

Childcare

and Children's Health

A national program developed by the Centre for Community Child Health at the Royal Children's Hospital in Melbourne with support from Johnson & Johnson. This publication promotes current expert advice on child health and wellbeing and current policies and practices for those who work with young children and their families.

Using the Early Years Learning Framework

The new national Early Years Learning Framework (EYLF) provides guidelines for early childhood educators, and describes five learning outcomes for centre-based or home-based settings. The EYLF has three components: principles, practices and learning outcomes. Interwoven throughout the discussion of these components are motifs of belonging, being and becoming.



Early Years Learning Framework 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

The learning outcomes described in the EYLF:

- recognise that young children learn through play
- highlight the value of *planned learning* with the 'deliberate, purposeful and thoughtful' approach that characterises *intentional teaching*
- emphasise the importance of the *nature and quality of relationships* between young children, their carers and educators.

Belonging is about young children knowing where they belong and with whom.

Being is about the importance of the experiences of childhood for their own sake, not just as preparation for later development or adulthood.

Becoming is about the growth and changes that occur in the early years and how these are shaped by experiences.

This article considers Outcome 1, with a focus on play in the birth to three age group.

Birth to Three

In the first three years of life, all areas of development are intertwined, so separating different aspects of learning and development is to some extent an artificial exercise. From birth, children are social beings with a need for meaningful interactions. They are active communicators, born with the capacity and drive to initiate communications and respond to others. And they are movers and doers, discoverers and explorers (Manning-Morton & Thorp, 2003). At this age, play is literally the work of making sense of their social and physical world.

Babies and toddlers engage in three major types of play during the period from birth to three. These involve sensory exploration (mouthing a rattle); imitative play (such as talking on a toy phone); and symbolic play (such as using a block as a phone). These play experiences give babies and toddlers valuable information about their world and what is in it, as well as the effect they can have on their own experiences and the objects with which they interact. Parents and educators help young children to understand their own actions and experiences through being a play-partner, commenting on and asking questions about their play, and by being physically close and showing interest.

Since activities and toys are not essential for play, children's play occurs anywhere and everywhere. Responsive parents and educators provide a learning environment that allows children to explore. They use interactions to intentionally and spontaneously extend the child's thinking, which acknowledges that babies and toddlers learn from every experience and every interaction. Responsive and sensitive educators use their relationships with babies and toddlers to weave learning through young children's interactions with others and the environment. In an Early Childhood Education and Care program it is important to consider how the routine supports (or hinders) educators to develop genuine relationships and attachments with babies and toddlers.

To expand opportunities for learning, responsive educators – sensitive to each individual baby's or child's interests and needs – follow the child's interest to build upon and support their learning. Responsive educators pick up on the young child's cues, for

example, following a baby's line of vision to the moving hanging mobile that has captivated his attention, and showing the baby that this is a shared experience and one that the educator can extend to support the baby's learning. Opportunities to extend an experience with a hanging mobile may include a relevant book; or exploring trees with the child; or finding fabric to blow in the wind. These experiences will always involve the educator using language and songs relevant to the experience ('wind', 'blowing', 'floating in the breeze', 'the breeze feels cold on my skin' etc) to help the child's emerging understanding of the world. The shared pleasure of the experience and the excitement the baby feels when their interest is recognised and valued helps build an interest in learning and confidence in further exploration.

The role of the educator in supporting children's learning through planned learning experiences and intentional teaching is clearly linked to the learning outcomes described in the EYLF. While all aspects of development are intertwined, focusing on the different learning outcomes identified in the EYLF helps make planned learning/intentional teaching both conscious and explicit.

Belonging

Through play, young children learn about themselves and others. Relationships are the foundation of all development and are particularly crucial to the identity at the heart of *belonging*. Identity is about negotiating and building answers to the questions of 'Who am I?', 'Where do I belong?', 'Who do I belong with?'. The answers to these questions express a sense of self, (how am I valued? how do I value myself?) and self-efficacy (what can I do? what effect can I have on my world?). Young children need meaningful, positive experiences to build a sense of being valued, and they need play that allows some control or mastery to be developed for a strong sense of self-efficacy.

Allowing young children to pursue their own play interests is important in developing this sense, especially once educators become attuned to the baby's or toddler's 'rhythm' (Raikes & Edwards, 2009). Identity is nurtured through predictable responses from the educator. Positive attachments are also nurtured through these interactions.

In the early years, shared care between parents and educators extends the number and range of sustained and supportive relationships experienced by the young child. The care environment should provide things the young child can identify with from their home environment (music, fabric, language etc.), and the representations of people and families presented in the care setting (images, dolls etc) should allow each young child to recognise their own family.

Photos of family and special friends/pets are an important feature in any early childhood environment. They provide children with a connection to their loved ones and when an educator says 'I can see you're missing mum, would you like a cuddle? Mum misses you as well. She told me that you really like a story when you feel upset', they are reassuring the child that mum is also thinking of the child. The child is also reassured that their needs will be met and they are secure with this educator and in this environment, so they are more likely to engage in play and to explore (Raikes & Edwards, 2009).

Being

Being, with its emphasis on the 'here and now' shifts the focus from regarding play as the 'work' of childhood, to the fact that play should also be intrinsically pleasurable for young children. The opportunities for play that captures this intrinsic pleasure are everywhere. Taking the time to 'be' can be challenging during a busy infant/toddler day. Making time to sit back and observe other children, or sing finger plays together, creates moments when young children 'build and maintain relationships with others' (EYLF, 2009, p.7).

Play, in relation to *being*, is playful and that is its primary purpose and value. How the play is offered (invitingly set up, via emotionally and physically available educators) and allowing children appropriate freedom and choice, recognises that play is natural for young children and an important part of every day (Stonehouse, 1999). Responsive educators are sensitively attuned to, and genuinely enjoy, sharing experiences with children but they are also aware of the contribution play makes to child development.

Becoming

Young children develop theories, understandings, questions, and ways of being and relating through play. What, how, when and with whom they play contributes significantly to changes in young children's identity, knowledge, understanding, capacities, skills and relationships. Planned play-based learning and intentional teaching using play are essential to fully optimising the potential of *becoming*. A program that is responsive to children's interests and offers levels of play allows children to become deeply and meaningfully involved. Allowing plenty of time, or being flexible with routines so that engaged play can continue, enables educators to successfully extend and challenge children's thinking through questioning, explaining, speculating, and sharing (EYLF, 2009).

Final thoughts

It is especially important for educators to respond to, and participate in the interests and play of babies and toddlers (child-initiated, rather than adult-initiated play) as this is the most appropriate and natural way for young children to develop mastery over their emerging skills (Stonehouse, 1999). An environment where challenges are balanced with opportunities for success is an important partner to the techniques mentioned above.

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- Zero to Three – "Play" www.zerotothree.org
- QIAS – Quality Area 3 and 4*
- FDCQA – Quality Area 3*

Using the Early Years Learning Framework to Help Babies and Toddlers Develop a Strong Sense of Identity: Case Study

Anne Stonehouse was a member of the core writing group in the consortium that developed the Early Years Learning Framework (EYLF). In this case study we asked Anne about her ideas for how educators might start using the EYLF to support and strengthen the development of identity in babies and toddlers.

Anne: The intention of the EYLF is to provide a guide, a resource or tool to provoke discussion and invite educators to look at their practice and think about what they do. The first step is to be familiar with the whole document. Next, rather than asking 'What can I do differently?', you might begin by identifying something that particularly interests you, or an area of strength. Then look at the EYLF to see how it may help you to think about that area differently.

The first EYLF learning outcome is 'Children have a strong sense of identity'. How should educators use the learning outcomes?

Anne: The learning outcomes in the EYLF are intentionally broad – they are not end points but rather areas of learning that are important for young children to make progress in and educators to provide for. Outcome 1: *Children have a strong sense of identity* is not an achievement that we tick off from a list, but rather an area for consideration in all aspects of our practice.

What does this mean for what I might do in my practice?

Anne: Identity is about learning about yourself, learning who you are and where you belong. You learn about your own identity from the messages you get from others. Two of the most important messages about identity that we want children to receive are:

1. I am valued for who I am, and people take pleasure in me
2. I can make a positive difference

As educators we need to find ways to convey those messages. We want young children to develop a strong positive sense of identity around: *me*, the unique individual; *me*, the valued, contributing, competent person; *me*, the person who belongs with these people, communities and groups.

Can you give some specific examples of what educators can do?

Anne: To support a strong sense of identity in babies and toddlers; educators can

- show delight and pleasure in young children, these are messages about being valued and welcomed
- respond and react to achievements (whether it's feeding themselves or managing to climb up one step) in ways that make sense to babies and toddlers, this fuels the development of a sense of competence
- acknowledge and show respect for the family, cultural and community backgrounds of children (e.g. by displaying and referring to photos of each child's family), the child's identity is supported and validated
- find ways for toddlers to contribute to the wellbeing of the group (e.g. through the creation of a group painting or helping to prepare afternoon tea), this builds a sense of 'I'm a valuable member of this community' (a Family Day Care home or an early childhood centre)
- nurture individual qualities and interests (e.g. a special interest in and enjoyment of music), children's sense of identity is strengthened
- provide choices that recognise and respond to their uniqueness (e.g. around how daily routines such as eating or sleeping are carried out), this can help young children feel respected and valued.

A Message for Adults about your Immunisation Status – Are you ‘At Risk’ of Whooping Cough or Other Vaccine-preventable Diseases?

“Whooping cough...is a childhood infection most of us thought had been stamped out years ago, along with polio. In the past year 27,000 people across Australia have contracted whooping cough, three times the level of the previous 12 months. NSW is responsible for the biggest single outbreak... More than 10,000 cases have already been reported in the eight months to the end of August.”

The Australian, 12 September 2009

As adults we do not often consider our immunisation status. However, this recent newspaper article highlights the risks both adults and children face from vaccine-preventable whooping cough, and other diseases. Long-term, community-based immunisation programs have succeeded in significantly reducing the incidence of infectious disease in our communities. Infectious diseases such as diphtheria and tetanus are rarely seen today. This has led to a sense of complacency in some sections of the community. Apart from the clear benefits of immunisation for each individual child, it is also important for our communities that all children are immunised. Non-immunised children are at great risk of contracting these infections; infection in the community. Despite immunisation being the single-most effective public health measure for children, some parents still hold reservations about immunising their children, and there are still misconceptions about immunisation. In this article we will discuss the importance of maintaining your immunisation status – that is, staying up to date with your routine vaccinations – and provide you with information about recommended immunisation schedules for adults.

Working in childcare – why it is important to maintain your immunisation status

Childcare practitioners generally work with healthy children, but at times you may be required to provide care to children who are unwell. Sometimes these children may be experiencing an infection, and many infectious diseases – measles in particular – are highly infectious several days before symptoms become apparent.

The children you work with may not be fully immunised or, in some cases, may not be immunised at all. If your immunisation status is not up to date, this situation will place you ‘at risk’ of acquiring or spreading the infection. Unknowingly, you may also transmit infections such as influenza, rubella, measles, mumps, chickenpox (varicella) and whooping cough (pertussis) to susceptible children.

Maintaining your immunisation status provides you with the protection of up-to-date vaccinations provide. For example adult immunisation with Boostrix® is very effective. The vaccine provides 100% protection against diphtheria and tetanus and greater than 92% protection against whooping cough.

Recommended immunisation schedule for adults working in childcare

(The Australian Immunisation Handbook 9th Edition, July 2009)

The following vaccinations are recommended for childcare professionals.

1. Adult/adolescent diphtheria, tetanus and whooping cough vaccine

Provides protection against the following diseases:

- **Diphtheria** – contagious bacteria spread by droplets; causes severe throat and breathing difficulties.

- **Tetanus** – caused by toxin of bacteria in soil; causes muscle spasms, convulsions, lockjaw.
- **Whooping cough** – contagious bacteria spread by respiratory droplets; causes whooping cough and vomiting lasting up to three months.

2. MMR vaccine (Measles Mumps Rubella)

Provides protection against the following diseases:

- **Measles** – highly infectious virus spread by droplets; causes fever, cough and rash.
- **Mumps** – contagious virus spread by saliva; causes swollen neck and salivary glands and fever.
- **Rubella** – contagious virus spread by droplets; causes fever, rash and swollen glands and also causes severe malformations in babies of infected pregnant women.

3. Varicella vaccine

Provides protection against the following disease:

- **Varicella** (chickenpox) – highly contagious virus; causes low-grade fever and vesicular (blister-like) rash. Reactivation of the virus later in life causes herpes zoster (shingles).

4. Hepatitis A vaccine

Provides protection against the following disease:

- **Hepatitis A** – contagious virus spread by contact or ingestion of faecal contaminated water/food or through contact with the faecal material of a person infected with hepatitis A.

Side effects following vaccination

Sometimes you may experience reactions to vaccination. You may feel generally unwell and/or have a low grade fever. You may experience soreness,

redness and swelling in the area where the injection was given. However, these vaccination side-effects are minor when compared to the potential acute illness or life-threatening diseases that the vaccinations prevent.

If you do experience side effects following vaccination, these can be reduced by:

- drinking extra fluids
- applying a cold wet cloth to the sore injection site
- wearing comfortable clothing
- taking paracetamol to reduce any discomfort.

If reactions are severe or persistent, or if you are worried, contact your local doctor or the emergency department at your local hospital.

How can employers support their staff to maintain their immunisation status?

Educators are at significant occupational risk of acquiring a vaccine-preventable disease; employers are encouraged to implement a comprehensive occupational vaccination program. This should include a vaccination policy, current staff vaccination records, and the provision of information about the relevant vaccine-preventable diseases.

Useful websites

<http://www.immunise.health.gov.au/>

<http://www.raisingchildren.net.au>

FDCQA: Principle 5.4

QIAS: Principle 6.6

A full list of references and the Parent Fact Sheet (available in different community languages) can be downloaded from the Early Childhood Connections website: www.ecconnections.com.au

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