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editorial

Dear Colleagues,

As this issue of Reflections goes to press the education and care sector is on the cusp of major reform should the Senate pass the current Child Care Subsidy Package. The sector has been in a flux of ongoing change for what now seems to be decades. Change for the better is welcomed, and this sector has proven its adaptability, flexibility and indeed resilience, facing challenge and opportunity with a 'can do' attitude. But one wonders, when will the sector have the opportunity to draw breath and focus on the most important role the sector has providing quality education and care for young children that improves their education, health and wellbeing outcomes?

For some within the sector there is a view that aspects of the impending change have some real gains. The single payment system for families removes the confusion that currently exists with the two-system model. Payment directly to the service provider to ensure the funding is used to reduce the cost is welcomed, and is a clearer message to families of the government's contribution to the cost of education and care. The increased investment, with government projections indicating that families will be better off, should help to support affordability for families. It is a tangible investment in the future. Also commendable are the additional subsidy options to provide a higher level of assistance for families in specific circumstances, ensuring that vulnerable children and their families are supported. Funds must be directed to where they are most needed.

The flexible operating requirements will, for some services, support viability, acknowledging there are fixed operational costs regardless of operating hours. The sustainability grant requirements are fair to ensure that services review and adapt their business models to support viability. However, it is important that services are maintained in communities where there are no other services and options for families, therefore the sustainability criteria must take into consideration such circumstances.

The Inclusion Support Program and the increase in funding to support inclusive practices replace the former elements of the Inclusion and Professional Support Program. The challenge will be to ensure that the administration requirements of this program are streamlined to ease the burden of the current system to support effective and efficient use of funds, as well as make access simplified for stakeholders.

On the flip side, some of the changes proposed may not be in the best interests of children.

There are very specific concerns: that the limitations of the proposed Activity Test eligibility may result in some children not having access to subsidised education and care; that there are no qualification requirements linked to the Nanny Pilot Program; that there is uncertainty of Universal Access beyond the two year extension; and great concern concerning the cessation of subsidised professional development and learning.

Silence remains around the crucial issue of workforce - the low wages and conditions. the critical retention and recruitment issues, the quality of accredited training. Government policy and practice cannot be measured only in terms of increased workforce participation by parents. To deliver on the promises of quality the sector must have a consistent, highly trained and skilled workforce. Passion and commitment alone is insufficient - educators must be supported with wages, conditions and professional support which are commensurate with their important role and responsibility in contributing to the improved education, health and well being of children.

There is now a myriad of research to validate the value and benefits of access to quality early education and care for young children. It supports improved educational outcomes, amplifies learning, prepares children for further learning in a school environment, and has long-term social and economic benefits.

This must be acknowledged and valued by all levels of government but, importantly, valued by the customers – families. There is a great deal of work to be undertaken to inform families so they too can be strong advocates - they have the power to influence outcomes.

Despite an extensive Productivity Commission Inquiry, which was one of the most responded to inquiries ever undertaken, despite all the submission writing, consultations, meetings, advocacy and lobbying, it is clear we still have work to do!

All children, regardless of their postcode and the work status of their families, should have access to education and care. Our overseas counterparts in OECD countries have managed it, why can't Australia?

While the current package goes some way to improve access and affordability, let's remove the politics from education and care and find a way that leads to policy that acknowledges and values the importance of the early years by delivering a system that supports affordable, accessible quality education and care for all children.

Ros Cornish & Jane Bourne on behalf of Gowrie Australia.

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contents













Back Cover National & International **Conference Updates**

GOWRIE CEOs

Natalie Grenfell Andrew Hume Jane Bourne **Kaye Colmer** Tonia Westmore Ros Cornish

- Gowrie NSW
- Gowrie Victoria
- The Gowrie (QLD) Inc
- Gowrie SA
- The Gowrie (WA) Inc
- Lady Gowrie Tasmania



Ear and hearing health plays an extremely important role in children's early development because speech, language, learning and social skills are dependent on children being able to hear. Hearing problems often arise from middle ear disease (otitis media), which is a common childhood infection. Middle ear disease is caused by a bacterial or viral infection behind the eardrum in the tube that runs between the nose and ear. The disease affects most children at some point during early childhood, and in most cases the condition resolves itself quickly and spontaneously with limited or no medical intervention. The condition becomes a major health problem when children experience it frequently and persistently, and it is accompanied by fluctuating hearing loss. This form of the disease is more often experienced by Aboriginal and Torres Strait Islander children who are at higher risk of acquiring the disease at a younger age.

The World Health Organisation has found that Aboriginal and Torres Strait Islander children have one of the highest rates of chronic ear disease in the world and many researchers and health professionals, including Clinical Professor Harvey Coates, inaugural recipient of the Royal Australasian College of Surgeons' 2015 Aboriginal and Torres Strait Islander Health Medal, considers middle ear disease and associated hearing loss to be comparable to heart disease and cancer because of the chronic and life-long consequences that continue into adolescence and adulthood.

The impacts of all forms of middle ear disease and associated hearing loss are substantial for young children. It can result in delays in childhood development, affect relationships with family and friends, impede learning and reduce school readiness. Across a number of critical developmental domains, children are unable to reach their full potential and make the most of available learning and social opportunities as they are unable to hear.

How can you help?

Improving the ear and hearing health of Aboriginal and Torres Strait children is directly related to many of the principles, practices and outcomes in the Early Years Learning Framework (EYLF) that guides the early childhood education and care (ECEC) sector. These range from creating partnerships with families (principle), undertaking intentional teaching (practice) and ensuring children are connected with and contribute to their world (outcome).

The diagram and table that follow outline some of the ways ear and hearing health relate to the EYLF. They also describe the types of activities that early learning educators should undertake to help Aboriginal and Torres Strait Islander children and families.

Linkages between the Early Years Learning Framework and the identification and management of middle ear disease and associated hearing loss in early childhood and education settings:



Application of principles, practices and outcomes of the Early Years Learning Framework to the identification and management of middle ear disease and associated hearing loss:

Key interaction points	Early Years Learning Framework principle, practice or outcome	Examples of activities
Enrolment	Principle: • Partnerships	 Ask families about health history when they enrol (particularly ear and hearing history); Have ongoing conversations with families, especially if their child is taking antibiotics for ear disease or if you have noticed symptoms of ear disease or hearing loss; Develop strong relationships with children who have a history of ear and hearing problems.
	Outcomes: • Cultural competency • Holistic approaches	 Value and celebrate diversity of culture, language and perspectives; Consider children within their family, culture and context.
Ear troubles identified and supported	Outcome: • Children have a strong sense of wellbeing	 Focus on ear disease prevention, identification and management in early years settings; Identify and manage conductive hearing loss in the early years.
	Practice: • Assessment for learning	Identify and support children who might need additional scaffolding for language and listening tasks.

Application of principles, practices and outcomes of the Early Years Learning Framework to the identification and management of middle ear disease and associated hearing loss: (**cont.**)

Key interaction points	Early Years Learning Framework principle, practice or outcome	Examples of activities
Supportive learning environment	Practices: • Learning through play • Learning environments	 Create fun learning environments for children to learn about having healthy ears; Create supportive listening environments.
	Outcome: • Children are confident and involved learners	Children transfer and adapt hearing health learnings from one context to another, eg within communities and families.
Breath, blow, cough and wash routine	Practice: • Learning environments	Create supportive listening environments.
	Outcomes: • Children have a strong sense of wellbeing • Children have a strong sense of identity	 Ear disease prevention, identification and management in early years settings; Identification and management of conductive hearing loss in the early years; Engaging children in their own health management and identification, prevention and management of ear disease; Children learn to empathise and respect others eg knowing that we wash our hands before playing with other children, respecting difference and not teasing children who wear hearing aids.
Home language is respected	Principle: • Respect for diversity	 Consider that Aboriginal and Torres Strait Islander children have very high rates of ear disease and hearing loss in the early years of life (80% in some communities); Consider the environment for children; Respond to linguistic and cultural diversity.
Listening and learning tasks scaffolded	Practice: • Intentional teaching	Promote children's learning through meaningful contexts (eg learning Standard Australian English if this is not their first language in meaningful settings, engaging children in learning about ear disease).
Home language is respected	Outcomes: Children are effective communicators Children are connected with and contribute to their world	 Links between hearing and communication; Manage the impacts of ear disease on development; Children become socially responsible in managing ear disease as an active agent; Respect and celebrate diversity of language and cultural difference.

Early intervention in the 0 to 4 year old age group is critical if Aboriginal and Torres Strait Islander children are to maximise learning, educational and social opportunities in the future. This is why the ECEC sector has an important role to play in helping to reduce and manage the impacts of middle ear disease and associated hearing loss. It is not just a health problem—every sector has a role in working together to support parents and families to 'close the gap' in early childhood development and health outcomes.

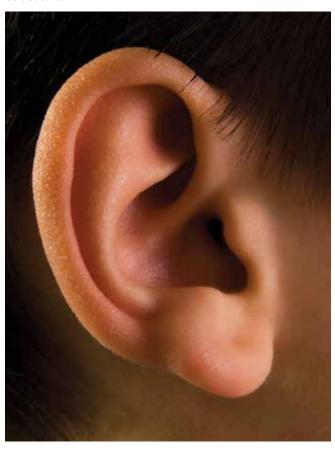
Some of the signs and symptoms of middle ear disease and associated hearing loss to look for include:

- signs of a cold (coughing, sore throat, runny nose)
- pain in ear
- runny fluid or pus from ear
- not eating
- children pulling ears
- fever
- children can't hear properly
- diarrhoea or vomiting.

If any of these signs and symptoms are present in children, educators need to talk to parents and/or carers about taking their child to see a health professional for an ear and hearing check. In some cases, children exhibit no obvious signs and symptoms apart from mild to moderate hearing loss, which can be difficult to detect. The national Care for Kids' Ears website contains a raft of information and resources for early childhood providers and teachers about middle ear disease and associated hearing loss: http://www.careforkidsears.health.gov.au/internet/cfke/publishing.nsf

In addition to identifying the signs and symptoms of middle ear disease and associated hearing loss in children, ECEC providers can introduce a number of system-level and service delivery improvements to prevent and manage the impacts of middle ear disease and associated hearing loss. This is especially relevant for ECEC providers with a high proportion of Aboriginal and Torres Strait Islander children, as it is estimated that in some locations between 40 to 50% of children can be suffering the effects of the disease at any point in time.

These system-level and service delivery improvements can be grouped under three main areas related to preventing the disease, strengthening and reforming existing service delivery models and providing support and training to educators.



Examples of system and service delivery improvements in the Early Childhood Education and Care sector:		
Health promotion and prevention	Incorporate public and preventative health approaches into existing operating principles to reduce the risk factors associated with childhood diseases and illnesses, including middle ear disease.	
	Implement stronger infection control and hygiene practices and processes to effectively respond to outbreaks of communicable diseases.	
Service delivery reforms and improvements	Ensure operating standards include the identification and management of middle ear disease and associated hearing loss as a priority health condition in geographical areas with a high proportion of Aboriginal and Torres Strait Islander children, including establishing referral processes with local healthcare providers.	
	Implement effective practice approaches and modifications to support children with developmental impacts from middle ear disease and associated hearing loss.	
	Trial, test and introduce new teaching practices and modifications/adjustments to enhance the listening, language, learning and play skills of children.	
	Adopt cost-effective options to upgrade, refurbish and modify existing facilities to improve the listening (acoustic) design environment to meet national standards.	
Training and workforce development	Provide workforce training and professional development opportunities for early childhood education and care providers to identify and manage the impacts of middle ear disease and associated hearing loss on childhood development.	

Further information about middle ear disease, associated hearing loss and developmental impacts can also be found at the Children's Health Queensland Hospital and Health Service Deadly Ears program website: https://www.health.qld.gov.au/deadly_ears/

IT'S OKAY TO PLAY!



Rebecca Sabo
Early Years Leader
Docklands Children's Program
Gowrie Victoria

"Imagine all the people, living for today..."

(John Lennon lyrics from "Imagine")

Wait! Me? But I need to document the children's learning and ensure their health and safety. How will I manage their behaviours? What if something goes wrong?

An often forgotten topic in early childhood education and care is the educator's role in imaginative play. It can be somewhat confronting for educators to feel they too have a part to "play", so to speak, as so frequently educators' minds are consumed with thoughts like - observing, documenting, supervising, timelines, emails, deadlines, and so on! However, it is important to realise just how truly important it is to just 'be'! Be in amongst it, be one with the children, be in that moment and give your everything to define what it means to be a good early childhood educator, by letting go of what you 'think' you should be doing, compared to what you 'know' you need to do.

When Sarah Young, PhD student and highly experienced early childhood drama teacher, visited Gowrie as part of her PhD research, her visits got me thinking about this topic. Sarah's task was to observe 'Imagination and the teacher's play pedagogy' and I was the participant amongst a group of 15 children in a simple, uncluttered setting across three, one-hour sessions each week.

In each session or, "Play time with Sarah", aptly named by Flynn, we required three very important resources: an empty room, bare feet, and permission to allow our imagination to launch us into another realm of being. For us, our alternate universe turned out to be the Octonauts' launch pad. In this universe a series of adventures occurred

that required the children to explore, rescue and protect their peers, Sarah, or myself. We all shifted between character roles without the use of costumes, backdrops or sometimes even without props, while the props that we did use were mostly impromptu and basic day-to-day items. For example, in our first session I grabbed a dinner plate from our self-help area to use as a 'computer' to hack into the Octonauts' system. A dinner plate, you ask quizzically? Yes, and while I had my back turned from the children for that split-second (you may need to also let go of your need for constant surveillance of the group) and 'typed' away furiously on my dinner plate I had one of those 'Aha!' moments. I realised that through my own full participation, enjoyment and engagement of the play scenario, I had 15 preschool children also fully reciprocating how I felt - engaged, listened to and respected. They discussed with one another a rational hypothesis as to why I (the despondent character, Dashi) had stolen the Octonauts' computer. It almost seems like an early childhood educator's dream right? Well, if you're playing with your imagination, then your dreams really can come true.

Beyond the pure enjoyment that comes from dramatic play involvement are the learning benefits reaped, not just for the children, but just as much for the educator/s involved. Together they can build on their capacity to have warm and engaging relationships with one another as they work

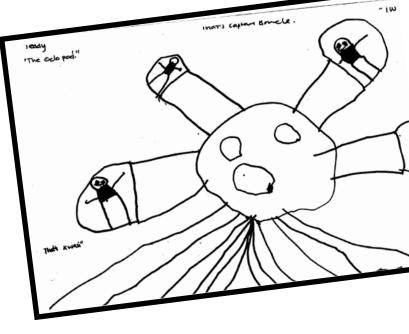
together in problem-solving, share a mutual trust and respect, have a greater sense of knowing each other's interests, and effectively communicate to each other. This type of interaction removes the need for managing any challenging behaviours as it breaks down the teacher-student paradigm into a new structure, enforcing an equal status in play. Furthermore, imaginative play can push the boundaries of these paradigms to represent and acknowledge the child as a 'virtuoso' when using the mantle of the expert theory, which is when an adult takes on a character role that is a lower status to that of the child's (Hendy and Toon, 2001). For example, the child is the doctor and the educator is an ill patient, the doctor tends to the patient's needs with their 'expert' knowledge.

The learning for the child through the use of dramatic play is tremendous and is evidenced again by Hendy and Toon (2001, p.34) who summarise this succinctly by stating that by "engaging children in strong 'pretend self' experiences, both in socio-dramatic and thematic-fantasy play we are providing an effective mode that can develop both cognitive and affective learning." Fleer (2011) goes further suggesting that the learning for the child actually extends even beyond the preschool classroom claiming "play-based programs which support imagination will make a difference to children's capacity in existing and future cognitive tasks, including priority areas such as literacy and numeracy". All of this suggests that participating in imaginative play with your children can support positive outcomes in their development and should be viewed as a vital component in a play-based preschool setting.

In closing I would like to leave you with some tips to support imaginative play scenarios within a preschool classroom setting:

- The rule of thumb when it comes to toys and props is, the older the children, the less realistic the props, so that in a 4 year old classroom you would want to see more props that children have re-purposed or made by themselves.
- Opportunity for this style of play should be provided in a block of at least 30 minutes a day (longer in full-day programs), uninterrupted by lessons or teaching activities. Two 15 minute play times are not the same as an uninterrupted 30 minutes.
- Educators should support children's play by modeling different roles and by helping children think of what might come next. The educator's role is to step out once children get their pretend ideas going.
- While supporting the children to resolve social problems that may arise (for example, if a number of children want to play the same role, or if there is an argument over an item), the educator should also support children to resume their play after it is interrupted.

(Adapted from "Tools of the Mind")

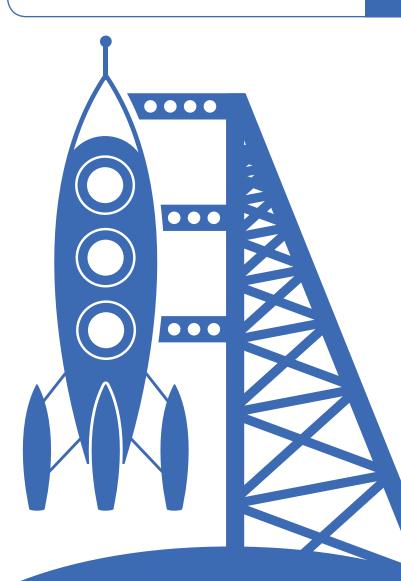


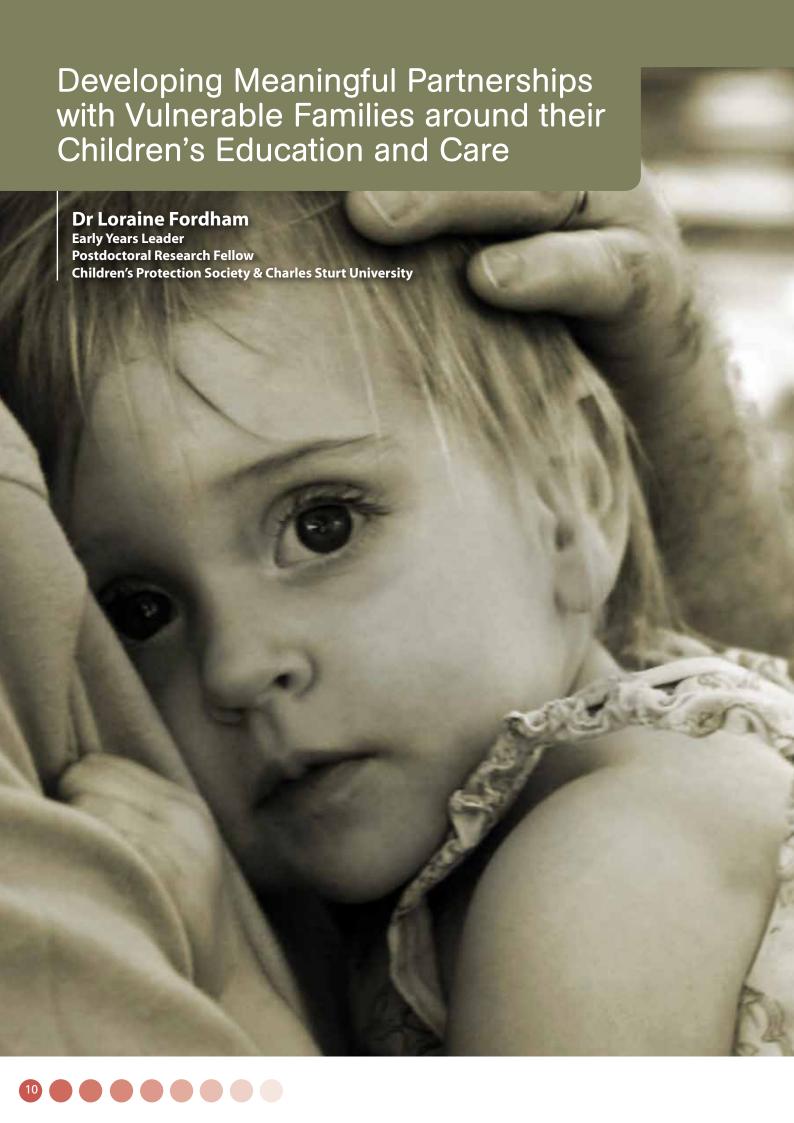
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While there is evidence to suggest that universal early childhood education and care (ECEC) services are trying to engage with vulnerable children and their families (Skattebol et al. 2014), the literature also indicates that some of the most at-risk children and families do not or cannot avail themselves of universal ECEC services (Winkworth, et al. 2010). It has been suggested that ECEC programs that specifically focus on vulnerable families may provide two useful solutions to this problem (Lord, Southcott & Sharp 2011). Firstly, targeted services may ensure that some of the most vulnerable children and families will be connected to services that are designed to support them. Secondly, they may also be able to assist the universal ECEC sector by sharing how they successfully sustain the engagement of vulnerable families with their services. It is the latter point that this article seeks to address, by sharing how one ECEC program that is targeted to vulnerable children and families develops meaningful partnerships with parents around their children's education and care.



The Early Years Education Program (EYEP) is an ECEC program provided for children who experience significant family stress and social disadvantage, and who are currently engaged with family services or child protection services. It is operated by the Children's Protection Society (an independent, not-for-profit child welfare organisation) in a purpose-built children's centre located in a low socio-economic, high-need area of North-East Melbourne.

In this community almost a quarter of children (23%) enter school developmentally vulnerable on two or more domains of the Australian Early Development Census (AEDC 2014), a figure that is more than twice the national average (11%). It would seem there is an urgent need to support the development and wellbeing of the young children who live in one of Australia's most disadvantaged communities. The children attending the EYEP receive 25 hours of high quality education and care every week for 50 weeks of the year for 3 years. A key aim of this program is for these children to enter school developmentally equal to their non-disadvantaged peers.

An in-depth, longitudinal, qualitative study is evaluating this program. The main purpose of the research is to share the findings with the universal ECEC sector in order to increase the capacity of other children's services to support the participation of and engagement with vulnerable children and families.

There are two key strands to the program:

The education model is child-centred and pedagogically driven, and is informed by Belonging, Being and Becoming, The Early Years Learning Framework for Australia (EYLF; DEEWR 2009). The children's skills, interests and experiences are supported and extended through the five learning outcomes of the EYLF.

The care model is an attachment-focused, trauma-informed, primary care model. Every child is allocated an educator who is that child's primary carer. The aim of the primary care model is "to encourage the fostering of significant attachments for children who are likely to be experiencing disrupted or compromised attachment relationship in their home environments" (Jordan et al. 2014, p. 968).

Practices that support the development of meaningful partnerships with vulnerable families

In this centre relational pedagogy underpins all interactions between educators and children, between educators and parents and between educators and educators. Relational pedagogy acknowledges the importance of educators being intentional about their work with children and recognising the centrality of relationships for learning (Papatheodorou & Moyles 2009). In addition to the child-centred practices that are the program's primary focus, there is a strong emphasis on sustaining parental engagement. A child's primary carer develops and maintains trusting relationships with the child's parents or carers.

Two of the centre's practices that appear pivotal in building successful, ongoing partnerships with vulnerable families are:

- A gradual process of child and family orientation into the centre;
- Education and care plans which see educators and parents collaboratively reviewing children's progress every 12 weeks, and setting new goals.

Gradual orientation to the centre

What is it?

Each child and family has an orientation and participation plan that is developed between the child's primary carer and the child's parent(s). The purpose of the plan is to ensure that the child's transition into the centre is in their best interests, is thoughtful and occurs gradually over a period of weeks and months. For children under 12 months, the process may take up to 12 weeks, and for children over 12 months it may take up to eight weeks. Educators and parents review the plan together at the end of each week. An infant mental health professional also supports the planning and processes involved in a child and family's orientation into the centre.

How does it work?

The child's primary carer and the child's parent(s) arrange a suitable time for the child's first visit to the centre. The child and parent(s) come and stay for a couple of hours and are introduced to educators, parents and children and get to know the centre. Typically, the child and parent leave before the other children in their room have lunch, and they can repeat this for several days. When the child and parent/s are feeling more comfortable they might stay for lunch and eventually the child stays for a sleep or rest, with the parent settling them down and staying beside them so that the child feels safe. Then the parent might leave the child to sleep by themselves but will still be available in the building, until both educator and parent(s) agree that the child is fully oriented into the program and ready to stay for a full day.

How does this process help to develop meaningful partnership with parents?

There is no rush to move a child and family through the orientation process and so the slow transition into the centre supports children and their parents to gradually build trust with educators and settle into the new setting. Educators have time to listen to parents' concerns and hear their stories, and they can also observe how the child and parent interact, answer questions, provide information and model positive practices in a warm, gentle, consistent manner.

Even when their children are fully oriented into the program the parents are welcome to stay in the centre each day for as long as they like. They can stay for meals, participate in play activities with their children or use the parent resource room. This gradual process of orientation is much easier when parents are not working.

Education and care plans

What are they?

Once a child has completed their orientation into the centre and both child and parent(s) are settled, the child's primary carer (educator) arranges a meeting with the parent(s) and together they develop an Education and Care Plan. Family caseworkers may also attend this meeting but it is the parent(s) and educator who develop the child's education and care goals. Children's plans are reviewed every 3 months to ensure the relevancy of the education and care goals.

How do they work?

Each meeting is held at the children's centre and commences with a review of the child's progress, as well as a discussion of their skills, achievements, interests, and any significant changes that may have occurred or are occurring in the children's and families' lives. Educators also use this time to share the child's portfolio with the parent(s). The progress of previous goals is discussed and then new goals are identified, clearly linked to the EYLF learning outcomes, along with activities and actions that will be taken to achieve the planned goals. Parents are encouraged to identify their goals for their children.

After the meeting, the outcomes are typed up as the new Education and Care Plan and all parties participating in the review sign it, before copies of the plan are given to those present. Subsequently educators write up each goal in detail on an Individual Learning Development Record, which clearly identifies the strategies, experiences and materials that will be employed to meet every goal.

Example

Part of an Education and Care Plan for a child aged 5 years:

Previous Goals	Progress
To continue to extend the child's learning in all areas of the curriculum. EYLF Learning Outcome 4: Children develop dispositions for learning such as curiosity, cooperation, confidence and enthusiasm.	Child is a very keen learner. Child is keen to share thoughts and knowledge. Child is creative and enjoys making 3-D objects at the pasting table. Child has learnt to draw recognisable people and objects such as trees and flowers. Child enjoys teaching peers how to draw people.

Discussion

Educator and parent have both noticed that recently the child does not want to attempt new activities especially if the child feels that they can't do the task perfectly. Sometimes the child gives up on an activity and appears sad. This also happens at home.

New goal (Link to EYLF Outcomes)	Activities / Actions to achieve this
Help the child to break down new tasks into small components	If educator notices that the child is not managing well with a new task, encourage the child to use a "work in progress" card to give child's brain a rest. Encourage the child to return to the task later.
EYLF Learning Outcome 4: Children develop dispositions for learning such as curiosity, cooperation, confidence and enthusiasm.	Parent can use the words "Give your brain a rest" at home, so that child does not lose confidence in trying a task again.

How does this process help to develop meaningful partnership with parents?

In these 12-weekly plan and review meetings, the educators share accurate and unbiased information with the parents in ways that enable the parents to understand their children's progress and needs as well as share their own ideas for new goals and strategies that might help to achieve them. Meaningful partnerships are developed when parents' views are listened to, when their knowledge is treated respectfully and inclusively in the goal setting process, and when they are seen as their child's most important educator as well as capable contributors in their children's lives.

Conclusion

At the heart of any meaningful partnership is a positive, respectful, reciprocal, trusting relationship. Developing meaningful partnerships takes time, lots of time. Skills such as listening, caring, not judging, not jumping in and giving advice but sharing information when it is requested, are key to their success. There are of course many ways that educators can develop positive partnerships with parents, but it is hoped that the two strategies shared here might be useful for others in the ECEC sector who are working with vulnerable children and families.

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Sensory Play and the Magic Behind the Mess

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Sensory play is such a vital part of infant's, toddler's and young children's learning, but it can easily be overlooked and, at times, completely undervalued. Exploring through the senses is embedded in development from birth as babies use motor reflexes and their senses to build their knowledge of the world (Morrison, 2000). As adults we sometimes need to be reminded to look for new avenues and experiences to reintroduce ourselves to the world that is our senses.

Most adults take these senses for granted but educators need to remember that children are still coming to know and recognise most of their senses. As children mature into adulthood a new sensation, such as a noise, smell, taste, feeling or sight may represent something exciting, or possibly concerning, but past experiences assist us to make sense of what the new sensation could be, or is, and the information is processed into context. Imagine a child, without any past experience or information, trying to make sense of something for the first time - a baby's first taste of food, hearing a voice or noise, or touching grass. Experiences that stimulate the senses strengthen a child's brain and create neurological pathways important for learning (Gainsley, 2011). Children come to know the world around them by exploring using all their senses and this is essential to cognitive development (Moyles, 2012). As educators we need to make fun and magical sensory play an everyday experience.

Cognitive development for the very young child relates to a child's study of "knowing" (Moyles, 2012); it emerges through children's first hand exploration of their environment and lays the foundations for further learning. But when it comes to messy sensory play, we may hear exclamations such as, "We don't have time!" or "It's too messy!" But the clean up and tidying process is a wonderful learning experience on it's own and can be an extension of the sensory play activity. It also provides opportunities for children to work together and take responsibility for their learning environment and themselves by cleaning up after the activity. Messy play can be time consuming, but children's play does not run on a schedule and we need to be flexible in our approach and, when necessary, rearrange routines or schedules to accommodate and extend children's play based learning. This may mean that we leave the perceived mess and revisit it later, if resources support that. If children are engaged and interested in the messy activity, and learning experiences are evident, it is important to support children's learning. Let the children's interests evolve and expand, and celebrate that their senses will be expanding and evolving too.





Some sensory and messy activities may seem too basic to be important. A baby lying on grass for the first time, or feeling the wind outside are simple occurrences, but it is experiences such as these that lay the foundations for children's learning and development. A baby may find new experiences confusing and this may give rise to feelings of uncertainty (Doorley, 2015) and some babies, in particular, will need to be supported and reassured while they accommodate and adjust to new experiences.

As babies and infants become more comfortable and familiar with their senses, educators can provide more in-depth and intentional sensory opportunities. Playdough on it's own is a great and easy way to introduce something new to children's senses. By adding different colours, smells and textures we are offering children new tactile and sensory learning experiences. Providing tools for the children at the dough table is a good extension to the experience, although we should never underestimate the abundance of learning that takes place when children manipulate dough with their hands. Playing with the dough contributes to developing hand muscles and other fine motor skills. Supporting children to use words to describe the motions they are using such as squeezing, squishing and rolling and to talk about what they are feeling helps to extend children's vocabulary and to verbalise their ideas.

Supervised water play is 'awash' with experiences for developing children's senses as well as providing opportunities for learning in other areas. Using measuring cups in water play contributes to children's awareness of mathematical theories, such as how many cups of water fit in the bucket and what cup is bigger and which is smaller. By asking open-ended questions during these activities, educators provide children with opportunities to create their own theories and by observing children's participation in an activity, learning experience can be extended. Just as with playdough, educators can add colours, smells and textures to provide points of difference. Water play is very versatile and can be adapted endlessly. By adding whales, turtles and fish, we can extend the learning to be about sea animals. By adding dolls, clothes and towels we can extend the learning experience in another direction. By providing a trough full of water (or access to a hose) and watering cans, we can provide opportunity for children to explore and water the garden, therefore encouraging children to care for their natural environment and contribute to sustaining the environment.

Sensory play is something that can be provided each day allowing for open-ended participation. The magic of sensory play is that it is something that is continually evolving, to suit any environment or age, and can be integrated into every child's learning interests. Opportunities to engage senses are present everywhere, from the smell of lunch cooking, the sound of the rain on the roof, the feeling of sand between toes, to the sight of a parent collecting a child at the end of the day. Senses and sensory play contribute to many learning outcomes outlined in the Early Years Learning Framework. Let's all take time to smell the roses, listen to birds and watch the beauty of a child engaging in play. And in relation to messy play, lets make the fear of mess a thing of the past. Let's embrace the magic of senses and of messy play, and spread that magic around.



Advocacy is an integral component of the professional identity of educators. Advocacy for child rights can be recognised in quality daily practices in early years settings. Meaningfully advocating for child rights requires commitment, communication and a highly developed culture of critical reflection. Placing child rights at the centre of service philosophy, planning and pedagogy supports a fertile environment where awareness, attunement and action become the bedrock of everyday practice.

A child's day in an education and care setting is a constellation of play, learning, interactions, decisions, ideas, sharing and growing.

Each child's experience of child rights throughout the day can include:

- key adults interacting respectfully and mindfully with them;
- child needs guiding the pace and time of routines and interactions;
- adults respecting and safeguarding a child's right to personal dignity;
- communication that portrays children as competent, strong, intelligent, caring, enterprising and joyful.

While child rights apply to all children equally, children will experience child rights in various ways. Considering the needs of infants and toddlers, Toni Christie founder of Childspace New Zealand, reminds us that "respectful practice involves stepping out of personal rhythm and pace and adjusting to that of the infant" (2014). Thus a baby's experience of child rights could be the attentive educator who, through purposeful conversation with the child's parents, demonstrates respect for the child by replicating

home care routines as much as possible in the early childhood setting. Critically reflecting on curriculum decisions and pedagogical practice is one key to recognising where child rights can be advanced in your service.

Observation and documentation of children's learning is an everyday process for educators. As the different styles of documentation practice take place, it is worthwhile to question whether child rights are visible in these processes.

To "protect and enhance children's rights through consultation with them, adults should ensure that children have:

- safe spaces: in which to share their ideas without challenge or critique;
- privacy: ask children for permission to document/record what they say;
- ownership of their ideas: ask children to display and/or share their ideas and understandings with others;
- appropriate equipment [methods]: with which adults can care for children's work in ways that shows that their voice is important and respected"

(Smith cited in Centre for Equity and Innovation in Early Childhood, 2003, p.17).

Every service will have individual responses to child rights advocacy and how this is showcased. For the preschool child, it may be that your service is becoming more attuned to promoting each child's agency. By acknowledging that children "have capacities and rights to initiate and lead learning and be active participants and decision makers in matters affecting them" educators are supported to reflect on the curriculum and provide ongoing opportunities for children to actively influence the program (Department of Education, Employment and Workplace Relations, 2010, p14).

Miriam Giugni takes another step in critically reflecting on everyday documentation practices and their possible intrusion on child rights. For example, while recognising the benefits that photos of children can bring to our understanding of their learning, Giugni (n.d., p. 22) poses these questions:

- Do you seek children's permission to photograph them? If so how?
- If you interrupt children to ask for permission to photograph is the moment still an authentic learning moment?
- How do you ask children under 2 years for permission to be photographed?
- What if children change their minds about being in a photograph?
- Which experiences/ideas/issues are represented in photographs and which are invisible?
- What would your daily experience feel like if people took your photograph while you were working?

Resources

Here are some further resources to provoke thinking, inquiry and conversation about child rights and advocacy in your setting:

Involving Children in Decision Making – A Quick, Practical Guide can be downloaded from the publications page of the Commissioner for Children (Tasmania) website www.childcomm.tas.gov.au

UNICEF produce a range of resources dedicated to child rights, including *Child Rights Education Toolkit: Rooting Child Rights in Early Childhood Education, Primary and Secondary Schools* (First Edition). Download a copy from the **UNICEF website www.unicef.org**

Early Years Learning Framework: Perspectives on Pedagogy discusses the implications of child rights and advocacy on pedagogy and curriculum decision-making. Download a copy from the South Australian Department of Education and Child Development website www.decd.sa.gov.au

Child Rights Y-Chart

One method to illuminate how child rights are supported in your setting could be using a 'Y-chart' (see diagram) as a simple demonstration of how children experience child rights every day.

Gaining the views of children, colleagues and families will provide an authentic overview of child rights in action and provide a springboard for ongoing critical reflection about child rights advocacy.

This chart could, for example, be offered as a provocation in a staff meeting or in a meeting with the educational leader and key educators.



Consider:

If we truly believe Rousseau's (1979) view that "childhood has its own way of seeing, thinking and feeling" we might be challenged to recalibrate many of our ingrained ideas and practices and to authentically champion child rights every day.

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Our Little Linguists: The Benefits of Celebrating Linguistic Diversity with Young Children Jacque Centre M Murdock Child Ca

Jacqui Cannon

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It is no secret our team at Murdoch University Child Care Centre are tremendously proud of our diverse cultures and languages.

"Now, I want to count in Russian" says Igor, at group time. "We have to do Italian first", replies Samuele.

We have been working hard at increasing our multi-lingual pedagogy for over five years. But why have we spent so much of our time exploring each child's language?

Why Develop a Multi-lingual Program?

Underpinning our shared excitement about language is the team's hard work in helping each child develop a sense of belonging to their group. We are all familiar with the fact that people (big and small) will not feel comfortable to share themselves, until they feel a sense of belonging and value.

This focus is part of our work on meeting the Early Years Learning Framework (EYLF) Outcome - EYLF 1:1 "Children have a strong sense of Identityfeeling safe, secure and supported". It also provides opportunities for us to express the National Quality Framework (NQF) standard 5.1.1 "Interactions with each child are warm, responsive and build trusting relationships".

When a child hears or speaks a language other than English, at home or in their extended family, our Early Childhood Educators find ways to share the child's experiences of language to enhance each child's sense of belonging. Educators miss a lot of a child's identity (getting to know the child and their experiences) if they don't make some language connections. Affirmation of each child's language and culture can be easy when this is a natural extension of the child's outgoing nature, but for others, a lot of support is needed for them to share their home experiences with their group. For some children, the affirmation of their language will 'make or break' their success in the educational context.

How do we begin our exploration of languages?

Our first step was to explore the languages represented in our staff. Although we already had some languages other than English amongst the staff, we have worked hard to make sure that we include bilingualism as a criteria for selecting staff. Currently, many of our staff are bilingual or multilingual, with the following languages represented: Hindi, Malayalam, Sinhalese, French, Bengali, Maori and Bahasa Indonesian.

We have fostered the core skills of **curiosity and interest in language** amongst the educational team. We have had many chats comparing and contrasting our languages. We practice pronunciation and laugh a lot about similarities and differences. It can take a bit of time and work to create the kind of team culture which fosters this kind of sharing. It is essential that all staff members feel welcome and a strong sense of belonging and value to the team.

When the team is interested and excited about languages, this becomes part of the service's culture and it allows bilingual team members to role model pride in language and culture.

It is probably less well known that the children are very excited to share their languages with each other!

At the moment, our kindergarten group is focusing on multi-lingual numeracy. At each kindergarten session, the children count and do some simple addition. This is also done by each child, in their home language. The striking thing about this part of the program is the children's excitement about their own language and the languages of others. Even very shy children are now counting and adding in the following languages: Russian, Italian, Bahasa Indonesian, Mandarin, and Malayalam. Initially, the shy children observed, later counting silently in their home language and later still, whispering the results to the teacher, who repeated this to the group.

Sometimes, we are fortunate enough to have 2 children in the same group, who share their language. In the Amici (our 2 -3 year old) group, there are friends who share Vietnamese and friends who share Farsi. The group also sing and count in French, Mandarin and Bengali.



What better way to address NQF 1.1.2 "Each child's current knowledge, ideas, culture, abilities and interests are the foundation of the program" and EYLF 1.3 "Children develop knowledgeable and confident self identities", than to explore each child's experience of language.

Our Sitaray (babies) group are speaking and singing in Mandarin and Farsi. The educational team find that the babies settle in and develop a strong sense of belonging, if the team uses familiar words in the child's home language. Sometimes we have to fight our (Australian cultural) urge to avoid practising pronunciation of each word that is new to us. By practising new words with family members, we are sharing a moment where they are the experts and we are the students. This can only enhance our relationships with families (NQF Quality Area 6). Practising pronunciation also improves our accuracy when sharing these words with children (making us understandable!) It is especially important to practise the pronunciation of people's (big and small) names until we can pronounce them as their speakers pronounce them. Doing this consolidates our work with EYLF 1.1 (Facilitating children's development of a strong self-identity).

You may ask, "What are the children learning from this?" Most importantly, the children are learning that the acquisition of language is one of the most complex achievements they will experience. Each time a child utters a word or sentence, they are using most parts of their brain, strengthening the neural pathways, developing concepts, mastering narratives and enhancing relationships (Makin, Diaz, McLachlin, 2008, p. 206). When two or more languages are developing, children are developing more cognitive flexibility. At the same time, they are developing facial, throat and nasal muscles and learning to co-ordinate these to create specific sounds. On top of all this, languages are the portal into all histories and cultures - and all the learning that comes with this. The children also learn that although each of us is different from each other, we are all similar in our use of language.

In their small groups, the children are developing awareness that the language experience is different for each of them, and there is a richness and social intimacy that can develop when different languages are shared and explored. The children coach each other to get the sounds of their language right. Some of the children can be found experimenting, on their own, with new sounds from new

languages. The kindergarten children are very proud that they can name each child's home language and speak some words in each.

From an educational point of view, the main advantage of multilingual curriculum is the development of auditory acuity. The children in our groups have to listen with concentration, to hear the nuances in sounds in unfamiliar languages. This skill reaps great rewards in their developing phonemic awareness, which educational research assures us results in better outcomes in literacy development (in English or any other language). We all know that successful literacy development opens up the world of reading, research, entertainment, and academia (Makin, Diaz, McLachlin, 2008, p.20). This allows us to address the foundation English language skills of the Australian Curriculum (Australian Curriculum, 2015).

As I write this, Igor and Samuele (our children quoted at the beginning of this article) have counted in each other's languages at their morning meeting. It is clear that they have spent time practising Russian (as an Italian and English speaker) and Italian (as a Russian and English speaker). They are both confident that this skill is valued and have confidently (and rather smugly, I might add) shared this with their teachers and their peers.

So, if you are ever in doubt about continuing to speak your first language with children, or encouraging staff or children to share their first language, remember all the advantages that this provides for the children, their friends and families.

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National CONFERENCE UPDATE





Summer 2014



Autumn 2015



Winter 2015

Inclusive Directions and Gowrie SA

Inclusion Matters Conference Series
18 September 2015 (4 March & 26 August 2016)
Pavillion on the Park, South Terrace, Adelaide
www.directions.org.au/events/conferences/

Gowrie Victoria PSC

Children in the Driver's Seat 22 September 2015 Melbourne Museum

http://www.gowrievictoria.org.au/Learning/EarlyChildhoodEducationandCareConference

Gowrie NSW & Macquarie University 2015 Infant and Toddler Conference

Practice, Pedagogy and Research 25 - 26 September 2015 NSW Teacher's Federation Conference Centre, Sydney, NSW http://www.infantsandtoddlers2015.com/

The University of Wollongong Inaugural Early Start Conference

Improving Children's Lives: Translating Research for Practice, Policy and Community 28 – 30 September 2015
The Early Start Facility, University of Wollongong http://earlystart.uow.edu.au/conference/index.html

CREATE Foundation

Youth for Change: creating a better future 2 – 4 October 2015 Brisbane Convention and Exhibition Centre http://youthforchange.create.org.au/

Australian Association for Infant Mental Health Inc. National Conference 2015

And father makes three: family inclusive practice 29 – 31 October 2015 Scientia Conference and Events Centre, Kensington http://aaimhiconference.org/

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Promoting and supporting quality services for all children.

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