Welcome

This edition of the Early Years Exchange focuses on the importance of the birth-to-three-years period and the influence on babies, toddlers and children’s learning and development outcomes.

It includes:

- three videos featuring Babies and toddlers: Amazing learners with narration by Anne Stonehouse AM and filming at Gowrie Victoria – Docklands. The focus is on learning for babies and toddlers ‘about me’, ‘about others’ and ‘about my world’
- snapshots of practice in a playgroup setting using a Child Involvement Scale, maternal and child health service mapping the VEYLF learning and development outcomes to the Key Ages and Stages (KAS) Framework and profiling a bush playgroup
- interviews with early childhood academics and professionals in maternal and child health and midwifery services
- resources about neuroscience, DEECD parent newsletters on the VEYLF learning and development outcomes, using the practice principle guides and Gowrie Victoria – Docklands literacy resource.

Receive updates about implementation of the VEYLF by signing up for a free subscription to: Early Years Alert
Guest appearance

*Babies and toddlers: Amazing learners* is a series of three videos with narration by Anne Stonehouse AM on learning taking place for children in the birth-to-three-years period.

**Video 1**
Learning about me – learning about culture, family and community

**Video 2**
Learning about others – learning to be with others and how to relate with others

**Video 3**
Learning about my world – using our senses and abilities to explore

In this resource Anne:
- showcases selected examples of significant learning in the birth-to-three-years period, including ‘everyday learning’ that occurs frequently and in a variety of settings
- makes visible babies’ and toddlers’ learning and, by doing so, expands awareness and appreciation of the learning during this time in young children’s lives
- provides a focus on children’s learning rather than on practices that support the learning.

Using this resource
The videos and information booklet can be used to support early childhood professionals to engage in discussion and reflection.

For example:
- play the video and focus on listening to the narration and look closely at the learning in this age group
- discuss reflection questions: What are the children learning? How are they learning? What are other examples of learning about self, about others and about my world? How does the content of this video link with the Learning Outcomes in the VEYLD and the EYLF?

The three videos and an information booklet are available on the VCAA website at: [www.vcaa.vic.edu.au/Pages/earlyyears/index.aspx](http://www.vcaa.vic.edu.au/Pages/earlyyears/index.aspx)

These videos can also be used with families who have children aged under three years.

This resource was developed by the VCAA in collaboration with Anne Stonehouse AM and Early Childhood Australia, and filmed at Gowrie Victoria – Docklands.
Snapshots of practice

Engaging with the VEYLDF: supporting assessment for learning and developing in the birth-to-three-years period

Two early childhood professionals provide insights into changing practice in playgroup and maternal and child health services and a cultural organisation profiles a bush playgroup.

Snapshot 1 – Playgroup

Including families’ voices in assessment for children’s learning and development

Background

Claire Jennings is currently managing Social Inclusion and Emotional Development Strategies (SIEDS) programs and Aboriginal Parenting Programs at OzChild in the south-west region of Victoria. Programs include the home-visiting Reading Discovery program, the Rainbow Rhyming program for families with children birth to four years and Indigenous playgroups.

Claire participated in the Inquiry to Implementation (IIP) in 2013 and was a member of the Great South Coast Early Years Network.

Foundation for our programs

In my work with vulnerable children in the preschool years, the focus is on providing programs that build the foundational learning skills of focused attention, sustained learning and curiosity. Without these skills it is difficult to engage young children in the learning process. These skills are fine tuned in the first three years of life and this means that the home learning environment and programs such as supported playgroups become the contexts to influence children’s involvement in rich learning experiences such as reading and play activities.

Since my involvement in the IIP, working alongside, engaging and educating parents in what to look for in their children’s learning capabilities has become a key aspect in all SIEDS programs. The Child Involvement Scale, adapted from Professor Ferre Laevers’ The Leuven Involvement Scale for Young Children (1994), has been developed to support parents in understanding and tracking the level of engagement of children in early play activities. This information contributes to holistic assessments. Drawing on each family’s knowledge, in collaboration with children and other professionals, supports planning for children’s learning and development. In our programs we ‘understand that families play a vital role in their children’s learning and development’. (VEYLDF p. 13)

Child involvement for learning

Being involved in the five professional learning workshops across 10 months has increased our understanding of the VEYLDF outcomes. It has also enabled me to work together with staff to trial and refine our knowledge and to modify assessment tools.

Focusing on recording progress in children’s learning in the birth-to-three-years age group and in the context of a playgroup environment has changed our practice and how we now plan.

Within our programs we have adapted a parent guide to support assessment for children’s learning and development.

In our ‘Parent Information and Observation Checklist for Child Involvement for Learning’ we use a Child Involvement Scale to support understanding and observation of children’s levels of involvement and activity. Behaviours such as concentration, energy (effort), creativity, facial expressions and posture, persistence (not easily distracted), precision (taking special care in what they are doing), reaction time (alert and quick to react), language and satisfaction are nine signals that parents can become tuned into to ascertain the level of involvement of their children in activities.

The signals are presented in an easy-to-handle A5 booklet which parents can use in the home or in playgroup to record their children’s behaviours at varying levels of involvement. It is important to introduce the signals slowly, beginning with familiar behaviours such as language, concentration and satisfaction. Parents can date when they see particular behaviours and refer to the scale of levels 1–5 to rate how involved their children are in the activity.

This work has strengthened our continued movement towards child and family inclusive practice.

Comments from parents on using the Child Involvement Scale

‘I notice Joshua saying a lot more words now, especially in the bath when he tries to say the toy animals’ names.’

‘Lucas (aged 12 weeks) concentrated on the Animals book for 9 minutes yesterday without taking his eyes off the book.’

All names have been changed to protect the identity of children and families.
Snapshot 2 – Balee Koolin Bubup Bush Playgroup

A bush playgroup for children from birth to four years

Writer: Sharon Willoughby, Manager Public Programs, Royal Botanic Gardens Cranbourne

The naming of the playgroup by the steering group uses the Words for Country – Balee (for the Cherry Ballart a Boon Wurrung symbol of the very young) Koolin (family) Bubup (children) Bush Playgroup.

Working in partnership with local Indigenous service agencies, local government and Indigenous Elders has been the key to learning how to co-facilitate programs with our Indigenous community. One of the best outcomes from this approach, so far, is the development of a bush playgroup for children aged birth to four years of age and their families. The project brings together the goals of key partners to increase plant and environmental literacy in the community along with the Indigenous community’s goal to support the next generation to learn Boon Wurrung words for country and important cultural stories.

The Bush Playgroup, following in the tradition of the European Forest Schools movement, the emerging Australian Bush Kinder trend and reclaiming traditional Indigenous pedagogies, meets weekly in a natural outdoor setting at the Royal Botanic Gardens Cranbourne.

The playgroup is co-facilitated by Janine (Jaffa) Richardson, community members and local Elders. Bush playgroup sessions can be very active, with lots of walking, dancing, crawling and exploring. Sessions are sometimes themed around exploration of plants or animal habitats or may be expeditions into unfamiliar territory. There is ample room for the serendipitous, the seasonal and the unexpected. There is also quiet time for stories and information sharing between parents. Parents spend time cradling their children, holding their hands, dancing and learning new words for country together.

Background

The Royal Botanic Gardens Cranbourne, in partnership with the Library Has Legs Program at the Casey and Cardinia Library Corporation and Boon Wurrung Elder Aunty Fay Stewart-Muir from the Victorian Aboriginal Corporation for Languages, was successful in gaining City of Casey Best Start Supported Playgroup Initiative Funding. This enabled the recruitment of an Indigenous Early Childhood Education Officer to facilitate the playgroup – Jaffa. In order to set up the playgroup, a steering group was established from local early childhood specialists and community Elders.

Snapshot 3 – Maternal and Child Health

Supporting children’s learning outcomes

Background

Helen Broderick is currently working as an Enhanced Maternal and Child Health Nurse with Hume City Council. Her work is in the Family Early Learning Partnership program (FELP) – supporting early years parenting, a home visiting program utilising the VEYLDF five learning outcomes to support parenting attachment and children’s learning. Helen uses her current role to work in partnership with families (children’s first and most influential educators) to support them in their children’s learning.

Context for this work

Participating in the professional practitioner inquiry project provided a great opportunity to align Maternal and Child Health (MCH) practice to the five VEYLDF learning and development outcomes to support children’s learning. Family and Children’s Services participants from across MCH, Enhanced MCH, Parent Support, Inclusion Support, Kindergarten and Long Day Care supported a collective inquiry question. The inquiry focus was how to ensure consistent VEYLDF language about children’s learning could be used across Hume City Council Family and Children’s services. A mapping tool, aligning MCH practice Key Ages and Stages (KAS) consultations with the VEYLDF learning outcomes, was developed to support this.

The MCH KAS consultations use a developmental approach to babies’ and children’s assessment. Mapping these crucial early childhood developmental stages against the VEYLDF learning outcomes also ensured an approach for MCH nurses to increase their understanding of the VEYLDF and to adopt consistent language that reflects children’s learning in the five outcomes.

The VEYLDF is aligned with the national framework – Belonging, Being and Becoming (EYLF), and has been developed...
for all early childhood professionals working with children from birth to eight years old. The VEYLDF framework asks all early childhood professionals to focus on the five learning outcomes when working with children, it recognises that while these outcomes are broad, inclusive and interconnected, they provide the strong foundation for lifelong learning.

Mapping VEYLDF Learning and Development Outcomes to the MCH Key Ages and Stages

Developing collaborative partnerships across our early learning professionals is central to the VEYLDF practice principles and this is supported with many new MCH centres designed around integrated models of education and care, often with both Kindergarten and Long Day Care services in the one building.

This resource provides a beginning approach to working collaboratively with other early years professionals to ensure consistent language around learning outcomes for our children and their families.

The mapping provides a basis for aligning key developmental stages of MCH practice and the relationship it has to children’s learning.

The download below is an example from the tool, mapping supporting children’s learning outcomes at two weeks.

Download 2: Supporting Children’s Learning Outcomes at 2 weeks

Some positive reflections from early childhood professionals on using the VEYLDF.

Maternal and Child Health

- An MCH nurse stated that it had led to a change in her practice, as she now felt confident to speak with parents with a focus on the ‘language of learning’ rather than her previous language of development.
- ‘Before we started this inquiry process, all of our team of MCH nurses were given a copy of the VEYLDF. At the time, we did not pay much attention to this, as we did not really see its relevance to our clinical practice. It seemed to be geared towards early childhood educators rather than us. We perceived that our practice was more health related, and while we educate parents, possibly did not really see ourselves as educators.’
- ‘We have recognised the benefits of close collaboration and partnerships with families and early years professionals to support children’s learning and this has encouraged us as MCH nurses within our clinical practice to look deeper into each child’s learning experiences, to recognise what is taking place for that child and to discuss this with families, highlighting and illustrating the complexity of each child’s learning.’

Parent support

- ‘The VEYLDF has provided a framework to rethink babies and children as active participants in their own learning from birth. The emphasis is on infants as competent learners rather than just focusing on parents as interpreters, which highlights the importance of listening to and responding to the child’s voice.’
- ‘We aim to support parents in building capacity and increasing their confidence as the first educators of their children.’
- ‘Babies In-Hume early parenting program has always had an emphasis on play and using the language associated with this. The VEYLDF has provided the team an opportunity to transform this language to the learning outcomes language of the framework and it is now the common language. This follows through from birth to early education and care settings for parents, now it becomes shared language.’

Inclusion support

- ‘The VEYLDF and EYLF provide a platform for educators and families to work in partnership as professionals, providing a framework of understanding for children’s learning and development. Both frameworks set the foundation for active community participation and forming networks with professionals aimed at supporting the needs of both children and families in accessing inclusive programs.’
- ‘The framework has influenced the practice of both Inclusion Support Facilitators and Preschool Field Officers in the way they communicate and collaborate with professionals, encompassing families, children, educators and the wider community in viewing individuals as capable learners and working from a strength-based, capacity-building approach’. The VEYLDF and KAS mapping example: Partnerships with professionals – Maternal and Child Health Nurses and Early Years Educators – sharing a rich picture of children’s learning and development provides the key focus for MCH practice at the two-weeks KAS visit and aligns it with learning outcomes.

A professional development approach to using the mapping tool is to provide MCH nurses with an opportunity to collaboratively work alongside their early years educators, observing the VEYLDF learning outcomes in practice. This gives MCH nurses a greater opportunity to support children’s learning within their clinical practice.

Below is an example of how a MCH nurse can document observations of a four-month-old baby in a collaborative integrated early years setting. It shows how the language from the VEYLDF outcomes can be used and adapted to support KAS MCH practice and consistency of language.

Download 3: MCH Example Observation
Interviews

Interviews with early childhood academics and professionals about their work in Maternal and Child Health and Midwifery services

Deborah Akers, course developer and lecturer at La Trobe University

Sue O’Shannessy, Koori Maternity Services Midwife

Felicity Dawson, Enhanced Maternal and Child Health Nurse

Interview 1

Background

Deborah Akers is a Maternal and Child Health Nurse and lawyer with extensive experience in working with families with complex needs in both health and legal contexts.

Deborah’s legal roles are primarily in the areas of family violence and crime, where she uses her extensive nursing experience to assist clients with their legal issues. Her particular interests academically are the effects of family violence and mental health on the development of children. She has lectured in Australia and China on the topics of family violence, vulnerability, abuse and their potential effects on child development.

In the area of Maternal and Child Health (MCH), Deborah’s current work is as a course developer and lecturer at La Trobe University and as co-coordinator of the Child, Family and Community Nursing course. In this role, Deborah is responsible for both the content and teaching across the areas of public health, child development and family-centred practice.

Deborah is a member of the VCAA Early Years Learning and Development Advisory Group to advise on VEYLDF implementation, evaluation and assessment practice. This includes course content and workforce matters in relation to early childhood and primary teaching courses, allied health and MCH courses.

Advancing children’s health, learning and development

In 2013, as part of ongoing course development, the VEYLDF was written into the online course curriculum for MCH nurses. This inclusion has a specific emphasis on the VEYLDF practice principles, in particular family-centred practice and reflective practice with a specific focus on cultural diversity.

Students are expected to incorporate the VEYLDF into their academic studies and clinical practice with families. This involves a radical shift in practice from a medical framework of consultation and treatment to a partnership model alongside and with families.

The students who enter the course are all registered nurses and midwives and they usually come from the acute hospital setting. The challenge is to shift the mindset from one of acute care or illness focus to one of public health and wellness. This includes working in partnership with parents from a different mindset to the nurse as expert advisor. The VEYLDF acknowledgment of working in partnership with families and collaboratively with other early years professionals aligns closely with broader public and preventative health principles.

By introducing the VEYLDF and the Ottawa Charter as a basis for public health theory within the first week of the course, the students are exposed early to the foundations of learning and development, public health and capacity building.

The students are assessed on how they see the VEYLDF impacting on their role as a MCH nurse. The VEYLDF has now been embedded within the curriculum for two years and anecdotally it appears that students find this an excellent framework that sits parallel to the MCH framework.

Developing a culture of professional inquiry

‘Using the VEYLDF helps us bring to the fore the core nursing and midwifery understanding of public health and collaboration which may have been minimised while practising in the acute setting. It helps students to see the links between policy and practice from nursing, midwifery and early childhood perspectives.’

One particular area that is highlighted to students is that of reflective practice. This has always been part of the MCH curriculum, but the inclusion of the VEYLDF supports direct links with other early childhood professionals and the VEYLDF implementation resources.

Reflective practice and continuing education are required for professional registration as nurses and midwives. To further support this, students are expected to keep reflective journals. Ongoing reflective practice is valued as an important tool to support capability in clinical supervision. In particular, the link between how nurses are communicating with families and what they are hearing in response. The principle of high expectations for all children and families is critical and the VEYLDF practice principles equip students to engage more effectively with families with complex support needs.

Using evidence to inform planning

MCH Nurses involved in collaborative relationships with other early childhood professionals provide the best possible
Interview 2

Sue O’Shannessy is a Koori Maternity Services Midwife at Ramahyuck District Aboriginal Corporation in Morwell. Her primary role is to deliver pregnancy care to Indigenous families.

The Koori Maternity Services program is a partnership between the Victorian Government and the Victorian Aboriginal Community Controlled Health Organisation and aims to improve access to culturally appropriate pregnancy care and Close the Gap in health outcomes for Indigenous women and babies.

Delivering culturally respectful care underpins practice and the model of care operates from an understanding that the definition of health is holistic and social. Pregnancy care acknowledges the diversity of family units. Fathers and other supporters are encouraged to attend antenatal appointments.

Sue participated in the Inquiry to Implementation Project (IIP) in 2013.

Reflections

It took some time to find my place in the IIP. Once I did, I realised the enormous scope for midwives to participate in early years networks and to collaborate with early years services and settings more broadly. This has expanded my thinking on how we can support families in meeting their children’s developmental and emotional needs.

Participating in the IIP challenged my medical model thinking. It created an opportunity to open up discussions around the role of a midwife in the antenatal period and to work alongside mothers to empower and strengthen understanding of their child’s development needs and capacities.

To recognise that ‘development takes place in the context of their families’ as well as working alongside mothers to support and empower them to meet their child’s needs and hopefully effect long-term change is an ongoing exciting opportunity.

This has been an important and defining opportunity to recognise the antenatal period as an important and significant time to support the early years sector in introducing the universal language of the VEYLDF.

Using the VEYLDF in antenatal and postnatal care: common outcomes, common language

Getting started with using the VEYLDF was a slow process that required me to take my clinic midwife hat off and rethink the antenatal conversation.

In practice, getting started with the VEYLDF and EYLF involved expanding the dialogue with families around foetal development and wellbeing and connecting this to the baby’s readiness to absorb his world around him at birth. It also involved talking about what ‘wellbeing’ looks like in a newborn child and using the language of the five learning and development outcomes in discussions.

This led to conversations about emotional wellbeing, the baby’s developmental needs, the continuum of brain development after birth and the impact that life experiences can have on a baby.

I often address unborn babies in the antenatal period in the first person, as a way of giving them an identity, with the idea of optimising that connection between the mother and her child.

Changing antenatal practice and the setting

In practice, I have shifted the focus of conversations to centre on the VEYLDF outcomes and, most specifically, children have a strong sense of wellbeing and have a sense of ‘becoming and belonging’.

Central to many conversations in the antenatal period is the book I am small. This pictorial book strategically sits on my desk to be picked up by families, which gives rise to conversations around a baby’s capacity to respond to his or her new world at birth.

Website link for the Child, Family and Community Nursing course: http://latrobe.custhelp.com/app/answers/detail/a_id/231
Conversations with parents about how a baby feeling puzzled or worried and contented and happy, is connected to their baby’s capacity to respond to their new world and how their life experiences will shape their learning.

I place a strong emphasis on the role that parents play in shaping that world and the role they play in being their child’s most significant teacher.

One of the changes in practice that came about from participating in the IIP project was to recognise that having meaningful conversations on an equal footing required a change to the antenatal setting.

Changes to the environment included creating a culturally appropriate play corner, creating an informal setting and placing play experiences around the room, for example *I am small* book and culturally identifiable toys.

The environment in which antenatal care is traditionally delivered can be clinical, disengaging and disempowering. Conversations are often had across a desk and the exchange does not open itself for collaboration and broader discussions with the mother.

Changing the environment to stimulate discussion around the VEYDLF has resulted in the development of an open space away from the desk, with a play corner where children can play and interact with culturally identifiable educational play equipment. The play experiences are often used to initiate discussions with the mother around stimulation and engagement, play for learning and attachment and identity to culture.

**What’s next?**

Outside of an intervention model, there are very few opportunities to work alongside a family as intensely and as frequently as the midwife has during the antenatal period. This opportunity lends itself to developing strong and respectful relationships where discussions around a child’s developmental needs don’t feel like we are telling parents that there is a ‘better way’ of doing things, but rather feels more like a conversation that informs and empowers the family. The midwife is in a unique position to effect change in a meaningful and respectful way.

One of the outcomes from being involved in the IIP has been the increased connections across the early years for our organisation. This has traditionally been birth to three years of age, and now we consider the antenatal period as an important and legitimate time to engage parents in the VEYLDF.

**Areas of focus for my work now include:**

- helping fellow midwifery colleagues to engage with the VEYLDF
- expanding on the initial work that has commenced and inform areas including parenting services, Best Start program, long day care and preschool services within our early years of current practice.

Strengthening collaboration and participation within the organisation’s early years programs is a focus for the next 12 months.
Felicity Dawson is an experienced Maternal and Child Health (MCH) Nurse and currently job shares in the role of Enhanced Maternal and Child Health Nurse with Moonee Valley City Council. Felicity is working in a high needs centre and has particular interests in early literacy and the Baby Bounce program.

Felicity participated in the Assessment for Learning and Development (ALD) Project in 2012. She introduced the Baby Bounce program during her involvement with the ALD Project and this program has continued to grow and develop and is now in its third year.

Here Felicity reflects on how she is using the VEYLDF and the Play, Learn, Grow resource package for the MCH Service to inform her work with families and colleagues.

Getting started with the VEYLDF in Maternal and Child Health

The language we use in everyday practice is important; this applies to language we use with our families as well as colleagues. Thinking about and evaluating the things I say routinely and how they reflect the language in the VEYLDF learning and development outcomes is very important.

In getting started with using the VEYDLF, having a copy handy to read and to refer to has been very useful to achieve this level of reflective practice. As the language has become more familiar it is more natural to use with families. Once I would have commented on an infant’s beautiful bright eyes and the development of vision. Now I’m more likely to say ‘Look at those bright eyes; what are they seeing? What do you think he is learning? What have you noticed he is looking at? How is he telling you what he is learning?’ This leads easily to discussion of how ‘children are connected to the information presented. This reflects the Play, Learn, Grow principles of Children are ready to learn from birth and Learning happens every day, everywhere.

Strengthening collaborative approaches to assessment for learning and development

Collaboration with other team members is a usual and important part of practice. These people include other nurses, pre-school field officers, a wide range of family support workers, early childhood educators, early childhood intervention workers, children’s librarians and allied health professionals.

‘Throughout the early years, children acquire knowledge and skills that form the foundations of their later achievement. They learn how to learn and they develop dispositions for learning and a sense of agency, where children are able to make decisions and choices, to influence events and to have an impact on their world.’ (VEYLDF p. 25)

This wide range of workers share a common interest in the wellbeing of children and relate directly to the children’s world and the support the children receive from their immediate family and the wider community. This reflects Outcomes 2 and 3 of the VEYLDF: Children are connected with and contribute to their world, and Children have a strong sense of wellbeing.

Central to this collaboration is communication between all people involved in the child’s care. In my practice, communication is achieved by discussing the benefits of this communication with the child’s family, gaining their permission and then following through with discussions and referrals to the appropriate agencies if needed. These collaborative approaches support appropriate and earlier referrals.

Our local council has been actively involved in trialling outreach library services, family support worker clinics and an allied health access session with the participation of a MCH Nurse. This reflects the third principle of Play, Learn, Grow, which is Contributing and belonging to family, culture and community is the foundation for children’s identity and development. Children thrive in supportive and caring families and communities.

What’s next?

My next step is to further familiarise myself with the Play, Learn, Grow resource. The eight postcards are given to families at Key Ages and Stages (KAS) visits. The information is routinely presented and discussed with families.

The posters flow very well from the Parents’ Evaluation of Developmental Status (PEDS) questionnaire used in the MCH service from the four-month KAS and could be used to stimulate fruitful discussion with parents about their child’s learning and development. This would lead naturally to discussion about playgroups, story and song groups and library sessions.

The importance of this learning could be discovered easily by the parents themselves with the information presented. This is leaning towards a collaborative approach to learning about children’s learning and development rather than a didactic approach. The MCH Service is primarily a support service for families in the nurturing and parenting of their children.

How wonderful to help parents understand that nurturing and responsive relationships in the first years of a child’s life are crucial (principle 2 of Play, Learn, Grow) and that children learn through play (principle 4 of Play, Learn, Grow).

In my immediate practice I have moved the time of Baby Bounce, the early literacy group, to a more family friendly time. This resulted straight away in better attendance rates. I have found that exploring a child’s learning with a parent when we know the family well from the Baby Bounce group is very different from doing it cold. Cumulative knowledge alongside families about their children’s learning and development is fascinating!
Critical reflection

In this critical reflection, Anne Stonehouse AM explores the challenge in adopting images of babies and toddlers as active learners and contributors to their own experience and the experiences of others.

Compelling research on brain development has direct implications for relationships and practice with babies and toddlers and the experiences they have. Understanding the importance of the first three years goes hand in hand with an image of very young children as active learners, agents and contributors to their own experience and the experiences of others.

One challenge in adopting this image of babies and toddlers as powerful and competent arises from the fact that much of the learning that occurs in the first two to three years is subtle and easily missed if you don’t know what you’re looking for. Last year I attended a seminar where the presenter showed a video clip of a father and baby, about nine months old, sharing a piece of toast. The father held the plate and tore bits of toast off for the baby. The father talked, and the baby watched his dad’s every move. At one point the father tore off a small piece of toast, gave it to the baby and put his own larger piece on the plate. The baby shook his head, put the piece he was given back on the plate and attempted to take the bigger piece instead. A number of people at the seminar laughed.

Being amused may interfere with seeing the learning that is being demonstrated. What learning was that baby demonstrating?

Paying close attention is necessary in order to see and hear the amazing amount of learning and to support it. Enacting an image of babies and toddlers as powerful players and agents means respecting their right to contribute to their experience. Relating well to a very young child requires adults to approach the relationship with the aim of being ‘in tune’ with the child and with a stance of reciprocity – that is, sometimes leading, at other times following.

It’s worth reflecting on the images of babies and toddlers that we hold and communicate to others, and how those images influence our practice and relationships with very young children.

We need to:

• bring to our work attitudes of respect and a resolve to not do or say anything that undermines babies and toddlers dignity
• demonstrate admiration for their persistence and their zest for life and learning
• empathise with the complexities and challenges they face in figuring out how to be in the world
• approach very young children with high expectations and readiness to be surprised and amazed.
Resources

Neuroscience

The Harvard University Centre on the Developing Child provides a key resource that will support discussions with professional teams about the importance of learning in the birth-to-three-years period. Thriving communities depend on the successful development of the people who live in them, and building the foundations of successful development in childhood requires responsive relationships and supportive environments.

The scientific summaries, video and key messages in the InBrief summaries include:

• Skills for Life and Learning, particularly useful for discussion with families
• Early Childhood Program Effectiveness
• The Foundations of Lifelong Health and the Executive Function.

Website link to view this material
http://developingchild.harvard.edu/index.php/resources/briefs/inbrief series/

Practice guides: Practice principles of the VEYLDF

These guides can support individual critical reflection on practice, discussion with a peer or critical friend, and inform professional conversations with colleagues and other early childhood professionals.

Practice principle 2: Partnerships with professionals

Partnerships with other early childhood professionals strengthen collaborative and multidisciplinary practice approaches and support service planning across the early years.

Practice principle 2 emphasises the importance of partnerships with the broad range of professionals working with children birth to eight years old and their families. Examples in the guide include:

• a supported playgroup facilitator drawing on the expertise of an MCH Nurse to support referral
• educators in long day care providing continuity of care for children moving to a new group within their service
• school-age care educators and teachers in the early years of primary school meeting support improved continuity and responsiveness to children’s strengths and capabilities.

Use the Discussion starters and Action plan on pp 20–1 to reflect on:

• What does collaboration mean to you? Who do you collaborate with?
• What do partnerships and multidisciplinary approaches with professionals look like in practice?
• What new partnership would support improved outcomes for children at an individual and community level?

For further information go to:

Practice principle 1: Family-centred practice

Family-centred practice involves professionals and families working together to support children’s learning and development and health and wellbeing.

Examples of professionals engaging in family-centred practice in the guide include:

• MCH Nurses pp.4, 7
• Primary school teachers pp.4, 8
• Early childhood intervention services pp.11
• Educators in long day care and kindergarten pp.14, 17

Use the Discussion starters and the following questions to reflection on your practice in relation to family-centred practice.

• What is family-centred practice? Why does family-centred practice matter?

For further information go to:

These practice guides are two in a series of eight on the VEYLDF practice principles developed by Dr Anne Kennedy and Anne Stonehouse AM. The guides are based on evidence about what works and why, drawn from evidence papers written by the University of Melbourne.

To download the evidence papers and practice principle guides go to:

Play, Learn, Grow

Resources for Maternal and Child Health Services

The Play, Learn, Grow resources are designed for Maternal and Child Health (MCH) Nurses to support the crucial role that families play in fostering their children’s learning and development.

The resource booklet, posters and postcards are available for download by clicking each link: www.education.vic.gov.au/childhood/professionals/support/Pages/nurses.aspx

For further information go to:
Embedded Literacy Experiences in the curriculum for babies and toddlers – Gowrie Victoria – Docklands

This resource provides examples of literacy experiences that are embedded in the everyday curriculum for babies and toddlers. This resource can be used to support planning discussions with teams and as a tool to engage in critical reflection about practices in children’s services, including family day care, long day care and supported playgroups.

This resource is designed to support discussions with families about learning in the everyday and how rich learning opportunities for all children are provided in a variety of areas, including:

- language and literature
- maths
- science
- dramatic and imaginative play
- visual arts
- music and movement
- sensory experiences
- opportunities to develop physical skills
- encouragement to learn self-help skills
- environmental awareness.

Parent newsletters

Being a parent is rewarding and challenging. At times parents might be looking for extra support.

The DEECD has developed a series of newsletters for parents. These aim to provide parents, with children from birth to eight years, with important information. The newsletters can also support conversations between early childhood professionals and parents about children’s learning and development.

Information is provided on a range of topics and is designed to assist parents to:

- gain a deeper understanding of their child’s learning and development in the early years and look for opportunities to complement and support their existing strengths and abilities
- understand the VEYLDF and how it relates to their child’s learning and development.

Newsletters available include:

- Early childhood learning
- Helping your child to have a strong sense of identity
- Helping your child to connect and contribute to the world
- Helping your child to have a strong sense of wellbeing
- Helping your child to be an effective communicator
- Helping your child to be a confident and involved learner.

To access the newsletters go to:  

Further reading


Overview

The ability to use language (speak, read, write) is not something that children suddenly or automatically develop. It is a culmination of experiences with language that begin at birth. Sharing stories (oral storytelling, books) and other story experiences (conversations, songs, poems, rhymes) with infants and toddlers is critical to building their emerging literacy skills. At the same time, it expands their experience and understanding of the world, and is a wonderful opportunity for fostering close relationships with infants and toddlers.

For further details:  
Action plan
Using the Babies and toddlers: Amazing learners resource

Introduction
The three videos in this resource highlight and showcase selected examples of significant learning in the birth-to-three-years period. The aim is to make visible babies’ and toddlers’ learning and, by doing so, to expand awareness and appreciation of it. As a result, professionals will look more closely, reflect on what babies’ and toddlers’ behaviour means, adopt an image of babies and toddlers as capable and competent learners, and enact this image in their work.

The videos include examples of learning that may amaze and impress viewers, but most of the learning shown is ‘everyday learning’ that occurs frequently and in a variety of settings.

The focus of the videos is on children’s learning rather than on practices that support that learning.

Uniqueness of each child
The different temperaments and personal styles of the children are evident in the video segments, in addition to different abilities and interests.

Some children are more confident, more active, more likely to interact with other children, noisier, more outgoing or more expressive. These differences are evident at a very early age – from infancy.

Using the videos
A booklet is provided to support early childhood professionals to use this resource.

It includes suggested questions to use with any or part of the three videos, notes about the children in the video, key messages and examples of evidence in ‘everyday’ behaviours.

There are a number of ways that the three videos can be used, either individually or together. The visual footage lends itself to discussion about the likely learning that is occurring. Critical reflection, analysis, wondering, discussing with colleagues and families and asking questions are imperative.

This resource can be used in planning meetings within services and at network meetings.

Audience
The intended audience for this resource is the broad range of early childhood professionals working in the early years. The videos could also be used with families who have children aged under three years.

The three videos and an information booklet are available on the VCAA website at: www.vcaa.vic.edu.au/Pages/earlyyears/index.aspx