

International research assignment



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An International Research Journal, I will show knowledge and understanding of other professional roles in early years underpinned by theory I have researched. My own understanding of inclusive practice in early years is that- “ All children, irrespective of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability should have the opportunity to experience a challenging and enjoyable programme of learning and development. ” (Early Years Statutory Framework, 2014, 1. 5) The Journal focuses on 52 early years practitioners from England, their experience of interpersonally working, woven together and their level of confidence and competence also in different settings such as children’s centers, preschool settings and other settings as well as community preschool as it has been the forefront of government policy in the UK since the inquiry into Victoria Climbié. I have focused on three main aspects from the Journal: training, communication with children and support which I think is key regarding my own reflection of my practice as well as the impact on my thinking approach.

The writers of the Journal are Jane Player and Jan Georges (2009) but nowhere in the Journal are their qualifications and backgrounds cited. It is unclear that the writers are professionals or have had any practical experience in early years. It does not tell you where the settings are located and which background the children and families are from. I believe if all this information was given it may have been clear to the readers why we believe that research done in the deprived area has a huge impact on their achieving when it comes to budget training and skills.

If it was a deprived area they might be struggling with the funds, resources and support. On page Bibb it states that they sent the questionnaires out but I believe all the methods used had weaknesses as it does not say anywhere what language they were using and what sort of questions were asked.

Throughout the Journal the writers praise the efforts that are made from the children's centre in terms of working with inter professionals.

As a reader I felt they were biased towards the children centre as throughout their article they have mentioned several times about how well children centers are doing, in comparison to preschool and private nurseries. Even the tables indicate that the children's centers are performing at the top and preschool and private settings are nowhere near their achievement and successes. On page 387 of the Journal it states that during her research it clearly showed that the children's centers showed a secure understanding of procedure as well as confidence in approaching other agencies. The first aspect explored was training needs.

The Journal article states that “ the survey done was completed by 52 early years practitioners who were either undergoing, or had recently completed training for early years professional status. ” Due to the level of education, it is clear to me why most of them were confident when working with outer agencies and writing reports according to the Neutrons review of early education and childcare qualifications interim report (March 2012) – “ Getting lubrications right will help to ensure that women and men enter the profession with the skills and experiences they need to do the best work with young children and their families.

Well taught courses and learning routes that lead to reliable qualifications can help early year's practitioners to improve their skills, knowledge and understanding, constantly developing in their roles. " This has made me reflect on my own training in regards to what I need to attend in terms of inclusive education and its importance as it is clearly shows in the Journal on Peggy that the Taft members with high qualifications and training were more confident in approaching and writing PIPES (Individual Educational Plan).

As I was reading the journal one thing which really drew my attention was that it talked about the staff training being inconsistent. In some places staff seemed confident and in some places they were not. My self being an early year's practitioner and working in a private sector I can relate to the problems as staff are expected to go on training in their own time. Working within the Borough of Winslow I have experienced first- and cuts that have definitely been made in regards to training.

According to the Guardian published in 2011 heading " The government is putting training out of reach of those who need it most in early years". (The Guardian, 2011) It goes on further to state that" From August colleges and training providers, in the main, will receive only half the cost of courses". This results in training being harder to gain. In order to go onto training you now have to firstly go onto a waiting list. Not only has that had an impact on your practice but also a staff member's confidence with dealing with any tuition which that training may have addressed.

Another issue is that we now, as a setting, have to pay for the training. If a setting is low on funds the training cannot take place and so the staff

members, as well as, children, parents and the setting, miss out. Covering the staff on training and courses exacerbates the situation. " It is also shown on page 390 of the Journal that due to the cuts the speech and language therapist who will come to the setting one day fortnightly was reduced to once a week which impacts on the children having to refer somewhere else and not having an inclusive service.

I have been affected by this last year as I was told that there was no money left in Winslow borough to give out for inclusion support staff which resulted on my having to use the staff I had already to support the child's need .

Despite the above and reflecting on my own practice, I believe early years practitioners do the best when it comes to identifying a child with a need, as they are the primary careers after the parents. In my belief, other agencies might have the qualifications but we as practitioners are the ones who identify the problem and so refer them on.

As stated in the new EYES (2014 3. 20) " providers must support staff to undertake appropriate training and professional development opportunities to ensure they offer equality, learning and development that continually improves. " The second aspect which came to my attention was the different level of support throughout the children's centre, preschool and private nursery. It was astonishing to see that the children's centers were given the most support and due to this it is not a surprise that they were the most confident in approaching the outside agencies and writing reports.

This is clear due to their inter links with the outside agencies. According to the article they state that in every child's centre in London they have family

support, speech and language therapists as well as health visitors who are designated to each children's centre. Due to that reason, I believe that they have far more support including regular meetings, interactions and support; however, private nurseries and preschools do not get that support and rely on communication based on letters as well as emails and phone calls, which is not always reliable and as effective as meetings.

From my own experience I have noticed that once you identify a concern with a child's speech and language, the referral takes over six months to completely get a response from a speech and language therapist. In Winslow alone there is a long waiting list of children waiting to be seen by a speech and language therapist. Due to this, it is no doubt in my mind that having an in-house speech and language therapist or to even have a type of training in order to help and support children with their need as now out of? Children coming to school are in need of some sort of speech and language support". L CAN Talk Series – Issue 6) This has challenged my thinking and approach I would definitely like in my setting, as a manager, ascend a staff member to see how the speech and therapist works so they can come back and continue with the therapist approach. It was described by one of the practitioners that sitting with a child whilst seen by the therapist helped her to support the child page 389. I would love to be able to do so in my setting.

I can support children with some support while the child is waiting to be seen by the speech and language therapist. Once the child has been seen by the speech and engage therapist I make sure I have the copy of the recommendations and advice made by the therapist, so I can use the same strategies used by the therapist. According to I CAN, an organization that <https://assignbuster.com/international-research-assignment/>

helps children to communicate, “ In some parts of the I-J, particularly in areas of poverty over half of children start school with speech, language and communication needs. “ That means 2 to 3 students in every classroom have significant communication difficulties. ” (I CAN Talk Series – Issue 6) One of the other aspects which came to my attention was that throughout the article it is clear to me that there has been effective communication within the children’s centre as there have been professional staff on site; therefore all communication is face to face especially with speech and language therapists. Whereas private and other settings do not have this capacity and funds so all the communication involving outside agencies is on paper.

It is clearly shown in figure 1 package that the children’s centers were 100 % on target when it comes to face to face contact with outside agencies. Other settings like independent preschools where I am employed are only doing 75% of face to face contact when it comes to communication and although it’s only 75% contact it is effective within that percentage. I agree with this as my own private setting has to rely on emails, phone calls and paper. This is also clearly stated in the Journal on page 387.

On page 395 it tells you about the need of the effective inter professionals practice in early years and their belief that it will be possible once the two year old check for disadvantaged children is extended. Since the 2 year check has been introduced I have experienced more regular contact with the health visitor. I have experienced different types of response when it comes to effective communication. As in the document one part needs to be done by the practitioner one by the parents and one need to be done by the health visitor regarding any concern with the child.

Some health visitors will be very particular in writing about the child's health and on other hand some health visitors will write little information concerning the child and leave it as 'no concerns'. Conclusion: The article helped me to reflect on my practice and identify key issues that impact and halogen my thinking and approach. For me, inclusion is not simply the toleration of all pupils, but the active provision of opportunities for all to feel good about themselves and to have the chance to flourish, whatever their individual needs and potential barriers to learn might be.

Whatever difficulties may arise in dealing with the outside agencies , distance between the professionals and resources and funds available as a particular I believe we have a legal duty to make sure we do the best when it comes to equality and diversity (inclusive and inclusion). In my setting and reactive I have made sure that I provide and implement a clear policy and procedure to promote equality and support to every child in need as up held by the legal frame work in EYES 3. 66.

It was also clearly stated in the Journal on page 389 that settings doing their best when it comes to competence in developing their knowledge and network for inter-professionals over a period of time were based on their knowledge and greater experience of integrated provision. Effective working practice with outside agencies should occur whatever the contact is, face to face or remote. As a recantation it is our responsibility to make sure the child is covered within the inclusion policy.

The second part of my assignment will be focusing on communication and the importance of communication in settings between other agencies, staff

and parents/ guardians. The word “ communication” comes from the Latin word “ communism,” meaning “ to share. ” (Communication studies). I believe sharing is a very important element when working within your practice, with parents and outside agencies. Personally I believe communication “ is the act of conveying information for the purpose of creating a shared understanding.

And includes verbal, non-verbal and electronic means” (Communication studies) According to Petition (1992) – “ We should not underestimate the many factors that challenge working relationships between professionals. Most fundamental is communication. ” “ To achieve better integration of services and organization, The Children’s Act 2004 required local authorities to enter into partnership arrangements with parents who, in turn, carried reciprocal duties to cooperate. ” -Aubrey Carol. “ As suggested by the Laming Report, the Common Assessment Framework(CAFE) was introduced as a standardized approach to assessing children’s additional needs.

CAFE supports the identification of a child’s additional needs which are not currently being met at the earliest possible stage. ” (How children learn, Fig. 59) As an early years professional it is very important that I use communication effectively regardless of the type of setting, the ability to communicate effectively is crucial for developing positive relationships with children, young people and their families, colleagues and other professionals. Not only does it pave the way for a happy working environment but it is also a core unit of study for cost children and young people especially when working with inclusion.

In my setting I am the manager and the SCONCE. I believe we are at the stage of morning as described by TCPMAN in his performing team development models. Consensus largely forms among the team, our team responds well to reinforcement by a leader. Roles and responsibilities are clearly defined and important decisions are discussed and agreed upon by the entire team. Smaller decisions may be delegated to individuals or small teams within a group not only to empower the members of staff but to ensure each staff member understands how to handle decision making and help them to gain experience.

Our team also discusses and develops our processes and working styles and are always adapting and evolving in parallel to new research and studies. There is overall respect for team leaders and leadership is shared by the team. Leader facilitates and enables (similar to the Situational Leadership ‘Participating’ mode). Working beside staff is very important to make sure we have an effective chain of communication which is strong and healthy.

In support of this “ Good communication practices need to be built into the policies and procedures of a setting” (Communication studies: what is communication) In our setting we make sure we work alongside parents as they are the “ first educators” (Early Years Foundation Stage – EYF, 2. 2.) To help children achieve their full potential we make sure that practitioners investigate the experiences families and children receive when they attend our setting. Their feedback is essential to us as it helps us to further improve and meet the needs of parents more successfully.

As part of gaining insight into the experiences of children and parents in our setting we send out surveys and questionnaires for parents to express their opinion through, this is especially effective if the parent does not feel comfortable expressing their opinion face to face with a member of staff. In addition to this our setting has an open door policy where every morning members of staff are available to talk to; our staffs are multilingual and can communicate with a vast range of parents. We also have a text and email system in place for the parents who are working and don't have time to complete surveys or get in touch with the staff.

All these systems are in place to ensure effective communication. Coffee mornings are also in place and provide greater opportunities for parents to discuss their feelings in an informal atmosphere. Some settings invite parents to attend a short nursery rhyme performance and a chat about their experiences of the setting. We, at our setting take the ethos of “ parents as partners”. Research tells us that the parents have the most influence over child development and so practitioners will serve children better by working in partnership with the parents. Practitioners also need to be mindful of the parents' readiness to engage.

There are many factors that should be considered when immunization or attempting to communicate with parents such as communication barriers. Some of these barriers include time constraints regarding parents working hours, story time and language issues and if the parent may have special needs. Another communication barrier is if the engagement may be difficult due to family issues (such as a new baby, caring for a relative, domestic violence, health issues, and unusual working patterns.) It is only by

understanding parents and valuing their input that practitioners will be able to acknowledge their readiness to engage with the setting.

Strong and positive communication and relationships between staff, parents and children will help to develop an atmosphere of trust and comfort. Some children may receive additional support from agencies for their communication development. It is essential that practitioners work in partnership with these agencies to maximize the benefit for the child as it also states in EYES “ When parents and practitioners work together in early years settings, the results have a positive impact on children’s development and learning. ” (EYES, 2.) Our setting works closely alongside outside agencies and take the multi-agency approach to make sure we roved the best care to the children. We also follow EYES guide lines which states in 1. 16 - “ Close working between early year’s practitioners and parents is vital for the identification of children’s learning needs and to ensure a quick response to any area of particular difficulty. Parents and families are central to a child’s wellbeing and practitioners should support this important relationship by sharing information and offering support for extending learning in the home”. To make sure this is happening effectively we have implemented a key person system. Each child has a eye person allocated before they start at the setting; it is established before the child starts the setting and on the basis of the initial meeting on induction day and the information gathered from paperwork. An example of this in practice is during introduction staff members meet all the parents and the children. If during the meeting we identify any information about the child’s specific needs such as speech/ language/physical issues and the parents need e. .

Parents first language is not English, the key person is chosen to suit the need of the child's [parents so they have better communication and feel more comfortable and at ease. Parents can feel confident in communication with staff members and between their children and staff. The role of the key person is too gather as much information as possible before the child starts the setting so that the settling in time can be arranged according to the child's needs and interest.

On the child's first day the key person sets the activity of the child according to the child's perceived interest and ability to ensure comfort and a sense of safety for the child. In addition to this the key person is responsible for noting and observing the activities of the child. After the initial meeting of the hill and parents the SCONCE of the setting (me) sit down and asses and evaluate any issues or concerns. An example of this is a child who attended my setting and during the induction day the mother had mentioned that the child is shy and an introvert.

However upon observing the child during induction activities I learnt that the child may be more than just shy or anti-social. I came to this conclusion as I had noticed the child avoided eye contact and would only play with one toy, a toy car in which he would move it up and down in a continuous pose. The child also flapped their hands as a result of excitement. After the introduction I sat with my staff and talked about the day and mentioned the particular child. I then allocated myself as the child's key person.

I felt I had more rapport with the child and insight than any other member of staff. I then shared my thoughts and observations I had made during the day

and offered some solutions and plans of action. During the first few weeks of the child attending the setting I conducted many observations and also got in touch with my local SCONCE and shared my concern over the phone. We then collectively arranged a day for her to come and observe the child. I double checked and ensured there was no further help I could provide and did all that was possible for the child e. . The child enjoyed sticking doodles wherever he could and so I made a little post-box in each corner of the classroom and moved any hazards such as televisions as he loved sticking notes on the screens of television and computers. I also maintained daily contact with the mother and even asked her if it was possible to come earlier to pick him up as he became very upset when seeing other parents pick up their children. And made the mother aware of the assistance I was receiving from my local SCONCE.

I explained how it was vital to contact my area SCONCE as they could provide advice which would further help me to support her child to the best of my ability. On the mothers agreement permission my area SCONCE visited me and observed the child she later introduced herself to the mother, she explained her role and what she could do for her child. We arranged a meeting to discuss the concern we have as a team and our plans to set up a PEP so that we are to help and support the child on confirming the date we made sure that all the people involved are available such as the mother, area SCONCE and myself the setting SCONCE.

We explained everything to the mother for example what an PEP is and what we were trying to accomplish with it. My role was to arrange a support worker who would work alongside the child to support his needs. On our

meeting day we all sat down together with all staff members who were going to support the child. Everyone shared their thoughts individually and expressed their opinions. In the end we set up PEP targets to help the child develop skills and improve, these targets were made in shared agreement.

Each individual involved was given a copy of the PEP targets, this ensured that all staff members involved in relation to the child was aware of the child's difficulties and aware of processes to help overcome them and that we all were all shared same vision to establish positive relation, both with each other and what's best for the child. I personally believe " A trusting relationship between the practitioner and parents begins with the initial contact and it is crucial that from the start, parents appreciate that staff value their knowledge and understanding of their child. (Working in partnership with parents, EYES Principle) " a professional and onset approach by all staff will be the baseline in building the feeling of trust" as also reinforced in the government good practice guide as well as in Working Together to Safeguard Children, 2013 states - " all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;" according to the report published a HEM inspector in 2007 talks about working together with professionals and has stated that it is important that we as a recantation enable parents to play a stronger role as partners in their child's learning and development. " The staff also share the PEP so all the other staff are also aware of what is our common goals as a team as I believe it is very important to work as an effective team and to have the common goals. For me teamwork is like an oil

that makes the team work. It can enable smoother movement towards targets, can prolong forward momentum, and can help teams to overcome obstacles. In my setting I make sure when I communicate to my staff, parents and professionals I perform as an adult as a model of Burner's transactional analysis theory.

As I believe if you talk like a child you will get a reaction like a child so it is very important that you make sure you come across as someone you want to be, as an adult or someone representing an accounting function or model. We need to be communicating like an adult. To make sure the staff is confident in doing the targets I arrange for the staff to go on training to be able to support the child as it is vital to me to make a " quality learning experience for children and this requires a quality workforce... Providers should regularly consider the training and development needs of all staff members o ensure that they offer a quality learning experience for children that continually improve" (Department of Education 2012).

We also have professionals come to our setting to train the staff on the PEP targets such as bucket time. Intensive interaction and especial time in the setting - " the staff trained that share their experience and knowledge with less experienced staff, in order to ensure that continuing professional development takes place". (EYE VOLUME 14) The professionals who train the staff come to the setting to work with the key person to see if they are using the raining effectively. I have regular contact with the professional through phone, email, and through paper. We have regular interaction with the outside agency and termed meetings in which the child's progress and next steps to take are addressed.

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During the meetings the child's transition is also discussed as it is very important to make sure the child moves to the next setting with all the support and the hard work achieved by us at our setting is implemented and continued. I sat with the mum and the area SCONCE to explain to mum the options she has to choose from as in the end it's what she wants for the child that is important. As it is clearly stated in the SEEN code of practice working in partnership with parents 2. 2 " parents too have a vital role to play in supporting their child's education. " They hold key information and have a critical role to play in their children's education.

It continues to state that parents have " knowledge and experience to contribute to the shared view of a child's needs and the best ways of supporting them. " So I believe it is very important that professionals (schools, LEAs and other agencies) actively seek to work with parents ND value the contribution they make. It is my belief that " The work of professionals can be more effective when parents are involved and account is taken of their wishes, feelings and perspectives on their children's development. " In the document it continues stating " When practitioners are friendly and have a genuine interest in the children, parents come to like and trust them, and mutual respect can flourish. According to B Sandra who is the consultant and director of Early Years gives some recommendation on effective communication according to her recommendation we deed to give full attention to the person who we were communication, we need to be aware of our body language, need to resist any ways to interrupt. We need to take account of individual need and be flexible in the way they communicate and be ready to ask for help when required, be honest about

what we know and what we don't know, one of the other recommendation is that we need to be sensitive to culture differences as in some cultures direct eye contact is class as been rude in other culture satin cultures certain gestures are classed as rude. O care is needed when communication. While communication with a person with English as a additional needs we need to use photos, and visual aid. Someone with hearing aid needs to be communicating visual aid as well as use of British sigh language to make sure effective communication is taking place. To conclude my assignment I believe that a happier, healthier and better-informed workforce leads to a better setting. And that engaging your workforce with the right kind of communication, delivered regularly and efficiently through appropriate channels and means can make a big difference to all involved, for example you, your staff, child, parents and outside agencies.