child within that family*
- 2.1.3 *Recognise carers as primary agents of a child's development and wellbeing*
- 2.1.4 *Appreciate a child's role as part of a family unit and the different relationships and interactions between carers - child - sibling and extended families*
- 2.1.5 *Demonstrate an understanding of loss, grief and adaptation, and the processes by which families respond to their children's disabilities and health challenges*
- 2.1.6 *State ways in which specific circumstances affect family dynamics.*

Such circumstances may include mental health, available support networks, socio-economic status, housing & food security.

2.2 Enable families to develop their strengths.

- 2.2.1 *Recognise that each family is unique, and approach each family without assumption or judgement*
- 2.2.2 *Empower families to identify and build strengths*
- 2.2.3 *Use a family's language and symbols in one's communication with the family*
- 2.2.4 *Convey positive attributions about a family's behaviours which can be used with their child*
- 2.2.5 *Promote attachment to carers*
- 2.2.6 *Support the development of skills and confidence which enable carers to interact with the child optimally*
- 2.2.7 *Discuss inappropriate / harmful care practices with families and service providers*

Recognise realistic limits on time and resources available to a family to integrate and apply

Carers includes parents and all other forms of consistent / primary caregivers in a child's life.

This can include modelling language practices, play skills, social skills.

2.3 Work in partnership with families to ensure their needs are addressed.

- 2.3.1 *Identify sources and priority of material, social and emotional assistance, both urgent and non-urgent, which support child and family wellbeing*
- 2.3.2 *Analyse health, eating, hygiene, physical and exercise behaviours, where required, to meet a child's needs*
- 2.3.3 *Negotiate goals which meet both the child's and the family's individual needs and circumstances*
- 2.3.4 *Promote and support family members' participation within planned interventions*

Such assistance may be food, accommodation, legal, financial and physical and is required to create stability so that service provision can be beneficial. Sources may include social workers, respite services, interpreters, legal aid, financial counsellors, etc.

Competency Statements

2. Strengthen family participation in a child's development

COMPETENCIES AND BEHAVIOURS

2.4 Create conditions which enable a family to **advocate** for their child to the degree they choose

- 2.4.1 *Reinforce and build confidence in carers that they possess good **knowledge** of their child*
- 2.4.2 *Promote carers' **understanding** of proposed interventions and inclusion strategies*
- 2.4.3 *Assist carers to become more self-reliant in identifying and **using services***

This includes the ability to state a child's interests, strengths and conditions.

Competency Statements

3. Optimise community inclusion for children with disabilities

COMPETENCIES AND BEHAVIOURS

3.1 Promote inclusive environments

- 3.1.1 *Identify **potentially inclusive** services / locations / venues which are best placed to meet a child's development needs at key transition times.*
- 3.1.2 *Use principles of universal design to identify and create opportunities for **natural learning***
- 3.1.3 *Identify useful and accessible **generic support** networks and community resources*
- 3.1.4 *Identify **barriers** to participation and negotiate changes to these*
- 3.1.5 *Identify the particular environments and strategies which are most likely to promote access and participation for each individual child*

Transitions may include moving from home-based care to child care, kindergarten, school etc.

The three principles of UD are multiple methods of presentation, participation and expression, enabling a wider range of options for all children (of all abilities) from which to choose.

Barriers may include policies / procedures, infrastructure / facilities, communications / signage etc.

3.2 Within a child's community, encourage the **capacity of individuals** who can support inclusion.

- 3.2.1 *Recognise **individuals with roles and strengths** which may promote inclusion*
- 3.2.2 *Encourage others to*
 - ***View the child positively***
 - ***Interact with the child***
 - ***Develop a child's abilities***
 - ***Act as advocates and supporters of the child***

A child (and her/his family) may belong to multiple communities based upon geography, ethnicity, interest-groups, subcultural affiliations etc.

Such individuals may include paid staff of services such as kindergarten teachers, child care workers, as well as peers and their families, neighbours, community volunteers, retailers etc.

4. Deliver service

COMPETENCIES AND BEHAVIOURS

4.1 Assess a child's ability to participate confidently at home and in a local community

- 4.1.1 *Observe the child and family and form meaning from observations*
- 4.1.2 *Use appropriate assessment **methodologies and tools** to develop a rich, strengths-based account of the child which includes child and family perspectives*
- 4.1.3 *Interpret findings of assessment and **communicate** these to relevant people in an accessible manner*
- 4.1.4 *When required, accurately **document aspects of a child's disability and development** and provide to other agencies.*

Assessment methodologies may include 'authentic assessments' derived from observations of natural play based activities rather than formal 'tabletop' pencil and paper tests.

Interpreting findings is not a linear, single-instance process, but can be done in consultation with other, with multiple iterations and refinements.

At certain times, families will require that a child's ability is objectively documented to gain access to various programs, entitlements, concessions, etc. Agencies can include government, funders, service providers etc.

4.2 Design service based on objectives agreed by carers / family

- 4.2.1 *Consider available service and support **pathways** from 0-6 years of age and propose corresponding **service options***
- 4.2.2 *Incorporate into proposed service options:
 - **Relevant research & practice-based evidence**
 - **Relevant philosophical and policy frameworks***And communicate these clearly and simply to family and other professionals**
- 4.2.3 *Collaborate with the family to formulate a **plan**, including play-based learning in natural environments, described in terms of strategies and timelines*

Relevant evidence and frameworks are those which are supported by research & tertiary education institutions, professional associations, governments and funders.

4.3 Deliver and evaluate specific interventions

- 4.3.1 *Describe specific **activities** and processes of mutually agreed interventions*
- 4.3.2 *Define desired **outcome(s)** of the intervention, along with measures / indicators of these*
- 4.3.3 *Continually analyse and **evaluate** efficacy of proposed interventions and adjust delivery accordingly*
- 4.3.4 ***Document** activities, results and outcomes in an efficient and effective way*

Outcomes may be objective or subjective and should be defined in terms understandable by all involved. Interventions are not necessarily performed by the practitioner, but may be carried out by a range of people in the child's life.

4. Deliver service

COMPETENCIES AND BEHAVIOURS

4.4 Work effectively within own service

- 4.4.1 Describe the **purpose of one's service** in terms of enshrined rights for children
- 4.4.2 Describe the **model of service** provided by own agency and respond flexibly to changes in one's agency's model of service
- 4.4.3 Explain own **professional role, objectives and boundaries**
- 4.4.4 Describe own agency's **resource potential**, along with constraints and limitations, which are available to the child and family
- 4.4.5 Manage **priorities and available time** to ensure service delivery meets objectives and required standards
- 4.4.6 Adhere to the **ethical guidelines / code of conduct** specified by own agency and relevant professional bodies / associations

Such rights can include international, commonwealth and state conventions and laws such as UN Convention on the Rights of the Child, Victorian Equal Opportunity legislation etc.

Model of service includes target audiences, scope of practice, service methodologies, protocols and standards

Resources can include financial, time, expertise, equipment and facilities.

This includes the ability to negotiate caseloads within one's agency, especially for part-time practitioners.

4.5 Collaborate with other practitioners

- 4.5.1 Understand own **discipline** in the context of other disciplines
- 4.5.2 **Work collaboratively** within a cross-disciplinary team and with external agencies to develop and achieve mutually agreed outcomes
- 4.5.3 **Collaborate with universal support personnel** to develop standard processes and methods of meeting an individual child's and family's needs
- 4.5.4 Participate in **professional networks** to provide a seamless multi-service system to families
- 4.5.5 Recognise own and agency **capacity and limitations** in meeting identified needs and refer to other professionals and agencies accordingly

ECI practitioners reflect a wide array of teaching and therapeutic disciplines and these must be understood in context of each other.

Cross-disciplinary teams can include inter-, multi-, trans-disciplinary as well as 'team around the child' and 'key worker' models.

Such personnel can include kindergarten teachers, child care workers, amongst others. Such processes can include best-practice protocols, support models, assessment processes. This item presumes a two way negotiation between practitioner and mainstream agency personnel.

4. Deliver service

COMPETENCIES AND BEHAVIOURS

4.6 Empower and enable others while managing realistic expectations

- 4.6.1 Provide a positive but realistic **acknowledgement** of the child and their family
- 4.6.2 Provide positive **feedback** to reward effort and encourage enjoyment
- 4.6.3 Positively **reframe** another person's reported experiences when required
- 4.6.4 Gauge a family's readiness, realism and rate of **change expectation**
- 4.6.5 Suggest perspectives which balance **multiple or competing interests** where these are present
- 4.6.6 **Sensitively** present information which may be difficult for families to acknowledge and / or accept

Others primarily indicates family members, but can also include any other secondary (non-child) beneficiaries of services.

Reframing will be the result of the strengths-based assessment performed as a result of Competency 2.2.

This can include situations where 'differences of opinion' and even overt conflict are present.

4.7 Frame and solve problems collaboratively

- 4.7.1 Recognise the other person's **current situation**
- 4.7.2 Identify and **define current challenges** and their effects
- 4.7.3 Envision a **desired future situation or potential result** which is meaningful to others
- 4.7.4 **Work with others** so they can:
 - **Generate options** which are both possible and realistic
 - **Plan own actions** to achieve the desired future state
 - **Develop skills to solve problems** and resolve own issues

4.8 Articulate how one's consultancy facilitates improved outcomes for a child, family and community.

- 4.8.1 **Inform others** of own and agency's capabilities, approaches and professionalism
- 4.8.2 Describe **own and agency's methodologies** using systematic methods..
- 4.8.3 Quantify the **value to the end-recipient** which is added through proposed methodologies, along with potential risks..
- 4.8.4 **Offer alternatives** if expected outcomes exceed own agency's capacity or scope

Methods can include spoken, written or diagrammatic, in person-to-person, paper-based or electronic formats.

End-recipients may include a child, family, agency, community sub-sector etc.

Competency Statements

5. Engage others

COMPETENCIES AND BEHAVIOURS

5.1 Engage others

- 5.1.1 *Accommodate another person's preferences regarding times, places and ways in which consultations occur where possible*
- 5.1.2 *Build rapport by acknowledging and/or matching another person's verbal language patterns, body language and emotional state*
- 5.1.3 *Initiate and maintain dialogue especially in sensitive situations*
- 5.1.4 *Elicit information from another person using questioning and clarifying*
- 5.1.5 *Check understanding through repeating, rephrasing, paraphrasing and summarising*
- 5.1.6 *Empathise by stating another person's experiences, feelings, priorities and intentions*

*Others may include any agency-
authorised recipient, stakeholder,
client, colleague, community
member, family-member
identified as an essential or
desirable support in the
achievement of agreed outcomes
for a child and family.
This refers to reasonable
accommodations which can be
made within the scope of the
service offered.*

*This may sometimes occur
through an intermediary e.g.,
an interpreter, a family member
etc.*

6. Develop own capabilities

COMPETENCIES AND BEHAVIOURS

6.1 Actively seek feedback

- 6.1.1 *Identify and state personal and professional **growth** areas*
- 6.1.2 *Demonstrate a positive **attitude to change** and continual development*
- 6.1.3 *Seek **feedback** from a range of reliable sources*

Such growth areas should be specified in the in the context of current practice and service trends in early childhood intervention, including ethics, policy, service structures, job role, etc.

Reliable sources are those who have had first-hand experience of a practitioner's skills, including a child, families, peers and agency leaders

6.2 Reflect on own and team-members' practice

- 6.2.1 *Engage in **self-reflection** to better understand own values, motivations and behaviours*
- 6.2.2 *Make time with team to consciously and **critically reflect** on practice*
- 6.2.3 *Identify and **test assumptions** and seek conflicting evidence*
- 6.2.4 ***Constructively challenge** others' thoughts and actions to enable practice improvements*

6.3 Develop professional skills

- 6.3.1 *Participate in **performance / career management** approaches of own agency*
- 6.3.2 ***Coach and/or mentor** less experienced colleagues and build relationships which develop the skills of both*
- 6.3.3 *Seek out and participate in **professional development** opportunities*
- 6.3.4 *Contribute to **discussions** relating to casework*
- 6.3.5 *Make **presentations** and lead discussions relating to casework*

This presumes one's agency has a formal approach to performance management and/or career development.

Colleagues can include those employed by one's own agency, other agencies, or students on placement.

Such opportunities can include formal training, networking, conferences & seminars, workshops, etc.

6.4 Apply learning to achieve better outcomes

- 6.4.1 *Using **feedback**, reflective practice and professional development, propose **enhancements** to own behaviours*
- 6.4.2 *Take **action** to improve own performance and discuss with leaders/managers*
- 6.4.3 *Describe how action taken creates better **outcomes** for children, families and communities*